

A REPORT FOR POLICYMAKERS, SERVICE PROVIDERS, AND ADVOCATES

MISTREATMENT & MISSED OPPORTUNITIES

HOW STREET-BASED SEX WORKERS ARE
OVERPOLICED AND UNDERSERVED IN
NEW HAVEN, CT

THE GLOBAL HEALTH JUSTICE PARTNERSHIP
OF THE YALE LAW SCHOOL AND YALE SCHOOL OF PUBLIC HEALTH
IN COLLABORATION WITH
THE SEX WORKERS AND ALLIES NETWORK OF NEW HAVEN

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Founded in 2016 following a police sting of alleged sex workers in New Haven, SWAN is a grassroots harm reduction, advocacy, and direct service organization led by and for people with experience in street-based sex work in New Haven.¹

The GHJP is an interdisciplinary research, teaching, and advocacy program that aims to tackle contemporary problems at the interface of global health, human rights, and social justice.² The GHJP offers a practicum course each year that engages students in real-world projects with scholars, activists, lawyers, and other practitioners on issues of health justice.

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Requests for permission are not needed to use or share this report, provided that an appropriate citation to the GHJP and SWAN is included.

¹ SWAN: *Sex Workers and Allies Network*. (n.d.). <http://swanct.org/>

² *The Global Health Justice Partnership*. (n.d.). <https://law.yale.edu/ghjp>



GLOSSARY

AAAQ (Availability, Accessibility, Acceptability and Quality) Framework

Developed as a health and rights framework by UN experts and used by the World Health Organization (WHO). Within the AAAQ framework, “availability” means that there is a sufficient quantity of functioning services; “accessibility” means that services are physically accessible and affordable, and information about them is easy to find; “acceptability” means that services are delivered in a respectful, confidential, and culturally appropriate manner that is responsive to the specific needs of different individuals; and “quality” means that services meet scientifically and medically approved standards of quality.³

Cisgender, Transgender

Cisgender is a term used to describe someone who identifies with the sex they were assigned at birth. Transgender is a term used to describe someone whose gender expression and/or gender identity are different than the sex they were assigned at birth.⁴

Criminal Legal System

We use the phrase “criminal legal system” rather than “criminal justice system” as an acknowledgement that the system does not deliver justice for many individuals and communities.

Harm Reduction

A framework that seeks to reduce the harm associated with high-risk activities while accepting that ceasing those activities altogether is not a realistic or desired goal for some. A harm reduction approach recognizes the rights, agency, and dignity of individuals who engage in high-risk behavior, and is committed to effective policy that promotes social justice, avoids stigma, keeps people alive, and supports their ability to be agents of their own destiny.⁵

³ World Health Organization. (2006). *Availability, accessibility, acceptability, quality infographic*. <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>

⁴ A more complete list of definitions can be found at <https://transstudent.org/about/definitions/>.

⁵ Harm Reduction International, “What is harm reduction?”, available at: <https://www.hri.global/what-is-harm-reduction>

Informal Economy

A broad term that can refer to labor, production, and employment occurring in unincorporated or unregistered sectors, and employment without legal and social protections.⁶ The sex industry lies largely within the informal economy: sex workers operate independently, individually, and collectively in a variety of working arrangements and business models, often without social protections and under precarious conditions due to criminalization.⁷

Medication Assisted Treatment (MAT)

Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Opioid treatment programs provide MAT for individuals with opioid use disorder.⁸

Non-Binary

A term to describe a person whose gender identity and/or expression is not simply woman/man or female/male.⁹

Street-Based Sex Work

A form of sex work where solicitation happens in public spaces such as sidewalks, squares, and parking lots, and that is therefore distinguished from other forms of sex work that occur in indoor and online settings. Given this focus on public space, the policing of street-based sex work includes the policing of other public acts such as vagrancy, trespassing, and loitering.¹⁰

Women, Men

Terms used to denote persons who self-identify as women or men, regardless of sex assigned at birth.

⁶ Chen, M. A. (2012, August). *The Informal Economy: Definitions, Theories and Policies*. Women in Informal Employment Globalizing and Organizing (WIEGO). https://www.wiego.org/sites/default/files/publications/files/Chen_WIEGO_WP1.pdf

⁷ Global Network of Sex Work Projects (NSWP): Promoting Health and Human Rights. (2017). *Sex Work as Work*. https://www.nswp.org/sites/nswp.org/files/policy_brief_sex_work_as_work_nswp_-_2017.pdf

⁸ Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, April 9). *Medication and Counseling Treatment*. <https://www.samhsa.gov/medication-assisted-treatment/treatment#medications-used-in-mat>.

⁹ National Center for Transgender Equality. (2018, October). *Understanding Non-Binary People: How to Be Respectful and Supportive*. <https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive>

¹⁰ Hail-Jares, K., Shdaimah, C., & Leon, C. (2017). *Challenging Perspectives on Street-Based Sex Work*. Philadelphia: Temple University Press.

A NOTE ABOUT COVID-19 AND SEX WORK

The Coronavirus Disease 2019 (COVID-19) pandemic is throwing into stark relief the deep failures and inequities in current economic, social, legal, and political structures, in the U.S. and throughout the world.^{11,12} Prior to the pandemic, criminalization, stigma, and discrimination already made it hard for people involved in sex work to access health care and legal services, as well as housing and employment opportunities in the U.S.^{13,14} The current pandemic exacerbates these injustices and risks faced by those in the street-based sex sector, lending further urgency to the findings and recommendations in this report.

Despite the fact that sex work is a livelihood and means of survival for many, most people in the sex sector will not be able to access certain labor protections, such as paid leave.¹⁵ While public health guidance advises people to stay home and practice physical distancing, this is not feasible for all sex workers and may result in the loss of income needed to meet basic needs, including food, medicines, family support, and rent.¹⁶ The closure of public buildings, homeless service programs, and other social service organizations means that on top of lost income, many street-based sex workers are also losing access to food, water, bathrooms, case management, and vital social and medical supports.^{17,18} Additionally, the increased policing of public spaces during the pandemic, at times justified by public health rationales, further limits many sex workers' ability to access needed harm reduction supplies and medical services, or to meet with fellow sex workers to share information and resources.¹⁹

Various harm reduction-based guidelines, resource lists, educational materials, and financial aid and mutual support campaigns developed by and for sex worker groups and allied organizations regarding COVID-19 and the sex sector can be found in the Appendix. We include them to demonstrate both the need for specific policies and the work already being done by the communities most affected. This report's findings and recommendations for City and State policymakers, service providers, and advocates are more critical now, during the rapidly changing phases of this pandemic, than ever before.

¹¹ Baume, M. (2020, March 19). "Prostitution is the Social Safety Net in This Country": Sex Workers Speak Out About Coronavirus. *Them*.

<https://www.them.us/story/sex-workers-speak-out-about-coronavirus>

¹² Dellatto, M. & Felton, R. (2020, April 2). *Sex Workers Reveal Their Struggle To Survive The Coronavirus*. *New York Post*.

https://nypost.com/2020/04/02/sex-workers-reveal-their-struggle-to-survive-the-coronavirus/?fbclid=IwAR1nZAqi5WNxZAbRWzyUYEsh0cwWdvXkdnuKrFfbpKLnZk0v3i_b5mnzuaw

¹³ Global Network of Sex Work Projects. (2020). *Community Guide: Sex Workers' Lack of Access to Justice*.

https://www.nswp.org/sites/nswp.org/files/cg_sws_lack_of_access_to_justice.pdf

¹⁴ Luo, N. (2020, January 30). *Decriminalizing Survival: Policy Platform And Polling On The Decriminalization Of Sex Work*. *Data for Progress*.

<https://www.dataforprogress.org/memos/decriminalizing-sex-work>

¹⁵ Vagianos, A. (2020, April 2). *Legal Sex Workers And Others In Adult Industry Denied Coronavirus Aid*. *Huffpost*. https://www.huffpost.com/entry/legal-sex-workers-denied-coronavirus-aid_n_5e86287ac5b6d302366ca912?ncid=engmodushpimg00000003&fbclid=IwAR12qqfnTA-8dumLxajbMk4z9CPdyfQYcicQmo_g9eYxKmgBpUXnKq-ArjI

https://www.huffpost.com/entry/legal-sex-workers-denied-coronavirus-aid_n_5e86287ac5b6d302366ca912?ncid=engmodushpimg00000003&fbclid=IwAR12qqfnTA-8dumLxajbMk4z9CPdyfQYcicQmo_g9eYxKmgBpUXnKq-ArjI

¹⁶ Steadman, O. (2020, March 13). *Sex Workers Are Facing Increasingly Risky Conditions As The Coronavirus Spreads*. *Buzzfeed News*.

<https://www.buzzfeednews.com/amphml/otillisteadman/coronavirus-sex-workers>

¹⁷ Auerwald, C. (2020, April). *For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic*. *Berkeley Public Health*.

<https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf>

¹⁸ Concerns and Proposals for the City of New Haven: Protecting the Health and Rights of Individuals Living in Extreme Poverty and/or Experiencing Homelessness in the Context of the Coronavirus-19 Pandemic [Public letter to the City of New Haven]. (2020, March 27).

<https://yale.app.box.com/s/5kz9qop9w6r0952umengt35tdevgqemk>

¹⁹ Speri, A. (2020, April 3). *NYPD's Aggressive Policing Risks Spreading the Coronavirus*. *The Intercept*. <https://theintercept.com/2020/04/03/nypd-social-distancing-arrests-coronavirus/>

SCOPE, PURPOSE, AND USE OF THIS REPORT

This report presents a summary of findings from roughly two years of designing, implementing, and analyzing a peer-based needs assessment survey for people engaged in street-based sex work in New Haven, Connecticut. **Sex work is defined here as the exchange of sexual conduct for goods, services, and/or money.**²⁰ While those who engage in street-based sex work represent a wide range of races, ethnicities, genders, and ages, the majority of people served by the Sex Workers and Allies Network (SWAN) of New Haven, and therefore the primary demographic captured by the survey, identify as white and/or Latina²¹ cisgender women.

The three main purposes to this survey were:

- To **gather views and information** on how individuals involved in street-based sex work experience and navigate resources and services in New Haven;
- To **identify gaps** in the current landscape of service provision;
- To **identify barriers** to accessing services and strategies used in response to perceived challenges.

The findings from this review and analysis of survey results are intended for use by SWAN, social service providers, community-based organizations, policymakers, governmental entities, and groups working with and advocating for people in street-based sex work and other informal economies. These findings support immediate and long-term actions to improve access to services and to advance conditions that better protect the health and rights of people in street-based sex work. They are relevant both in the COVID-19 context dominating our lives at time of this report's release and in the future, serving as a guide to a stronger, more sustainable, and more just society.

²⁰ We note that the concept of “sex work” can encompass other forms of erotic labor not covered by criminal (prostitution) laws, such as erotic dancing, stripping, and the making of visual materials of a sexual nature. See: Hail-Jares, K., Shdaimah, C., & Leon, C. (2017). *Challenging Perspectives on Street-Based Sex Work*.

²¹ We use the term Latina/o throughout this report to reflect the language used in the needs assessment survey. Latinx is a gender-inclusive alternative to this gender-specific term.

SUMMARY OF KEY FINDINGS

The main source of vulnerability for street-based sex workers is not sex work itself, but rather unstable access to means of meeting basic needs: housing, food, and transportation. These vulnerabilities are compounded by inadequate medical services; stigma in legal, medical, and community settings; lack of alternative employment options and of legal and labor protections in sex work; and exposure to harassment, violence, and destabilization due to criminalization.

Interventions into the sex sector will fail to advance the rights and wellbeing of sex workers if they do not address multiple sources of risks and insecurity, including:

- **Socioeconomic Hardship:** Street-based sex workers face barriers to securing stable and sufficient livelihoods (whether through sex work or other forms of employment), which affects their ability to satisfy basic material needs, such as housing, food, and transportation.
- **Service Gaps and Barriers to Services in New Haven:** Some critical social services for drug treatment, housing, food, health care, and daily basic needs coverage are insufficient (particularly for women), or simply do not exist in New Haven. However, we found that the biggest service gaps are not due to lack of *availability* or to limited awareness of services among people in sex work, but rather to deficiencies in the *accessibility, acceptability, and quality* of existing services.
- **Harmful Interactions with the Criminal Legal System:** Respondents reported frequent and disrespectful contact with the criminal legal system, beginning with police. The policing and criminalization of sex work, drug use, homelessness, and poverty often results in experiences of trauma, stigmatization, arrest, and incarceration. Existing research demonstrates that these interactions with the criminal legal system can limit economic mobility and overall well-being.²²

²² The Pew Charitable Trusts. (2010). *Collateral Costs: Incarceration's Effect on Economic Mobility*. Washington, DC: The Pew Charitable Trusts. https://www.pewtrusts.org/-/media/legacy/uploadedfiles/pcs_assets/2010/collateralcosts1pdf.pdf?la=en&hash=6B740FB5DA7275C8057DC6EA10C28C49D781E83D

SUMMARY OF RECOMMENDATIONS

- The City, State, and federal governments, alongside local social service organizations, must **improve social services** provided at the local and state level by: increasing shelter beds (especially for women) in adequately supported environments; supporting wrap-around service provision, including comprehensive drop-in centers; and investing in policies and practices that combat the stigmatization and criminalization of street-based communities;
- State legislators, City government leaders, and advocates must **pass legal reforms** that aim to decriminalize sex work, drug use, and homelessness;
- City agencies, service providers, and researchers, both in the academy and in the community, must design and implement **respectful, ethical, and community-engaged participatory research** to understand and address the needs of individuals engaged in sex work and street economies, with a focus on the experiences of women across races, ages, and locales in New Haven and Connecticut.

WHY FOCUS ON STREET-BASED SEX WORK AND ACCESS TO SERVICES IN NEW HAVEN, CT?

This report uses the term **sex work** to refer to the exchange of sexual conduct for goods, services, and/or money²³ that “occurs across a constantly shifting spectrum of choice, circumstance, and coercion.”²⁴ Street-based sex work is distinguished from other forms of sex work affected by prostitution laws because it involves the solicitation of clients in public spaces. Like other street economies, street-based sex work is often associated with low wages and precarious working conditions.²⁵

The practices and needs of people involved in sex work differ across the diverse forms of sex work (online, street-based, hotel-based, and within other establishments such as massage parlors, among others). However, we limited our survey to individuals engaged in street-based sex work for several reasons.

First, although street-based sex work comprises a small subset of the sex sector, it is more public than other types of sex work.²⁶ This means people who engage in street-based sex work in New Haven are often more actively stigmatized, criminalized, and policed than other sex workers.²⁷ Therefore, our

²³ We note that the concept of “sex work” can encompass other forms of erotic labor not covered by criminal (prostitution) laws, such as erotic dancing and stripping and the making of visual materials of a sexual nature. See: Hail-Jares, K., Shdaimah, C., & Leon, C. (2017). *Challenging Perspectives on Street-Based Sex Work*.

²⁴ Albright, E., & D'Adamo, K. (2017). Decreasing Human Trafficking through Sex Work Decriminalization. *AMA Journal of Ethics*, 19(1), 122–126. [10.1001/journalofethics.2017.19.1.sect2-1701](https://doi.org/10.1001/journalofethics.2017.19.1.sect2-1701)

²⁵ Hail-Jares, K., Shdaimah, C., & Leon, C. (2017). *Challenging Perspectives on Street-Based Sex Work*.

²⁶ Dank, M., Khan, B., Downey, P. M., & Kotonias, C. (2014). *Estimating the Size and Structure of the Underground Commercial Sex Economy in Eight Major US Cities: (508162014-001)* [Data set]. American Psychological Association. <https://doi.org/10.1037/e508162014-001>

²⁷ Hail-Jares, K., Shdaimah, C., & Leon, C. (2017). *Challenging Perspectives on Street-Based Sex Work*.

focus here is an acknowledgment of the greater physical and economic risks often involved in street-based work.²⁸

Second, this survey was created in collaboration with SWAN, an organization that primarily focuses on the needs and experiences of people in street-based sex work in the New Haven area.

Finally, even as movements to decriminalize sex work gain momentum,^{29,30} simplistic narratives from legislators and the media largely dominate ideas about street-based sex work. These narratives frame people engaged in sex work either as victims to be rescued and rehabilitated, or as criminals to be arrested and prosecuted – paradoxically often at the same time.³¹ This survey provides evidence and analysis that pushes beyond this limited viewpoint to promote more nuanced understandings of sex workers’ realities and to support better, more responsive policy decisions affecting this uniquely at-risk population.

METHODS AND LIMITATIONS

This project was reviewed by the Yale Institutional Review Board (IRB) in 2018 and was designated as Not Human Subjects Research.³² Between November 2018 and July 2019, 49 surveys were distributed and collected by SWAN members trained in survey administration. SWAN members recruited adults in their network over the age of 18 who have sold or exchanged sex for material goods, services, a place to stay, or money. Recruitment predominantly occurred in the Fair Haven area, a neighborhood where much of the street-based sex work in New Haven is concentrated.³³ Both survey administrators and participants were given modest payment for their participation. **A detailed Reflection Memo, elaborating the steps and decisions taken to design the survey and complete this report, is available on the GHJP website.**³⁴

Survey participants were primarily contacted through SWAN’s interpersonal and organizational networks. SWAN works mainly in the Fair Haven neighborhood of New Haven, and the majority of SWAN members identify as white and Latina cisgender women. As such, the survey participants do not represent the full sex economy in New Haven, street-based or otherwise, nor do they reflect the wide range of races, ethnicities, genders, and ages of people who engage in street-based sex work.

²⁸ Yale Global Health Justice Partnership and Sex Workers Project at the Urban Justice Center. (2018, September). *Un-Meetable Promises: Rhetoric and Reality in New York City’s Human Trafficking Intervention Courts*. Global Health Justice Partnership.

https://law.yale.edu/sites/default/files/area/center/ghjp/documents/un-meetable_promises_htic_report_ghjp_2018rev.pdf

²⁹ Decrim NY. <https://www.decrimny.org/>

³⁰ Decrim NOW. 2018. <https://www.decrimnow.org/>

³¹ Yale Global Health Justice Partnership and Sex Workers Project at the Urban Justice Center. (2018, September). *Diversion from Justice: A Rights-Based Analysis of Local “Prostitution Diversion Programs” and their Impacts on People in the Sex Sector in the United States*. Global Health Justice Partnership.

https://law.yale.edu/sites/default/files/area/center/ghjp/documents/diversion_from_justice_pdp_report_ghjp_2018rev.pdf

³² This survey was determined Not Human Research but rather “activities preparatory to research;” as it did not seek to develop an account of participants’ individual experiences, its results can inform future work with this objective.

³³ Stern, S.W. (2020). *Rethinking Complicity in the Surveillance of Sex Workers: Policing and Prostitution in America’s Model City*. Yale Journal of Law and Feminism. <https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1402&context=yjlf>

³⁴ Global Health Justice Partnership. (n.d.). <https://law.yale.edu/ghjp>

While both geographic scope and respondent demographics limit the use of the report’s analysis for all persons in the sex sector in New Haven, SWAN does represent an important cross-section of street-based sex workers in New Haven. SWAN is also the only formal sex worker-focused organization in the greater New Haven area. Therefore, the survey results reflect the views and experiences of a significant network of local street-based sex workers, and offer deeper insight into an often stereotyped and overlooked community.

The survey was updated twice during the implementation period: once to include a demographics section that was excluded due to a printing error, and a second time to rephrase specific questions for clarity based on feedback and reactions from both administrators and participants. Because the goal of the survey was to gather relevant information to shape advocacy priorities for SWAN and other allies, we understood that we were trading some level of scientific rigor in favor of community-driven processes and outcomes.

Moreover, low response rates to certain questions suggest that a survey was not a well-suited tool to understand particular multilayered experiences of sex work, such as conceptions of safety and interest in other labor options, among others. More ethnographic and other qualitative research is needed to explore the simultaneously precarious and functional livelihood strategy of sex work.³⁵

Even with these limitations, the evidence presented here is consequential and informs our recommendations to City and State officials, service providers, and other key actors on urgently needed revisions to policies, practices, and programs impacting people in street economies.³⁶

³⁵ Flowers, R. B. (2010). *Street kids: The Lives of Runaway and Throwaway Teens*. Jefferson, N.C: McFarland & Co.

³⁶ We note that, on the one hand, many of the views captured in this report may also more generally apply to people engaged in other informal street economies. On the other hand, we seek a better understanding of the unique gender- and race-specific social service needs and challenges faced by cis- and transgender women who work in street economies. Cis- and transgender women who are caught in cycles of surveillance and criminalization, often for various low-level offenses, are subjected to a criminal legal system that is dominated by policies and practices designed for cisgender men. See: Swavola, E., Riley, K., & Subramanian, R. (2020, February 19). *Overlooked: Women and Jails in an Era of Reform*. New York: Vera Institute of Justice. <https://www.vera.org/downloads/publications/overlooked-women-and-jails-report-updated.pdf>

DEMOGRAPHICS

Distribution of the 49 participants by self-identified gender³⁷ and sexual orientation³⁸ are seen in Figures 1 and 2.

The remaining demographic information, including age, sex assigned at birth,³⁹ and race/ethnicity,⁴⁰ was only collected during the second round of survey delivery; therefore, this information is available for only 32 respondents. Among these respondents, the median age was 39.5 years; the youngest respondent was 22 and the oldest was 61 years old. The respondents’ distribution by sex assigned at birth and race/ethnicity is seen in Figures 3 and 4 below.

Figure 1
Self-Identified Gender

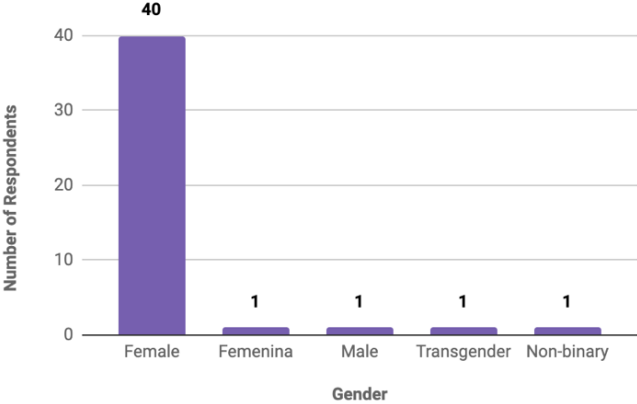
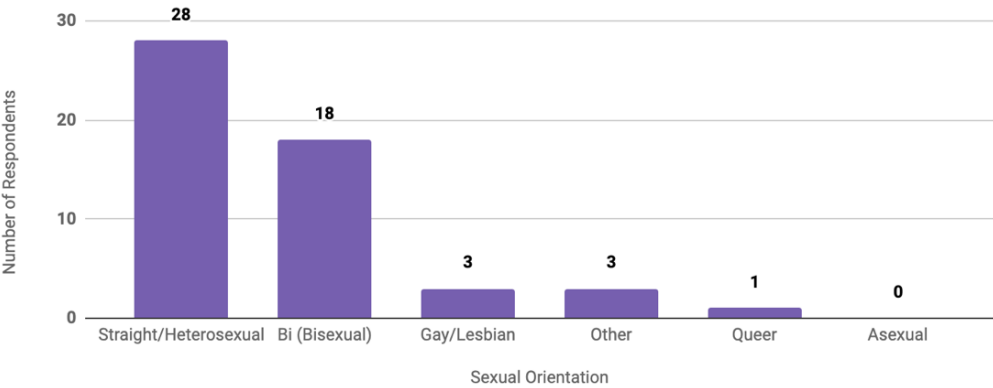


Figure 2
Sexual Orientation



³⁷Answers represent 44 out of the 49 participants; 4 answers were missing and 1 was illegible. Framing this question as open-ended allowed survey respondents to answer in their own words and to self-identify their gender.

³⁸The respondents all selected several answers when asked about their sexual orientation. 2 of the respondents who selected “other” further identified as transgender; the remaining response was illegible.

³⁹Of the 4 respondents who selected “male,” 2 identified their gender as female, 1 as transgender, and 1 as male.

⁴⁰For this question, participants were able to select multiple options and self-identify if their race or ethnicity was not one of those listed.

Figure 3
Sex Assigned at Birth

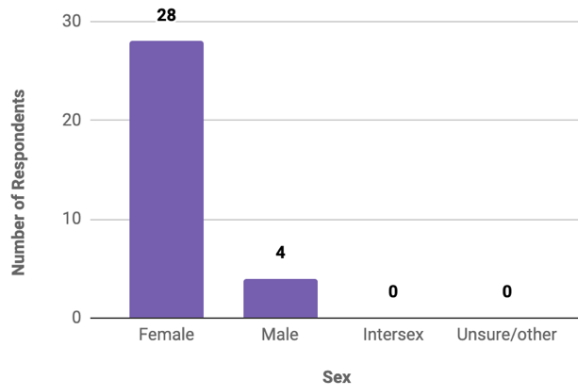
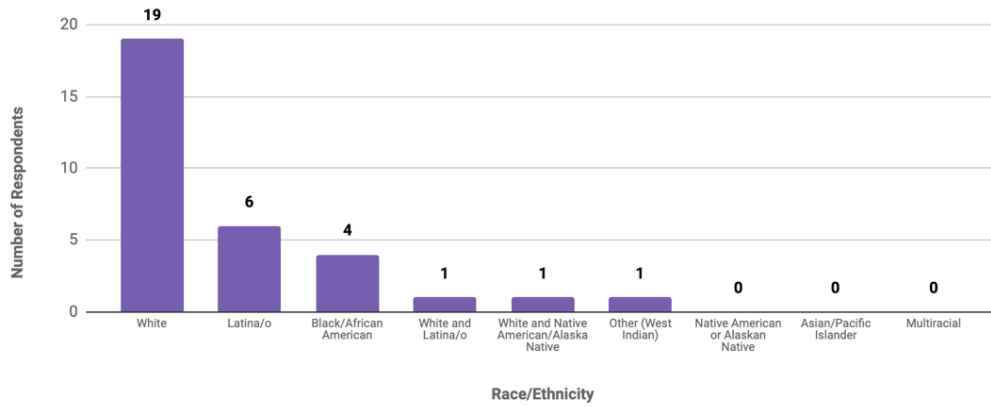


Figure 4
Race/Ethnicity



FINDINGS FROM THE PEER-BASED SURVEY⁴¹

I. SOCIOECONOMIC HARDSHIP

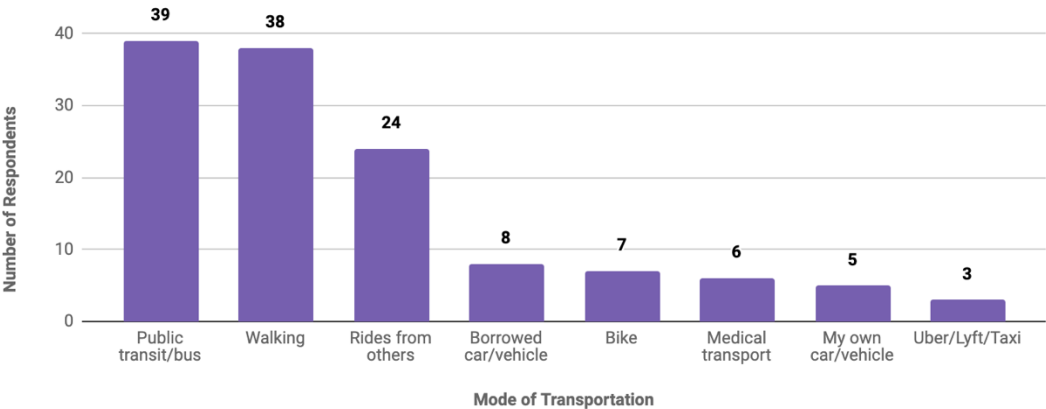
The 49 participants answered a range of questions about material aspects of their daily lives, including access to housing, food, transportation, and employment. Because the number of respondents varied among survey questions, the percentage for each finding was calculated out of the total number of responses (n=x) for the individual question.

The data suggest that most respondents **struggled with access to stable housing and regular meals**:

- 58% of respondents were housing insecure (n=48).⁴²
- 94% of respondents had fewer than 3 meals on a typical day (n=49).
- 96% of respondents indicated that they were always or sometimes hungry, despite more than 83% indicating that they had received a form of food assistance over the last year (n=48).

Over 66% of respondents were **unable to afford the transportation they needed** (n=48).⁴³ As seen in Figure 5,⁴⁴ most respondents relied on public transportation, walking, or rides from others to reach their destinations (n=47). This finding is critical given that some key services in New Haven are located in areas not easily reached by public transport.⁴⁵

Figure 5
Transportation Use



⁴¹ The denominator used to calculate all percentages and proportions is listed as (n=x) and reflects the number of responses to each individual survey question, not the total number of survey participants (49).

⁴² We defined housing insecure respondents as anyone who disagreed or strongly disagreed with the statement “I currently have access to stable housing.” Unstable housing may include provisional solutions such as sleeping on someone’s floor or couch, sleeping at a hotel, or sleeping with dates.

⁴³ This proportion included anyone who disagreed or strongly disagreed with the statement “I can afford the transportation I need.”

⁴⁴ For this question, participants could select all forms of transportation that applied.

⁴⁵ For example, three primary health clinics formerly in downtown New Haven and Hamden will be moved in 2020 to the Long Wharf area, which is not easily accessible from Downtown New Haven or Fair Haven without a car. See: Breen, T. (2019, August 16). *State Approves Primary Care Move*. New Haven Independent. <https://www.newhavenindependent.org/index.php/archives/entry/hospital1/>; Peryer, M. & Xiao, A. (2019, March 27). *Primary care consortium plans delayed until 2020*. Yale Daily News. <https://yaledailynews.com/blog/2019/03/27/primary-care-consortium-plans-delayed-until-2020/>

Slightly over half of respondents indicated that the work and income available to them were not enough to cover their basic needs (n=41).⁴⁶ As a result of these challenges, respondents looked for several simultaneous sources of income, including but not limited to sex work. Responses regarding work histories suggest that respondents faced **challenges in securing a sufficient livelihood** from a single source of income:

- 56% of respondents reported having never received any kind of formal job training (n=48).
- 83% of respondents reported having been incarcerated at some point during their lifetime (n=49).
- 30% of respondents reported having trouble finding work because of a criminal record (n=27), indicating that involvement with the criminal legal system can contribute to economic hardship and insecurity.
- 25% of respondents reported receiving supplemental income in the form of a federal benefit through Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) programs (n=48). As indicated previously, respondents still overwhelmingly reported struggling with food and housing insecurity, suggesting that financial assistance in the form of benefits is often not sufficient to meet basic needs.

Sex work occurs on a spectrum of choice, circumstance, and coercion^{47, 48, 49} and livelihood and job options are often constrained by factors such as those outlined above (criminal record, job training opportunities, etc.), as well as disposable income, financial savings, educational opportunities, family support, and experiences of marginalization related to gender, age, and race. For survey respondents, sex work was often the most available labor option that enabled them to survive on a day-to-day basis.

II. SERVICE GAPS AND BARRIERS TO SERVICES IN NEW HAVEN

Most of the participants' experiences of service gaps in New Haven do not result from a lack of connection to or knowledge of services, but rather from shortcomings in the accessibility and acceptability of those services. This report offers insights into participants' experiences with and opinions of harm reduction, housing, food, and medical services in New Haven. The gaps described below underscore the need for services that meet standards of availability, accessibility, acceptability, and quality, often abbreviated as AAAQ when used internationally.⁵⁰ While New Haven may have a high density of available resources, many fall short of the AAAQ standards and do not meet the needs of sex workers in the city. Other much needed services simply do not exist.

⁴⁶ This proportion included anyone who disagreed or strongly disagreed with the statement "The work available to me pays enough to cover my basic needs (food, shelter, bills, etc.)."

⁴⁷ Albright, E., & D'Adamo, K. (2017). Decreasing Human Trafficking through Sex Work Decriminalization.

⁴⁸ Sex Workers Project. (n.d.). <https://sexworkersproject.org/>

⁴⁹ HIPS. (n.d.). <https://www.hips.org/about.html>

⁵⁰ World Health Organization. (2006). *Availability, accessibility, acceptability, quality infographic*.

Even when theoretically available, services such as **temporary housing or free meal services are not always accessible or acceptable:**

- 54% of respondents reported that they sometimes or always have issues accessing food from a free meal service (n=46).
- Despite pervasive housing insecurity among the population surveyed, only 38% of respondents felt confident that they could stay at a shelter (n=48) and 36% reported having been turned away from a shelter at least once (n=45).
- 23% of respondents felt confident that shelter staff would treat them with respect (n=48).
- Only 13% expressed feeling the freedom to come and go as they wished when staying at a shelter (n=31), and 38% of respondents reported having missed work, dates,⁵¹ or other obligations due to curfew and other shelter rules (n=40).

⁵¹ Dates is a colloquial term that sex workers may use to refer to a client. See: Kurtz, S. P., Surratt, H. L., Inciardi, J. A., & Kiley, M. C. (2004). *Sex Work and "Date" Violence. Violence Against Women*, 10(4), 357–385. <https://doi.org/10.1177/1077801204263199>

2-1-1 and Coordinated Access Networks Connecting to Housing Services in New Haven

In order to meet federal funding requirements, as well as to streamline access to housing and homeless resources, the State of Connecticut has created Coordinated Access Networks (CANs).⁵² Individuals or families can be connected to their regional CAN through a caseworker or by calling 2-1-1, a program of the United Way of Connecticut meant to refer callers to local services.⁵³ To enter the CAN service system, all individuals and families are required to complete a standardized intake assessment that determines their eligibility and need for emergency shelter and housing assistance. Based on their CAN assessment, people are placed on prioritized referral lists (meaning the lists are ordered by level of vulnerability, rather than chronologically) for various housing interventions.

Given that CANs mediate access to almost all shelters and housing services, issues arise for people who face barriers to completing the intake process. The multistep, time-consuming process means that those without phone and internet access, transportation, required documentation, and/or translator services are often forced to decide between navigating these hurdles or addressing other, more immediate needs. Moreover, once in the system, shortages in housing and shelter services, as well as the incompatibility of shelter regulations with the lives of many people engaged in street economies, limit the ability of CANs to meet the needs of those they aim to serve.

The complexity of accessing housing services is illustrated by the fact that there is no publicly available information on the number of emergency and longer-term shelter beds designated for women. SWAN members frequently describe long waiting lists for beds and respondents to this survey reported experiences being turned away from shelters, indicating chronic deficiencies in housing resources. There is a need for more gender-responsive housing and shelter services in New Haven as well as improved accessibility, efficiency, and transparency in the CAN system (see Conclusions and Recommendations section of this report).

⁵² *Coordinated Access in Connecticut*. (2015). Connecticut Coalition to End Homelessness. <https://ccch.org/work/coordinated-access/>

⁵³ 2-1-1 of Connecticut. (n.d.). <https://www.211ct.org/>

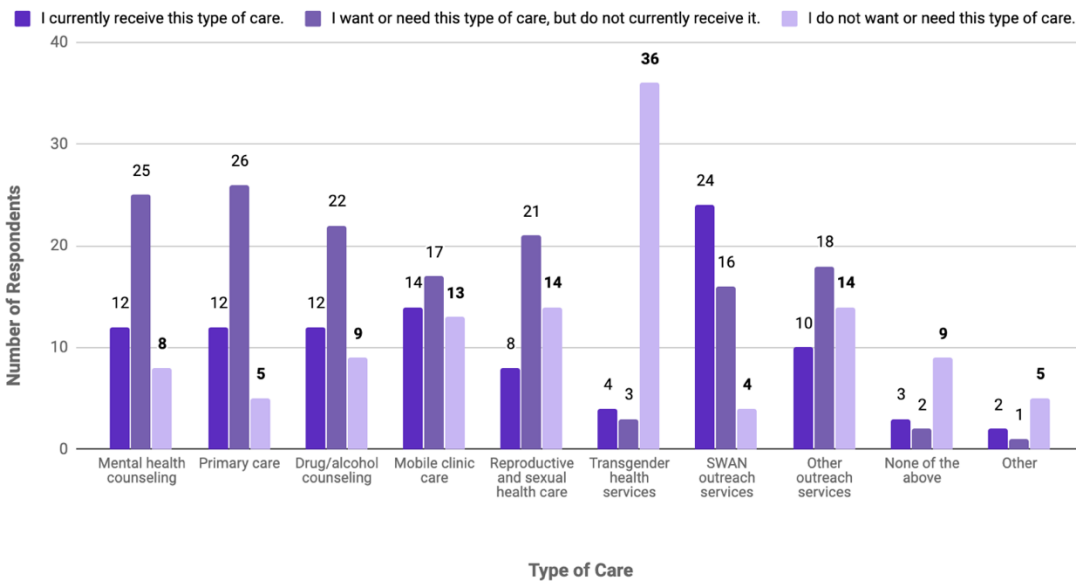
Respondents reported **troubling experiences with medical services**:

- Between 50% and 60% of respondents reported needing but not receiving mental health counseling (n=45), primary care services (n=43), drug counseling (n=43), or reproductive and sexual health services (n=43), despite 94% of respondents having health insurance (n=49). (See Figure 6⁵⁴ below.)
- 55% of respondents reported having access to a health care provider or doctor they trust (n=47), and 40% of respondents reported feeling disrespected or stigmatized by drug treatment facility employees and doctors/nurses (n=45).

These results seem to indicate that even when members of this community have insurance there are other obstacles, such as the lack of appropriate and trusted care, that largely influence their utilization of needed or desired health care services.

Figure 6

Health Care Service Needs



⁵⁴ For this question, participants were asked to choose whether they “do not want or need this type of care,” they “want or need this type of care, but do not currently receive it,” or they “currently receive this type of care.” Participants could only choose one answer for each type of service, but they were asked about each set of services. As shown in Figure 6, the biggest service gaps are for primary care, mental health counseling, drug/alcohol counseling, and reproductive and sexual health care. Notably, these are also among the least common services that respondents reported currently receiving.

Survey responses indicate **gaps in harm reduction services** in New Haven:

- 98% of respondents indicated substance use (n=48). 96% of respondents had engaged in risky drug practices, such as using substances while alone (n=48).
- Respondents reported an unmet need for safer sex and safer drug use supplies: for instance, 83% of respondents indicated a need for condoms and 59% for clean syringes/needles, sterile water, and/or antibiotic ointment (n=46).
- 66% of survey respondents reported a need for a facility/ies in New Haven to access harm reduction supplies and to otherwise help avoid risky scenarios (n=48).⁵⁵

Overall, responses to the survey revealed that **SWAN, along with a few trusted health outreach workers, fills a crucial gap in service provision** in New Haven. In fact, SWAN outreach services were the form of medical care accessed by the largest number of survey respondents (see Figure 6). SWAN's services, delivered in partnership with a small number of select and trusted medical and health service providers who do street-based outreach, include the distribution of safer sex and safer drug supplies, on-the-spot medical treatment, physical and psychological evaluations, and necessary prescriptions and referrals.

The importance of SWAN's work is not to be overlooked. However, a grassroots community group with limited resources should not be responsible for filling this gap alone: the City of New Haven and established local service providers should be investing in improving the availability, accessibility, acceptability, and quality of services for those who need them.

An evaluation of New Haven's Law Enforcement Assisted Diversion (LEAD) pilot program (see box below) suggests that law enforcement-based service provision programs are not an effective channel to increase connection to necessary services. To address the service gaps in New Haven, the City should be investing in services that are led by affected communities and that are separated from the criminal legal system.⁵⁶

⁵⁵ Such facilities, often called Safe Injection Facilities or Safe Consumption Facilities, offer health care providers or other trained staff who supervise the injection and consumption of drugs; monitor for overdoses; and provide sterile drug use supplies, first aid, medical advice, and referrals to drug treatment programs. See: Beletsky, L., Davis, C. S., Anderson, E., & Burris, S. (2008). The Law (and Politics) of Safe Injection Facilities in the United States. *American Journal of Public Health, 98*(2), 231–237. <https://doi.org/10.2105/AJPH.2006.103747>

⁵⁶ Gerlach, A. J. (2015). *Early intervention with Indigenous families and children in British Columbia: A critical inquiry* [Doctoral dissertation, University of British Columbia]. UBC Theses and Dissertations. <https://doi.org/10.14288/1.0165832>

Law Enforcement Assisted Diversion (LEAD) A Case Study of Law Enforcement-Based Service Provision in New Haven

The City of New Haven struggled to implement a Law Enforcement Assisted Diversion (LEAD) program from 2017-2020.⁵⁷ As of April 2020, the City seems to have disbanded the pilot initiative.⁵⁸ LEAD, a pre-booking diversion program, was developed and launched in Seattle, WA, in 2011 and has since been adopted by several jurisdictions across the country.⁵⁹ In the LEAD model, police officers are given discretionary authority to divert individuals engaged in low-level, “quality of life” offenses (such as those associated with drug use, homelessness, mental illness, poverty, and sex work) to case management and social services instead of pursuing traditional arrest, prosecution, and criminal justice proceedings.⁶⁰

An evaluation of New Haven’s LEAD pilot initiative released in January 2020 includes information that corroborates the findings of our needs assessment survey. As designed, LEAD sought to facilitate access to *existing* services in New Haven, not to expand or improve those services. The evaluation of LEAD found that many LEAD-eligible individuals declined enrollment into the program due to skepticism about the benefit of the social services being offered and a history of negative experiences with health care services in New Haven. Moreover, given our survey respondents’ negative interactions with and distrust of police (see following section), LEAD may have undermined effective access to social services by relying on the inappropriately expanded, discretionary authority of law enforcement officers to act as gatekeepers to services.

As the LEAD pilot evaluation and these survey findings suggest, police are ill-suited to facilitate access to social services for many reasons, including institutionally-entrenched stigma against street-based communities and beliefs that issues such as substance use disorders deserve criminal penalties.

⁵⁷ Joudrey, P., Nelson, C., Lawson, K., Morford, K. L., Muley, D., Watson, C., Wang, E., & Crusto, C. (2020, January). *Formative Evaluation of the City of New Haven Law Enforcement Assisted Diversion (LEAD) Pilot Program*. Documents from the City of New Haven. NHV LEAD Watch Site. <https://leadwatchsite.wixsite.com/newhaven/copy-of-lead-timeline-1>

⁵⁸ Breen, T. (2020, January 28). *Pilot Effort Fails. Who's To Blame?* New Haven Independent. https://www.newhavenindependent.org/index.php/archives/entry/lead_report/

⁵⁹ LEAD National Support Bureau. (n.d.). LEAD programs: LEAD National Support Bureau: United States. <https://www.leadbureau.org/>

⁶⁰ *LEAD Watch Site*. (n.d.). Global Health Justice Partnership of Yale Law School and School of Public Health and the Sex Workers and Allies Network of New Haven. <https://leadwatchsite.wixsite.com/newhaven>

III. HARMFUL INTERACTIONS WITH THE CRIMINAL LEGAL SYSTEM

Respondents overwhelmingly reported **frequent, incapacitating, and demeaning contact with the criminal legal system:**

- 83% of respondents had been incarcerated at some point in their lives (n=49). As mentioned previously, a criminal record can make it harder to access job training, housing, and other already limited resources.^{61, 62}
- Of the formerly incarcerated respondents, 49% had been charged with a crime related to sex work, homelessness, or drug use (such as trespassing, possession, loitering, and/or prostitution) (n=41).

Furthermore, **interactions with the criminal legal system were characterized as overall negative**, pointing to high levels of distrust of both police and court officials (see Figure 7 below):

- 66% of respondents reported having felt unsafe during interactions with police, and 83% reported having felt disrespected or stigmatized by the police (n=46).
- 73% of respondents who were directed to a service provider by the police reported that this happened under threat of consequence (n=15).
- Survey respondents reported feeling most unsafe around dates and police, more than around others in their social network including romantic partners, friends, or family (n=46).
- For at least one respondent, who wrote notes with additional information in the margins of their survey, police had also served as dates, suggesting law enforcement officers had exploited their positions of authority and power to arrest.

These trends from our survey echo findings from other qualitative and meta reviews on sex workers' adverse experiences with policing and the criminal legal system, including that distrust in police is often associated with sex workers' underreporting of violent crimes and robberies.^{63, 64, 65, 66}

⁶¹ The Pew Charitable Trusts. (2010). *Collateral Costs: Incarceration's Effect on Economic Mobility*.

⁶² Purtle, J., Gebrekristos, L. T., Keene, D., Schlesinger, P., Nicolai, L., & Blankenship, K. M. (2020). Quantifying the Restrictiveness of Local Housing Authority Policies Toward People With Criminal Justice Histories: United States, 2009–2018. *American Journal of Public Health*, 110(S1). doi: 10.2105/ajph.2019.305437

⁶³ American Public Health Association. (2018). *Addressing Law Enforcement Violence as a Public Health Issue*. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>

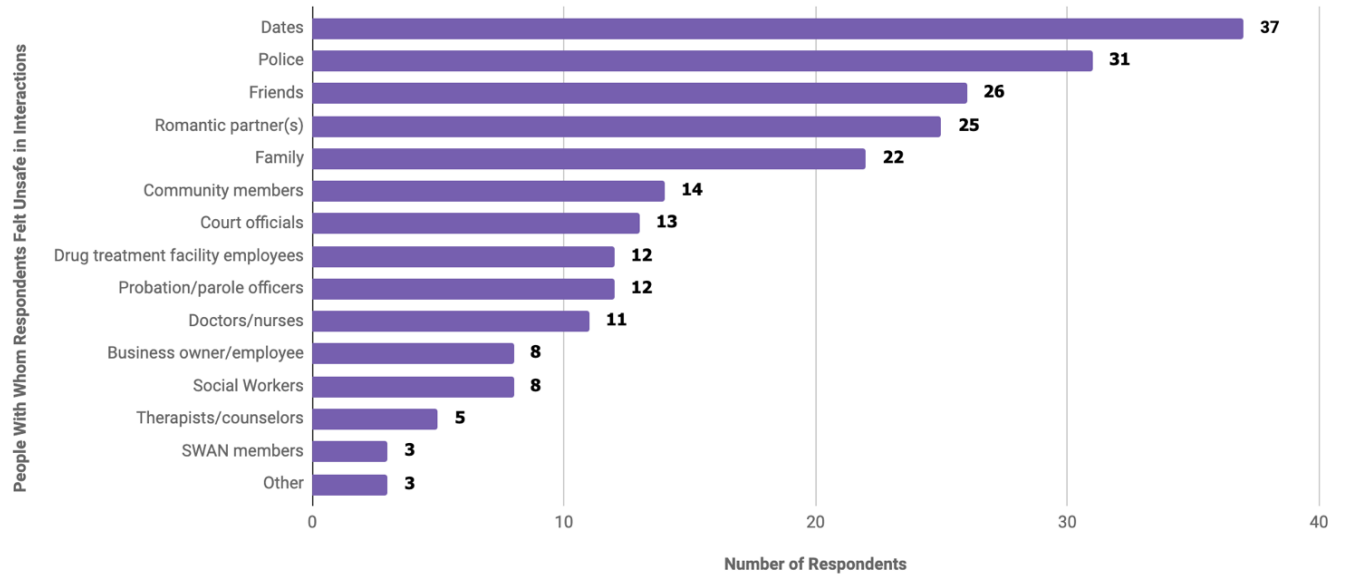
⁶⁴ Sherman, S. G., Footer, K., Illangasekare, S., Clark, E., Pearson, E., & Decker, M. R. (2015). "What makes you think you have special privileges because you are a police officer?" A qualitative exploration of police's role in the risk environment of female sex workers. *AIDS Care*, 27(4), 473–480. <https://doi.org/10.1080/09540121.2014.970504>

⁶⁵ Lutnick, A., & Cohan, D. (2009). Criminalization, legalization or decriminalization of sex work: what female sex workers say in San Francisco, USA. *Reproductive health matters*, 17(34), 38–46. [https://doi.org/10.1016/S0968-8080\(09\)34469-9](https://doi.org/10.1016/S0968-8080(09)34469-9)

⁶⁶ Fernandez, F. L. *Hands Up: A Systematized Review of Policing Sex Work in the U.S.* New Haven: Yale University, Eli Scholar, 2016. <https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=1084&context=ysphtdl>

Figure 7

Feeling Unsafe in Interactions



CONCLUSIONS AND RECOMMENDATIONS

The current landscape of service provision in the City of New Haven is fractured and insufficient for meeting the basic daily needs of the city’s homeless and economically marginalized residents. The precarious access to these services, compounded by the harmful policing practices and shortage of non-stigmatizing, accessible medical care, represent the greatest sources of vulnerability for street-based sex workers in New Haven. Meaningful consultations with the people in the sex sector must inform any and all efforts towards more effective, comprehensive, and just public and private sector policies and practices. Other key actors who must be involved in these reforms include municipal-level public and private actors, as well as State and federal officials who determine funding, laws, and other conditions. Specific interventions and recommendations are further outlined below.

I. SOCIAL SERVICE DELIVERY

Our findings suggest the need for **improvements in the design, supply, and delivery of social services** to address some of the unmet needs of street-based sex workers and others struggling with economic insecurity in New Haven. The following recommendations must be implemented and provided with sufficient funding by the appropriate City, State, and/or federal government and local social service providers.

1. Increase the availability of housing services for people experiencing homelessness in New Haven:
 - The **Mayor and all City agencies, working in tandem with the State and federal governments**, must improve access to appropriate, affordable, and safe emergency, transitional, and permanent housing.⁶⁷ This includes, but is not exclusive to, maintaining an appropriate number of shelters to accommodate the city’s homeless population. An immediate first step must be increasing the number of shelter beds designated for women. The shelter system must also employ a harm reduction approach that minimizes unnecessary barriers, such as limited hours of operation, strict curfews, and sobriety requirements.
 - All entities responsible for managing and implementing the **Greater New Haven Coordinated Access Network (GNHCAN)**, including the **United Way of Greater New Haven (UWGNH)**, should track and publicly report daily information on the number of shelter beds available and in use by type (walk-in or by appointment) and restriction (age, family size, gender, DV/IPV status, guaranteed length of stay, entry requirements, etc.). At a minimum, this information must also be disaggregated by shelter location.
 - The **Department of Mental Health and Addiction Services (DMHAS)** maintains a list of available beds within the DMHAS system for individuals with mental illness

⁶⁷ Purtle, J., Gebrekristos, L. T., Keene, D., Schlesinger, P., Niccolai, L., & Blankenship, K. M. (2020). Quantifying the Restrictiveness of Local Housing Authority Policies Toward People With Criminal Justice Histories: United States, 2009–2018.

or in need of addiction services.⁶⁸ This list is updated almost daily with location, contact information, and bed vacancy data by gender and can serve as an initial model for how the GNHCAN can support people experiencing homelessness and their advocates in navigating the shelter system.

- At present, the **Connecticut Coalition to End Homelessness (CCEH)** reports useful but limited CAN data on a semi-regular basis.⁶⁹ The current dashboards are limited in their specificity and therefore fail to improve public accountability while also impeding the ability of social service providers to best serve their clients. CCEH should make aggregate, de-identified data produced by the Homeless Management Information System (HMIS) publicly available in real time to SWAN and other community-based, harm reduction organizations directly supporting homeless and street-involved populations. These data must reflect up-to-date client demographics, cross tabulated by:
 - Trends in client entry points, lengths of stays, lengths of time experiencing homelessness, and shelter exit and diversion outcomes;
 - Gender, including non-binary and other transgender identities;
 - Age, including age brackets of youth (18-24), adult (25-64), senior (65+).

2. Increase the appropriateness and quality of health care and social services for the populations outlined in this report:

- **Health care institutions, police departments, public housing agencies, and other social service organizations** must improve the ability of their staff to interact ethically and respectfully with marginalized people (including people who trade sex, people who use drugs, people experiencing homelessness, etc.), who may experience criminalization and over-policing, trauma, addiction, and discrimination. This includes offering low-barrier, safe, and responsive ways for people within these communities to provide input into and oversight of the services they are accessing and the public institutions with which they are interacting.
 - The **New Haven City government**, as an immediate first step, must support accountable and inclusive training for anyone interacting with or serving these populations. This training must be developed and executed in consultation (appropriately compensated) with affected communities, such as members of SWAN.
- **All City, State, and federal players** must review and revise State and federal policy to increase funding, improve accountability, and ensure the sustainability of community-appropriate and high-quality health and social services.

⁶⁸ Connecticut State Department of Mental Health and Addiction Services. (2020). DMHAS Bed Availability. CT.gov. <https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/DMHAS-Bed-Availability>

⁶⁹ Connecticut Coalition to End Homelessness. (2015). Data Dashboards. <https://cceh.org/data/interactive/>

3. Develop facilities to fill the service gaps outlined throughout this report and to respond to the needs of affected communities:

- The **City government** should support the development of sites that concentrate services and points of access in an accessible location/s, with accountability to the communities they serve.⁷⁰ One model for achieving this involves comprehensive, low-barrier drop-in centers, where people who are street-based or living in poverty could receive respectful, harm reduction-oriented services and amenities (including medical checkups, mental health counselling, support for medication assisted treatment [MAT] and other services for people who use drugs, meals, CAN intakes, access to phones and internet, and referrals to specialized services). The development, placement, and distribution of services in these sites and other models must be done in consultation with affected communities in order to ensure that service gaps are being responded to in a rights-informed manner.
- The **City government** should support the creation of a Safe Injection or Safe Consumption Facility to reduce the harm caused by substance use in high-risk conditions or environments. This facility must again be developed in consultation with and held accountable to affected communities.

II. LAW REFORM AND DECRIMINALIZATION

As demonstrated by the experiences of street-based sex workers in New Haven, the policing and criminalization of sex work, drug use, and homelessness intensifies violence (both psychological and physical) and instability. Our survey findings align with the results of other research, conducted at the state and national levels, on the effects of criminalization and law enforcement violence.^{71, 72}

Respondents identified interactions with law enforcement and court systems as prominent sites where they experienced disrespect and harm. A criminal record was also a significant barrier to finding stable employment. Given that survey participants were predominantly cisgender white women, it must be considered that these negative impacts are likely amplified for people of color, trans and gender nonconforming people, and other marginalized individuals involved in sex work.^{73, 74, 75}

Survey responses also raise concerns about the national turn to police-driven diversion programs as a response to so-called “quality of life” criminal charges, such as those associated with sex work,

⁷⁰ See DESK, *Co-Designing a Downtown Drop-In Center* (2020).

<https://drive.google.com/file/d/17YCyG19v3lYmCvajlbgOTy8LH8vioCMq/view?usp=sharing>

⁷¹Allard K. Lowenstein International Human Rights Clinic. (2016, November). “Forced into Breaking the Law”: *The Criminalization of Homelessness in Connecticut*. Yale Law School.

https://law.yale.edu/sites/default/files/area/center/schell/criminalization_of_homelessness_report_for_web_full_report.pdf

⁷²American Public Health Association. (2018). *Addressing Law Enforcement Violence as a Public Health Issue*. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>

⁷³ Global Network of Sex Work Projects & MPact Global Action for Gay Men’s Health and Rights. (2018, November 27). *Community Guide: The Homophobia and Transphobia Experienced by LGBT Sex Workers*. https://www.nswp.org/sites/nswp.org/files/homophobia_transphobia_gp_mpact_nswp_-_2018.pdf

⁷⁴ Sankofa, J. (n.d.). *From Margin To Center: Sex Work Decriminalization Is A Racial Justice Issue*. Amnesty International.

<https://www.amnestysusa.org/from-margin-to-center-sex-work-decriminalization-is-a-racial-justice-issue/>

⁷⁵ Luo, N. (2020, January 30). *Decriminalizing Survival: Policy Platform And Polling On The Decriminalization Of Sex Work*.

homelessness, and drug use (see box on LEAD on page 19). This survey echoes critiques generated by other critical analyses of diversion programs: Firstly, most diversionary initiatives fail to achieve their stated goal of mitigating the harms associated with criminal legal system involvement; secondly, law enforcement and criminal courts are not appropriate institutions to connect sex workers to social services, medical care, or other forms of welfare.^{76, 77, 78} A more just and effective approach would be to decriminalize the exchange of sex for money by persons over the age of 18 (i.e., remove all criminal penalties associated with consensual sex work and related activities) and to reinvest resources in community-led, non-penal efforts.^{79, 80}

Laws and policies that enable increased scrutiny and surveillance of marginalized populations must be reviewed and reformed by the City and State government to decrease the risks and vulnerabilities experienced by street-based sex workers in the following ways.

1. **State legislators, with support from City government leaders and advocates**, should engage in an accountable and transparent process of legal reform, with the aim of decriminalizing the following “quality of life” criminal charges:
 - Sex work, including the sale, purchase, trade, and exchange of consensual adult sexual services;
 - Drug use and other minor, drug possession-related offenses;
 - Homelessness-associated charges, such loitering, trespassing, and other public order offenses.
2. The **City government** should work to minimize the interactions between street-based individuals and the criminal legal system by:
 - Channeling funds and resources away from programs embedded in the criminal legal system, such as pre- and post-booking diversion programs, and into community-led efforts and voluntary social services that serve people in the sex trade and other street economies according to their needs and rights;
 - Advocating for the decriminalization of “quality of life” crimes;
 - Eliminating the policing of “quality of life” offenses.

⁷⁶ Yale Global Health Justice Partnership and Sex Workers Project at the Urban Justice Center. (2018, September). *Diversion from Justice: A Rights-Based Analysis of Local “Prostitution Diversion Programs” and their Impacts on People in the Sex Sector in the United States*.
https://law.yale.edu/sites/default/files/area/center/ghjp/documents/diversion_from_justice_pdp_report_ghjp_2018rev.pdf

⁷⁷ Yale Global Health Justice Partnership and Sex Workers Project at the Urban Justice Center. (2018, September). *Un-Meetable Promises: Rhetoric and Reality in New York City’s Human Trafficking Intervention Courts*.

⁷⁸ Gruber, A., Cohen, A. J., & Mogulescu, K. (2016). Penal welfare and the new human trafficking intervention courts. *Fla. L. Rev.*, 68, 1333.

⁷⁹ Yale Global Health Justice Partnership. (2020, July). *The Harmful Consequences Of Sex Work Criminalization On Health And Rights*.

https://law.yale.edu/sites/default/files/area/center/ghjp/documents/consequences_of_criminalization_v2.pdf

⁸⁰ Luo, N. (2020, January 30). *Decriminalizing Survival: Policy Platform And Polling On The Decriminalization Of Sex Work*.

III. COMMUNITY-ENGAGED RESEARCH

Building off this needs assessment survey and learning from its limitations, additional community-based and action-oriented research is needed to further contextualize the barriers and needs that individuals in street economies experience.

1. **City agencies, service providers, and researchers, both in the academy and in the community,** must all be involved in designing, conducting, and integrating this work through the creation of:

- Community-driven studies of needs and desires among marginalized people that capture the full breadth of their experiences. Particular attention should be paid to the gender- and race-specific challenges faced by cis- and transgender women subjected to policing and criminalization for petty offenses and participation in street economies.
- More thorough and rights-based community needs assessments of barriers to food, transportation, communications, housing, and mental and physical health, with particular attention to the availability, accessibility, acceptability, and quality of services and resources.
- Services and interventions that are designed and delivered in response to community needs assessments and the New Haven context; and evaluated using justice-informed measures of impact, such as metrics that consider dignity, equity, rights promotion, inclusion, and community and individual empowerment^{81, 82} – not merely program completion.
- Research design, implementation, analysis, and translation into policy should engage those most affected as lead participants in every phase.

⁸¹ Leon, C. S. & Shdaimah, C. S. (2012). JUSTifying Scrutiny: State Power in Prostitution Diversion Programs. *Journal of Poverty*, 16(3), 250–273. <https://doi.org/10.1080/10875549.2012.695539>

⁸² Shdaimah, C. & Bailey-Kloch, M. (2014) “Can You Help With That Instead of Putting Me in Jail?”: Participant Insights on Baltimore City's Specialized Prostitution Diversion Program. *Justice System Journal*, 35(3), 287-300. <https://doi.org/10.1080/0098261X.2013.869154>

APPENDIX

SEX WORK AND COVID-19 RESOURCES

Several sex worker rights groups and allied organizations have created harm reduction-based guidelines, resource lists, media coverage, and other educational materials, and organized financial support and mutual aid campaigns to support people in sex work during the pandemic.

- *Sex work COVID-19: Guidelines for Sex Workers, Clients, Third Parties, and Allies* (2020, March 19). Butterfly Asian and Migrant Sex Workers Support Network & Maggie's Toronto Sex Workers Action Project. <https://drive.google.com/file/d/1ymJ5motdh0zh453-wFs1p4syL3koC2dD/view>
- Drolet, G. (2020, April 10). *Sex Work Comes Home*. The New York Times. <https://www.nytimes.com/2020/04/10/style/camsoda-onlyfans-streaming-sex-coronavirus.html>
- Herrera, J. (2020, April 20). *How Sex Workers Are Using Mutual Aid to Respond to the Coronavirus*. The Nation. <https://www.thenation.com/article/society/sex-workers-coronavirus/>
- D'Adamo, K. *SPECIAL EDITION: Resources and Tips for Getting What's Yours and Staying Safe*. (2020, April 7). <https://www.slixa.com/blog/guides/financial-resources-assistance-sex-workers/>
- Julia Naftulin, J. (2020, April 2). *Strippers, dominatrixes, and sex workers are being left out of a major US coronavirus relief package*. Insider. <https://www.insider.com/sex-workers-are-ineligible-for-us-coronavirus-relief-package-2020-4>
- COVID-19 Sex Worker Harm Reduction Resources (U.S. Based). COYOTE, RI. https://docs.google.com/document/d/1GpmUbu7UDCKtbnsBwImFLQtXzHLIZ6FYYP_NjJvyiFs/mobilebasic?usp=gmail
- Navigating COVID19 For Sex Workers & Allies: Info & Support Guide. Bay Area Workers Support (BAWS) <https://bayareaworkerssupport.org/covid19>
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