



1. Why is "emotional gain" included in the definition of sex work? Interesting and unexpected
 - a. **For many people, especially for folks of trans* experience, it is about validation and being seen as their identities. Many find it as an affirmation, but can still be considered transactional.**

2. Would you be able to share screening materials that are asking these questions in a positive way?
 - a. **Include questions around sex work within taking a more comprehensive sexual history – this way it does not stigmatize sex work:**
 - i. **Have you ever traded sex for money, drugs, a place to stay, or other things you need?**
 - ii. **Has anyone every touched you in a way that made you feel uncomfortable?**
 - iii. **Have you ever been or are you in a relationship?**
 - iv. **How old is your partner(s)? How would you describe the relationship?**

3. Is there a connection between working in housekeeping/hotel jobs and human trafficking?
 - a. **We are not aware of any research that related to this.**

4. With the Drop-In resource, could you elaborate a little more?
 - a. **Conveniently located near public transportation in Harlem, the Drop-In Center is where any lesbian, gay, bisexual, transgender or questioning youth can access food, medical care, mental health services and much more.**
With so few beds available for homeless young people, the Drop-In Center is a beacon for homeless LGBTQ youth – allowing them to escape the streets for a safe, warm, supportive environment. At the Drop-In Center, LGBTQ youth can create community with young people who are just like them and access life-and-death services, as well as education, job training and referrals to other services.
The Drop-In Center is also AFC's central intake location. All youth participate in a full assessment of their acute physical and mental health needs. This thorough intake includes information on their history of care, exposure to abuse, current and past housing situation, alcohol and substance use, emotional well-being, feelings about their LGBTQ identity, HIV risk assessment, food security, exposure to trauma and mental health needs.
In January of 2015 the Drop-In Center became the nation's first 24-hour drop-in program for homeless LGBTQ youth. Weekend and overnight hours are when LGBTQ homeless youth are most vulnerable and when services aren't available to them. Our Drop-In Center is the place where LGBTQ youth can come for meals, showers, clothing, HIV support, mental health services, and case management at any time – day or night.



5. Can you give some examples of harm reduction techniques in sex work with people experiencing homelessness?
- a. **Harm Reduction with Individuals in the Sex Trade- Street Economy Safety Tips**
 - Encourage workers to work in “buddy” system with a friend who knows where they are at all times
 - Carry their own equipment at all times-condoms, lube, toys, etc.
 - Study potential customer- car details, door-lock system, surroundings
 - Negotiate price and collect money upfront, have set time limits
 - Wear comfortable shoes that are appropriate for running at all times
 - Wear comfortable clothing that cannot get stuck in car doors or be grabbed at- avoid necklaces or dangling jewelry
 - Avoid carrying drugs on illegal weapons on dates
 - Do not allow unfamiliar dates to restrain you for any reason, even if this is their fetish
 - Give “Know Your Rights” material in case an encounter with law enforcement occurs
 - Harm Reduction with Individuals in the sex Trade- Indoor/Internet-Based
 - Encourage workers to “screen” clients and get full name, information, and references on a potential client- there are websites that assist with this
 - Always know surroundings when visiting client and have a “safe call” that knows where you are at all times
 - Don’t allow clients to negotiate set prices, time limit or unsafe acts- boundary pushers always want more
 - When business is slow, workers tend to let guard down or take clients they normally wouldn’t- can be at risk for arrest, violence, or unsafe play
 - Utilize online bad date lists where sex workers report bad client encounters (Verify Him, Safe Office, National Blacklist)
 - Self care is important- Many workers are isolated, unable to disclose work to family/ friends. Encourage them to have a support network and seek out sensitive counseling services if needed
 - b. For original content, please follow the link: https://www.heartlandalliance.org/wp-content/uploads/sites/20/2016/07/swop_presentation.pdf
6. I did hear Jonathan mention military under the institutional oppression. Can you explain a little more about that?
- a. **The military has systems of institutional oppression in it, especially around gender, gender expression, gender identity, and sexuality. We particularly see this among women veterans experiencing homelessness with roots in pre-military adversity, post-military interpersonal violence, unemployment and PTSD.**
 - b. **More detailed information (added to resource documents) could be found in the study in Annals of Anthropological Practice**



- i. **Hamilton, Washington, Zuchowski, “Gendered Social Roots of Homelessness Among Women Veterans”**

- 7. You mentioned a lot of your youth were aware of/on PrEP, can you talk a little bit about how that came to be and any advice to reduce as many barriers as possible?
 - a. **In New York City, the Department of Health has had an active public awareness campaign about PrEP, including billboards in subways, ads in dating apps, and information provided to public high schools. These are often aimed towards different communities with different risk factors, including an entire campaign dedicated specifically to women. Within Callen-Lorde we have also utilized creative media like short videos to provide accessible information on PrEP (<https://www.youtube.com/watch?v=WuDipQrNxhc>). We have also been fortunate in addressing barriers such as insurance, through city, state and Gilead-funded programs for uninsured patients for PrEP initiatives, as well as the lifting of age restrictions for minors to access PrEP. Advice would be to provide information through a range of platforms to reduce stigma and make sure your materials are reflective of the communities you aim to serve.**

- 8. For those arrested for sex work, do you have statistics for the percentage that are undocumented?
 - a. **Unfortunately, undocumented individuals across systems are grossly undercounted and underrepresented in most research. We are not aware of any statistics for this. For many providers in NYC, we do not collect formal information outside of anecdotal experience.**

- 9. How do the laws in New York around kidnapping effect the ability to find housing or shelters for individuals? In my state we have a lot of shelters who will not take an underage individual unless they are with a parent and refer to CPS for those "issues" we see. Chantelle Daniels: It is very frustrating to see because we have to call police, etc for this issue and the child is sent back to a home that is unsafe
 - a. **We are required to call ACS (Administration of Children Services) and file a report for any Young person under the age of 18.**

- 10. Do either of your services provide support around CPS involvement if there are children involved? What does that look like?
 - a. **We are mandated reporters and any youth under 18 is required to have a report filed with ACS by the agency.**



11. Can you speak about advocacy efforts (either in New York or in other cities - I'm in DC, so I'd definitely like to hear about national efforts) toward decriminalization of engagement in sex work?
 - a. **Please check out the following websites**
 - i. <http://sexworkersproject.org/>
 - ii. <https://www.decrimnow.org/why-decriminalize-sex-work> (DC specific)
 - iii. <https://www.swarmcollective.org/> (International coalition)
12. We're wondering why the definition of sex work did not include "victimization", including the power differential dynamic and the increased risk of violence.
 - a. **Sex work does not always mean victimization. We focus on all forms of power within our patient's intimate relationships, including sexual violence.**
13. I am a new Peer Navigator at a day shelter that serves women and transgender people experiencing homelessness. As a cisgender male, what do you think is the best approach for helping a trans individual feel comfortable and safe coming to speak with me, potentially about some of the trauma's you have covered in this webinar?
 - a. **Be open with them. Making sure to have visuals that clearly support trans* identities and ensuring that you are using the proper pronouns (as well as apologizing when you get it wrong). Asking folks pronouns can be the beginning but an important affirmation that your clients may not be experiencing in many spaces.**
14. How do you keep them safe from traffickers?
 - a. **Sex work and sex trafficking are two distinct arenas. We empower our patients to understand consent and agency around sex work.**
15. How can a homeless youth afford to purchase medications for PEP or PrEP?
 - a. **We have also been fortunate in addressing barriers such as insurance, through city, state and Gilead-funded programs for uninsured patients for PrEP initiatives, as well as the lifting of age restrictions for minors to access PrEP.**
16. Do you have legal services for Name Change for Transgender individuals? Or grant information to help pay for name changes?
 - a. **We partner with Manhattan Legal Services NYC and other non-profit partners who offer legal services for name change.**
17. Can you speak more to the trans housing program? What were the major factors that lead to create this specific housing and where do you have clients transition to when they finish the program?
 - a. **The Trans Housing program is an 18 bed house for TGNC youth ages 16-21 years old. We surveyed our youth to see what they wanted a program that was Trans* specific to look like and developed programming from those results. We set an individualized**



plan with each participant in this program with the understanding that in addition to housing support, there may be additional support needed that is associated with their TGNC gender identity.

18. Are there restrictions or requirements when you go to these drop in clinics?
 - a. **Requirements are that folks are age 16-24, are experiencing homelessness or housing instability and identify as LGBTQ+.**

19. How do you meet people where they are at- and not leave them there?
 - a. **Meeting clients “where they are at” refers to Prochaska and Clemente’s “5 Stages of Change” where we focus on client-centered care. This allows the client to let us know what they need without us imposing our judgment, allowing them to develop their own decision making skills that are best for them.**

20. How do you offer alternative life choices without coming across as judgmental?
 - a. **We focus on Prochaska and Clemente’s “5 Stages of Change” where we focus on client-centered care. This allows the client to let us know what they need without us imposing our judgment. Exploring what the client does and how it affects their health and safety should be the focus of the interaction. Giving clients the resources to find other ways of survival should come when the client expresses desire to explore those options.**