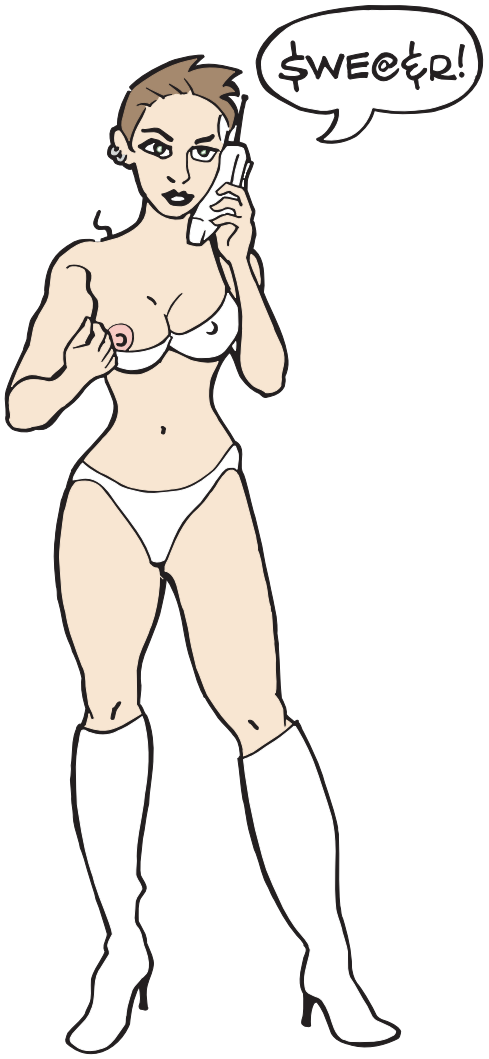
$ex.



Sex diseases in history 2
- Treatments and cures

Public health today 4

Reportable diseases 7

How about free vaccines? 10

Sexual health exams 11
- Terms for germs
- Medical exams for women
- Medical exams for men
- Testing for STIs
- Self-examination
- What makes a test anonymous?
- Nominal testing
- Non-nominal testing
- What about mandatory STI tests?
- What does "informed consent" mean?
- How does "contact tracing" work?
- What if you test HIV-positive?

What about privacy? 21

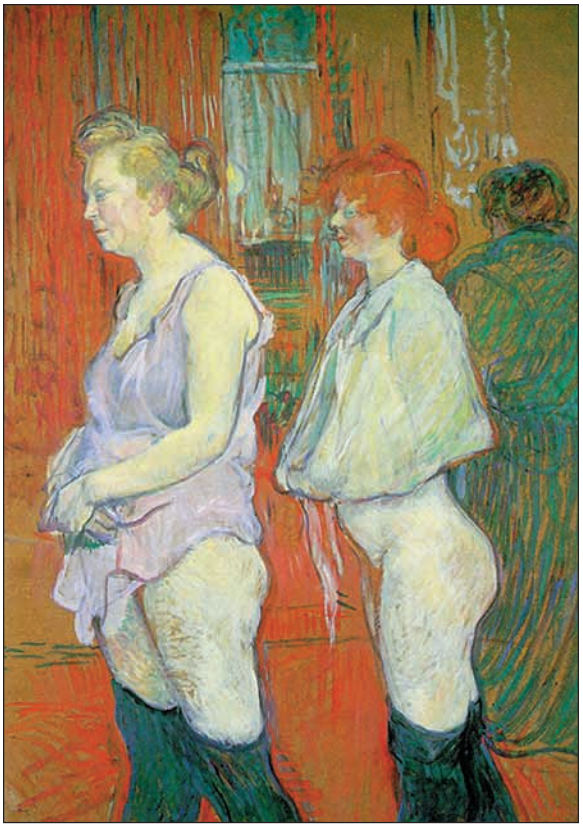
STIs and criminal law 22

What about self-regulation? 24

Sex, drugs and research 24

Sex, assault and the law 27
- What does "consent" mean?
- What about pressing charges?

$WE@&R!



***The Medical Inspection, Rue des Moulins* (1894)**

The Rue des Moulins in the Montmartre quarter of Paris was artist Henri Toulouse-Lautrec's favourite brothel. The basic French regulation system for prostitution had been in place since Napoleon's Consulate. Prostitution by-laws imposed a system of registration, and emphasized *maisons de tolérance* (brothels) as the easiest way to keep women off the streets. Regulations required brothel workers to undergo routine medical inspections.

Henri de Toulouse-Lautrec, 1894. National Gallery of Art, Washington, D.C. (Mark Harden's Artchive: http://www.artchive.com)

Sex diseases in history

Throughout history, sailors, soldiers and prostitutes have been implicated in the spread of sexually transmitted diseases. There are descriptions of a disease which may have been syphilis in ancient Chinese, Indian, Hebrew and Greek writings. It has been speculated that syphilis was brought to Europe in 1493 by Christopher Columbus and his crew of 44 men. Syphilis is part of a group of diseases that include yaws, pinta and endemic syphilis. All are caused by the same microscopic organism.

In 1495, King Charles VIII of France besieged the city of Naples. Both the French and the Neapolitan armies, made up of mercenaries, were struck by a new disease, said to have been spread by prostitutes between both camps. By the early 1500s, Europe had been struck by an epidemic called "the great pox" — which, from historical descriptions, we can be sure was syphilis. The disease had spread from Europe as far as Canton, China, by 1505.

The earliest European public health initiatives regulated brothels (and their workers) in order to control the spread of disease. As far back as 1161, brothels in London were forbidden by law to house prostitutes "suffering from the perilous infirmity of burning" — gonorrhea. From the Napoleonic Wars to World War II, both national and municipal governments examined, licensed and monitored prostitutes for contamination, and quarantined carriers of disease.

In England, the *Contagious Diseases Acts* (1864-1869) mandated the identification, registration and speculum examination of prostitutes in military depots. They also gave police broad powers to arrest women suspected of prostitution.

The germ theory of disease proliferated through the late 1800s. In 1882 Robert Koch finally identified *M. tuberculosis* as the agent that caused "the consumption." By the turn of the century, acceptance of the germ theory had sparked a militant and moralistic public health crusade.

Early feminists and moral reformers, in an effort to end this exploitation of women, waged campaigns to abolish state-sponsored bordellos and prostitution.

In 1885 in England, the abolitionist/social-purity movement to end "white slavery" exploded into public outrage after newspapers published a series of articles describing the sale of young virgins into foreign brothels. The moral panic that followed resulted in a petition bearing more than 393,000 signatures, which demanded that the British government pass the *Bill to Amend the Criminal Law* (1885). Meant to protect young girls, this legislation raised the age of consent and extended police powers.

In 1904, the League of Nations passed the *Suppression of the White Slave Traffic Treaty*. By 1921, the *International Convention for the Suppression of the Traffic in Women and Children* had dropped the term "white slavery" in favour of the new term "traffic in women."

Meanwhile, the abolitionist campaign had spread throughout America, where the "white slavery" panic resulted in the passage of the *Mann Act*, in 1911.

Eventually, the United Nations combined the two earlier League of Nations treaties into one, called *Suppression of the Traffic of Persons and of the Exploitation of the Prostitution of Others* (1949).

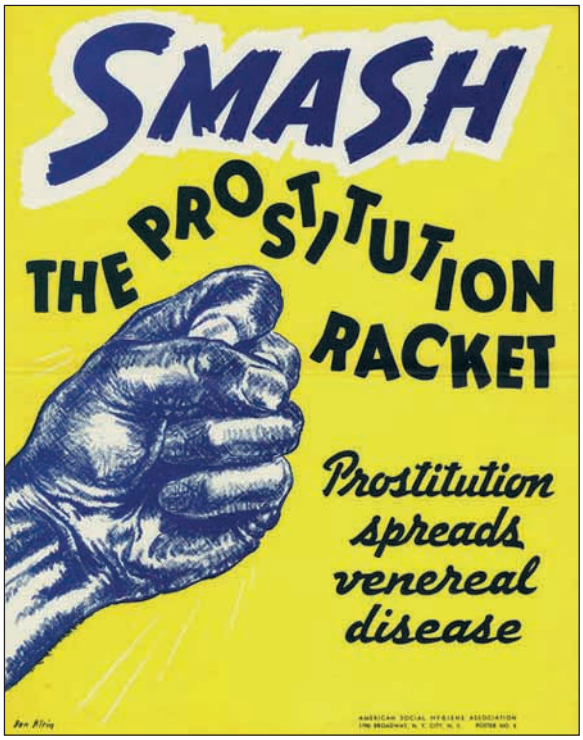
"Warning: These Enemies Are Still Lurking Around" (1940)

This poster was part of a campaign aimed at U.S. troops during WWII using depictions of prostitutes to warn about venereal diseases. It was issued by the American Social Health Association in 1940.

Social Welfare History Archives (http://special.lib.umn.edu/swha)

Treatments and cures

The "rest cure" for consumption led to a proliferation of sanitaria. For the wealthy, the sanitorium was a combination luxury hotel and hospital. As germ theory gained acceptance, however, tuberculosis became the "White Plague" and the sanitarium became a place where patients — virtually all of them poor — suffered isolation, boredom and frightening medical procedures (such as the removal of ribs and surgery to force the collapse of an infected lung). Until the industrial production of penicillin was invented in the 1940s, patients were relegated to spend the rest of their lives (after



"Smash The Prostitution Racket" (c. 1940s)

Anti-prostitution message on a poster from the American Social Hygiene Association, New York City. Prostitution has long been blamed for the spread of venereal disease.

Social Welfare History Archives (http://special.lib.umn.edu/swha)

diagnosis in pre-war sanitaria for infectious diseases like diphtheria, cholera, typhoid fever, typhus, malaria, leprosy, tuberculosis, smallpox — and syphilis.

Alexander Fleming had discovered the antibiotic nature of penicillium mould in 1928, but it took 11 more years to isolate penicillin in its pure form. The obvious benefits that industrial production of antibiotics could provide for soldiers wounded in World War II led to international cooperation. Andrew Moyer discovered a process for growing penicillin in corn liquor and lactose. This revolutionized the medical approach to disease, resulting in the treatment and cure of many infectious bacterial diseases. By the 1970s, the sanitarium had disappeared.

$-01: *Let's say you are a sex worker. Should the choice be yours to use a condom or not when having sex (intercourse) for free, perhaps with your lover or spouse?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Public health today

Today in Canada, the provinces and territories are responsible for all matters concerning public health, and for the administration of health care. Provincial/territorial laws regarding the protection of public health are included in each province/territory's Public Health Act. These Acts also set out provincial/territorial regulations governing the operation of businesses where the protection of public health is of concern. For example, if a restaurant is found, upon inspection, to be in violation of some provision of the restaurant section of a Public Health Act, it can lose its licence to serve food. In addition, each Act contains a section on dangerous infectious and contagious diseases, outlining protocol for dealing with reportable diseases, such as sexually transmitted infections.

$-02: *Let's say you are a sex worker. Should the choice be yours to use a condom or not when you perform oral sex (blow job) for free, perhaps with your lover or spouse?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

In British Columbia, public health legislation (B.C.'s *Health Act* – Part 5:"Dangerous Infectious or Contagious Diseases") allows Medical Health Officers of a municipality or regional health district to isolate (keep detained in isolation) any person found to be infected with any disease dangerous to public health — and place her or him under quarantine (ordered to stay at home, with a notice posted warning visitors not to enter), if necessary. If a Medical Health Officer has grounds to believe that you are infected with a reportable communicable disease — and that you are likely to willfully, carelessly or because of mental incompetence expose others to the disease — that Officer can order you to comply with set conditions to prevent the exposure of other people to the disease. As well, she or he can order medical tests or treatment in order to identify or control the disease.

$-03: *Let's say you are a sex worker. Should the choice be yours to use a condom or not when you have sex (intercourse) with a client?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

If you do not obey the Medical Health Officer's orders, you can be charged in provincial court. The court can order you to comply, or else you can be detained (up to a year) until the Officer is satisfied that you are no longer infectious. The Officer can also apply to the provincial court for a one-year extension of the period of detention, testing, treatment, isolation or quarantine.

GERMS & HISTORY

- ➜ ***Plagues and Peoples***
  William H. McNeill. New York: Anchor Books, 1976. Disease in world history.
- ➜ ***No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880***
  Allan M. Brandt. New York: Oxford University Press, 1987.
- ➜ ***Viruses, Plagues, & History***
  Michael B.A. Oldstone. New York: Oxford University Press, 1998. Details viral and prion diseases.
- ➜ ***A Field Guide to Germs***
  W. Biddle. New York: Second Anchor Books, 2002. Paperback; very readable!
- ➜ ***Pox: Genius, Madness and the Mystery of Syphilis***
  Deborah Hayden. New York: Basic Books, 2003. (http://poxhistory.com)

Primary Syphilis (*Treponema pallidum*)

Most often found on genitals, a primary syphilis lesion (painless ulcer) can occur anywhere you have been touched by a moist syphilis sore. Typically, only one lesion will erupt, within 10-90 days after contact. Skin on the surface of the lesion dies back and scabs, resulting in a well-rounded chancre with a hard base. Primary lesions are usually painless and often accompanied with swollen, but not tender, lymph glands. Symptoms clear up in a few weeks. If untreated, you remain infected, and eventually you have a secondary syphilis outbreak. Syphilis is usually treated with penicillin, and is curable.

Self-Learning Module on Sexually Transmitted Diseases, Public Health Agency of Canada (http://www.phac.aspc.gc.ca/slm-maa)
PHOTO: Boehringer-Ingelheim

In B.C., separate rules specifically dealing with sexually transmitted diseases are outlined in the *Venereal Diseases Act*. Every case of a venereal disease must be reported, along with the patient's name, to the Medical Health Officer. If you suspect that you may have a venereal disease, you are required to immediately seek medical treatment and to take necessary precautions against exposing others. Your doctor is required to report you to the medical health officer if you refuse or neglect to take adequate treatment.

$-04: *Let's say you are a sex worker. Should the choice be yours to use a condom or not when you perform oral sex (blow job) with a client?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

If a Medical Health Officer believes that you have been exposed to a venereal disease, you can be asked to report to a doctor or clinic for a test. The test results must be reported to the Officer, and you are to be given directions to prevent you from exposing others to the infection. You must provide proof to the Medical Health Officer that you are receiving adequate treatment, and that you are following those directions, so as not to expose others. You may also be required to undergo more than one examination, in order to determine that the treatment was effective and that you are no longer infected.

$-05: *Let's say you are a sex worker. Should you be required to always use condoms when having sex (intercourse) with clients?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

If a Medical Health Officer has reason to believe that you have a venereal disease (whether laboratory tests confirm the infection or not), and you refuse treatment or behave in a way that could expose others to the disease, the Officer can make a complaint against you to a Justice of the Peace. The Justice has the power to issue a summons that would require you to appear before a hearing into the truth and matter of the complaint. If you fail to appear, the Justice can issue a warrant and have you brought in.

If the Justice finds that you are unwilling to undergo adequate treatment, or finds that you have failed to take precautions to prevent exposing others, you can be detained (for up to a year) and treated until necessary examinations can ascertain that you no longer pose a risk to the public.

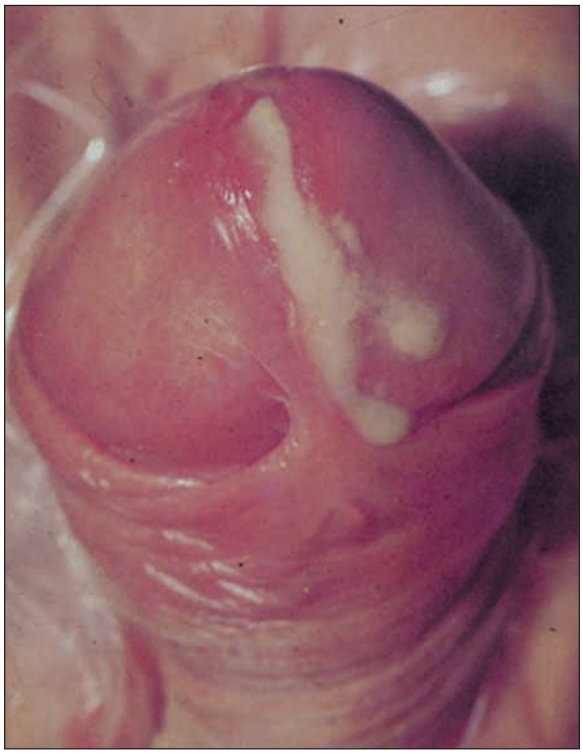
$-06: *Let's say you are a sex worker. Should you be required by law to always use condoms for all sexual contact at work?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Reportable diseases

A reportable disease is one that is so significant to public health that its occurrence must, by law, be reported to public health authorities. Provincial public health laws (such as the B.C. *Venereal Disease Act* and the Communicable Disease Regulation under the B.C. *Health Act*), require that doctors and nurses disclose to the Medical Health Officer personal health information about testing and treatment for reportable communicable diseases. They can do this without your consent.

Throughout Canada there is a list of more than 50 reportable diseases, including leprosy (Hansen's Disease), malaria, measles, mumps, Hantavirus Pulmonary



Gonorrhea (a.k.a. "The Clap")

Gonorrhea can infect your throat, anus, cervix, vagina, penis, urethra, or testes. It's transmitted during unprotected oral, anal and vaginal sex. Thick, profuse discharge from your urethra (shown above) is typical of gonorrhea. For women, symptoms include vaginal discharge, painful urination, abnormal vaginal bleeding and lower abdominal pain. For men they include urethral discharge and itch, and painful urination. More than half of people with gonorrhea show no symptoms. If left untreated gonorrhea can lead to Pelvic Inflammatory Disease, infertility, pelvic pain or (if conception takes place) ectopic pregnancy in women, and inflammation of the testicles and infertility in men. Treatment is usually a single oral dose of antibiotics.

In the 1960s, the only treatment for gonorrhea available to prostitutes in U.S.-occupied parts of Southeast Asia was a black-market, low-grade penicillin. Self-treatment with such penicillin led to a penicillin-resistant strain of gonorrhea the so-called "Vietnam Rose." This strain was imported to North America by U.S. soldiers returning from Vietnam.

Self-Learning Module on Sexually Transmitted Diseases, Public Health Agency of Canada (http://www.phac-aspc.gc.ca/slm-maa)
PHOTO: Dr. Marc Steben

Primary Genital Herpes (HSV-1)

Genital herpes (also known as plain herpes) is caused by the Herpes Simplex Virus (HSV). There are two types: HSV-1 and HSV-2. HSV-1 is usually responsible for childhood infections of the face and fingers. HSV-2 is almost always the cause of adult genital herpes infections. Genital herpes is usually transmitted sexually — through oral, vaginal or anal sex — although you can infect yourself or someone else after touching a herpes sore. You can transmit herpes from the time the sores first appear until they are completely healed.

Treatment for the sores is available, but the virus remains dormant; there is currently no cure. Infections can be painful. Pain relief medicine may be required, and sedatives can be used to reduce stress. Salt baths or washes can help dry out sores. Relapses can occur when you get run down. Herpes outbreaks can be triggered by lack of sleep, physical and emotional stress, trauma, menstruation, hormonal changes, too much sunlight, and drinking alcohol. Good nutrition and a healthy lifestyle can help prevent outbreaks.

Self-Learning Module on Sexually Transmitted Diseases, Public Health Agency of Canada (http://www.phac.aspc.gc.ca/slm-maa)
PHOTO: Dr. Marc Steben

Syndrome (HPS), hepatitis A, hepatitis C, cholera, typhoid, yellow fever and AIDS/HIV. (In 2003, B.C. became the last province to classify HIV as reportable.)

Most lists include the following sexually transmitted infections: hepatitis B (HBV), chlamydia, genital warts (Human Papilloma Virus or HPV), syphilis and gonorrhea. Hepatitis C is transmitted through blood and is no longer considered a sexually transmitted disease by health authorities. Genital herpes (HSV) is not classified as reportable (except in Prince Edward Island and Nova Scotia).

$-07: *Let's say you are a sex worker. If you have herpes, should you be required to inform clients prior to sexual contact?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

In Ontario, the *Public Health Act* obliges a doctor to fill out a detailed information report form when reporting to the Medical Officer of Health or the Health Unit on a person who has or may have a "notifiable" (reportable) disease. The form lists full name and date of birth, sex, date of onset or symptoms and date of testing (when the specimen was taken that yielded the positive finding).

$-08: *Let's say you are a sex worker. Should you be required to leave the sex industry if you catch herpes?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Other reportable information required under the Ontario *Public Health Act* is listed for each specific disease. For example, for syphilis, the form lists specific symptoms, as well as information about the date of diagnosis, the name and address of the attending

physician, name of hospital and date of admission (if applicable), duration and stage of the infection, current treatment, drugs and dosage used, lab findings and, finally, the name of the person responsible for contact tracing (a list of your sexual partners is given to a public health nurse to follow up).

$-09: *Let's say you are a sex worker. Should you get tested regularly for reportable STIs such as chlamydia, gonorrhea, syphilis and hepatitis B?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Drug-resistant-gonorrhea and AIDS reports both require additional data. An AIDS report must include your country of birth; your race; and an indication of whether you have had sex with an intravenous drug-user, a bisexual man, a hemophiliac, someone living with AIDS, or a blood transfusion recipient.

Chlamydia trachomatis, genital herpes and gonorrhea (other than drug-resistant strains) are notifiable sexually transmitted infections (STIs) that can be reported anonymously (without your name being used).

$-10: *Let's say you are a sex worker. Should you be required to have regular blood and urine tests for such reportable STIs as chlamydia, gonorrhea, syphilis and hepatitis B in order to be allowed to work?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Each province/territory has its own laws outlining different conditions and procedures for reporting infectious diseases. Make sure you understand the specific rules for reporting STIs where you live. You can

Chlamydia Trachomatis

Chlamydia is the most frequently reported of all communicable diseases in North America. A chlamydia infection in your penis can cause discharge and burning during urination. Discharge can be cloudy or clear, runny or minimal. Chlamydia infections of the penis are not always obvious and, if left untreated, can cause sterility. Women diagnosed with chlamydia should avoid sexual penetration and get plenty of rest, to allow the infected area to heal. Untreated vaginal chlamydia infections can cause Pelvic Inflammatory Disease, which can result in infertility. Chlamydia is usually treated with a course of oral antibiotics.

PHOTO: *The Workers Handbook*. Darlinghurst: Sex Workers Outreach Project, 1992.

THE ABCs OF HEPATITIS

Hepatitis means that your liver is sick because you've caught a virus. You can have a mild case of hep and think you just have the flu. You could have hep if you have diarrhea, fevers, headaches, nausea, no appetite or no energy. Your piss may turn dark and your skin and eyes may turn yellow. You may not realize you have hep if you don't go to a doctor. There are several kinds of hepatitis viruses.

Hep A is easy to get.

Hep A is a virus that lives in shit, even tiny amounts of shit that are too small to see. Hep A goes away. Once you've had hep A, you can't catch it again. You can catch hep A from contaminated water or even sharing a glass. A hep A vaccine is available but it lasts only three months.

You can carry hep B for life.

Hep B (HBV) is in blood, cum, vaginal fluid and spit. For most people hep B will go away. Once you've had HBV, you can't catch it again. But some people carry HBV and can spread it for the rest of their lives. There is a hep B vaccine which consists of three shots over six months.

Hep C is spread through blood.

The easiest way to catch hep C (HCV) is to puncture your skin with infected blood (as in sharing needles). HCV is not considered a sexually transmitted disease. But you should still inform your sex partners and use condoms if you have HCV, and never share toothbrushes or personal hygiene items. Some people with HCV develop severe liver disease or liver cancer.

find the relevant public health legislation on provincial/territorial government websites.

$-11: *Let's say you are a sex worker. Should you be required to inform your clients if you test positive for a reportable STI such as chlamydia, gonorrhea, syphilis or hep B?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

How about free vaccines?

Attempts in the 1970s to develop vaccines for gonorrhea and syphilis failed. There are currently no vaccines available for most STIs. The exception is hepatitis B (which can be transmitted during sex, and for which a vaccine is available).

$-12: *Let's say you are a sex worker. Should you get regular vaccinations for hepatitis B?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Clinics — including STI clinics — often offer free vaccinations for such diseases as hepatitis B and meningococcal C to particular groups at higher statistical risk, such as sexually active gay men or those whose work involves public service (e.g., food handlers).

HIV vaccine research has been conducted using sex workers in Thailand and gay men in Vancouver, but no effective vaccine has been patented. Vaccination can be imposed by public health authorities. (For instance, authorities require the vaccination of school children. Parents who refuse to comply can have their children removed.)

$-13: *Let's say you are a sex worker. Should you be required to get regular vaccinations for hepatitis B in order to be allowed to work?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Sexual health exams

Terms for germs

Sometimes called "the love diseases, **Venereal Disease** (**VD**) is defined in the *Oxford Concise Dictionary* as, "*any of a variety of diseases contracted chiefly by sexual intercouse with a person already infected; a sexually transmitted disease.*"

Derived from "*Venus*" (the Goddess of Love), "venereal" is defined as "*of or relating to sexual desire or intercourse.*" [Middle English from Latin *venereus*, from *venus veneris* 'sexual love'] Historically syphilis and gonorrhea (and a few others more common in tropical climates) have been the principal diseases transmitted exclusively by genital contact.

In the 1970s, a movement grew to change the term "VD" to **Sexually Transmitted Diseases** (**STDs**) in order to include the broader variety of diseases such as trichomonis, thrush and other urinary infections ("non-specific urethritis" or "NSUs") in the field of Genito-Urinary Medicine.

GOVERNMENT STI RESOURCES ON-LINE

Including provincial/territorial public health laws.

- ➜ **B.C.'s *Health Act* (Section 5)**
  http://www.qp.gov.bc.ca/statreg/stat/H/96179_01.htm
- ➜ **B.C.'s *Venereal Diseases Act***
  http://www.qp.gov.bc.ca/statreg/reg/V/VenerealDisease/64_84.htm
- ➜ **Ontario *Health Protection and Promotion Act* (*HPPA*)**
  http://www.e-laws.gov.on.ca
- ➜ **Self-Learning Module on Sexually Transmitted Diseases**
  (Public Health Agency of Canada) Includes a great slide gallery!
  http://www.phac-aspc.gc.ca/slm-maa

Herpes Simplex Virus (HSV)

Genital Herpes is usually transmitted sexually, through oral, vaginal, or anal sex — although you can infect yourself or someone else after touching a herpes sore. Herpes can be transmitted from the time the sores first appear until they are completely healed. Condoms do offer some protection if the lesions are on the penis area, but don't protect you from lesions in other places, such as cold sores on the lips. Check clients carefully and avoid kissing. Don't let them go down on you without a condom or dental dam.

PHOTO: *The Workers Handbook*, Darlinghurst: Sex Workers Outreach Project, 1992.

Today, **Sexually Transmitted Infection** (**STI**) is the term commonly used in place of "STD," because it encompasses all the diseases that can be transmitted sexually, including infections that may not produce symptoms.

Medical exams for women

For women, full medical sexual health exams at an STI clinic or doctor's office should include a Pap smear and a cervical examination for signs of infection (such as HPV warts or syphilis chancres), as well as for tumours in your uterus or ovaries.

If you are experiencing any pain in your lower abdomen or pelvis, you should get a bimanual exam. This requires the nurse or doctor, wearing a latex glove, to insert one or two lubricated fingers into your vagina. With the other hand, he or she presses down on your lower abdomen and checks the internal organs (uterus, ovaries, and fallopian tubes) of your pelvis. This often causes an uncomfortable sensation of pressure. If it actually hurts, tell the nurse or doctor.

A health practitioner may also conduct a recto-vaginal exam, by insering a gloved finger into your rectum to check the condition of the muscles separating your rectum and vagina, and look for possible lumps or tumours behind your uterus. You should have this examination done at least once a year. If you have pelvic pain, get a pelvic exam, even if you are menstruating.

Medical exams for men

For men, a sexual health exam should include an examination of your genitals for any signs of an STI (such as sores, warts or discharge), as well as for lumps or tumours in your testicles. Routine prostate exams, checking for lumps or enlargement (which may indicate cancer) are also recommended.

Your balls (testicles and scrotal sack) are examined for pain or swelling and consistency. Testicular pain may indicate infection (orchitis), or that the tubes connecting your testes have twisted (torsion).

If you engage in anal sexual play (including anal contact with fingers or tongue), you should be examined for possible warts or lesions inside your anus. Urine samples and/or swab samples should be collected to test for chlamydia and gonorrhea, as part of your full STI check-up.

Testing for STIs

For both sexes, to be thorough, you can request that swab samples also be collected from your throat and anus, as well as from your vagina (women) or urethra.

You should also consider getting a blood test for syphilis (which also detects secondary syphilis) every three to six months. Sometimes STIs such as syphilis, gonorrhea and chlamydia can cause only mild or unnoticeable symptoms. If left untreated, STIs can gradually progress until severe organ and tissue damage eventually lead to serious health problems.

Self-examination

Regular self-examination for any sign of a possible STI increase your chances for early diagnosis and treatment. The longer a sexually transmitted infection goes untreated, the greater the risk of serious organ and tissue damage and strain on your health. Some, such as syphilis, become more difficult to treat and cure the longer you have been infected.

Self-examinations are not a replacement for routine STI testing. Sometimes an STI can be almost impossible to detect because you have no obvious symptoms. STI laboratory tests on swab, urine and blood samples provide the most accurate screening. No test is accurate 100 per cent of the time, but regularly scheduled STI tests increase your chances of detecting any infection you might have.

A few tools can make it easier to fully inspect your own genitals, ass and mouth: a well-lit mirror you can

Genital Warts (*Condylomata acuminata*)

All genital warts (venereal warts) are caused by the Human Papilloma Virus (HPV), also called the wart virus. There are many varieties of HPV — more than 50 types have been identified to date. Genital warts can be removed using a variety of methods, including chemical burning, freezing using liquid gas (CO_2), and laser surgery. Warts can also be cauterized. In some cases, minor surgery may be required.

In a small percentage of cases, HPV is associated with the development of cervical cancer, many years after infection.

***Condylomata acuminata* (shown above) is characterized by skin projections in areas subject to friction. Unlike some other kinds of warts, these usually clear up on their own, so aggressive removal is unwarranted.**

You can be exposed to HPV and not develop any symptoms.

Self-Learning Module on Sexually Transmitted Diseases, Public Health Agency of Canada (http://www.phac-aspc.gc.ca/slm-maa)
PHOTO: Dr. Marc Steben

Anonymous "Sporting Girl" (c. 1900)

***"There were 22 establishments, 22 land ladies, 308 white girls, 231 coloured girls and seven octoroons. Also there were also nine cabarets, seven of them white with 71 girls, and two coloured with 16 girls..." ~ Blue Book*, New Orleans, 1911.**

Following an outbreak of venereal disease during WW I, the famous brothel district was shut down in 1917 by the U.S. Navy, despite protests from New Orleans City Government.

***"You can make it illegal, but you can't make it unpopular."* ~ Martin Behrman, New Orleans Mayor, 1917**

Whores in History: Prostitution in Western Society, Nickie Roberts. London: HarperCollins, 1993

PHOTO: Ernest J Bellocq (Courtesy of Lee Friedlander)

get comfortably close to, a hand-held mirror (preferably one that magnifies) and a small flashlight. Sterile tongue depressors can be used to ensure that you don't spread germs from one place to another with your fingers.

How to examine yourself:

- wash your hands before you touch each body area
- in front of a mirror, carefully look and feel over each area for any new or abnormal lumps, bumps, discolouration, sores, pus, discharge, or itch
- back up to a mirror and use another, hand-held, mirror to see your behind in the reflection
- shine your flashlight on your cracks and crevices to ensure that nothing gets missed
- if you find something that might be nothing, check it every day
- go to a clinic if it grows or worsens

For women, a hand-held mirror allows you to view your own cervix during an examination with a speculum.

Get a good sexual health book and learn about your body parts and organs, germs and infections, and symptoms and signs that may indicate poor health or the presence of a disease.

What makes a test anonymous?

In a truly anonymous test, the only link between you and your test result is a code known only to you. Nobody — not even the doctor who ordered the test — knows your identity. Officially, anonymous testing is available in Ontario, Québec, New Brunswick, Nova Scotia, Saskatchewan and Newfoundland. In the Northwest Territories, the Yukon, Manitoba and Alberta, anonymous testing is prohibited by law. Nevertheless STI clinics may offer anonymous tests.

Some anonymous STI testing sites do question you about your age, sex, ethnicity and risk factors (even though they shouldn't). But if you get an anonymous

test, you and only you will know your results. In Ontario, the *Health Protection and Promotion Act* exempts anonymous testing clinics from the obligation to report. Otherwise, all HIV test results in Ontario are reported to the public health authority, together with your name and other information.

$-14: *Let's say you are a sex worker. Should you get tested regularly for HIV?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Nominal testing

Your doctor, or a nurse, can order a nominal (name-based) test for you. So can most medical clinics. The practitioner ordering the test knows who you are. And your name — along with your provincial health card number — is included with the order for the test. Other information about you — such as your age and sex, what city you live in, and the name of the doctor ordering the test — may also be recorded. It depends on what criteria your province/territory requires for the reportable STI you're getting tested for. Also, your doctor may question you in order to assess such "risk factors" as sexual preference, recent sexual activities, overall sexual history, and/or history of injection-drug use. All of this information is recorded with your name attached.

If the test comes back positive, information from your file is forwarded to the provincial/territorial or regional Medical Health Officer. For some reportable diseases, just the positive test result — with your name removed — is sufficient. For others, a positive test result means that all your personal information must be included in the report to the Medical Health Officer. Any results from STI tests ordered by your physician are added to your personal patient file. A Medical Health Officer can track your test results using your provincial health card number.

Masked Storyville "Sporting Girl" (c. 1900)

Many of the unknown women who posed for late 19th- and early 20th-century erotica were prostitutes. The most famous were the women from Storyville, New Orleans, who posed for photographer Ernest J. Bellocq.

Bellocq's private and secretive photography project remained unknown until after his death, when his glass negative plates were found in a junk shop. Bellocq's Storyville Portraits series were exhibited at the Museum of Modern Art in 1970.

PHOTO: Ernest J. Bellocq (Courtesy of Lee Friedlander) (http://www.corpse.org/issue_10/gallery/bellocq)

SEX & HEALTH MANUALS

- ***VD Handbook/Birth Control Handbook***
  Donna Cherniak, Allan Feingold. Montreal: The Handbook Collective, 1972. Still relevant; nice illustration.
- ***Our Bodies, Ourselves***
  Boston Women's Health Book Collective. New York: Simon & Shuster, 1973. Definitive women's health resource.
- ***Woman's Body: An Owner's Manual***
  The Diagram Group. London: Paddington Press, 1977. Densely illustrated.
- ***Man's Body: An Owner's Manual***
  The Diagram Group. London: Paddington Press, 1976.
- ***The Love Diseases: Complications of Love and Sex***
  Paul Redfern. London: MacMillan Press Ltd., 1979. Great glossary.
- ***Anal Pleasure and Health: A Guide for Men and Women***
  Jack Morin. San Francisco: Down There Press, 1998. Comprehensive.

Non-nominal testing

Rather than recording your name on the test order, non-nominal testing uses a code, usually made up from your initials and your date of birth. The doctor or nurse ordering the test knows who you are, but laboratory technicians and others involved with your test can't identify you. Some demographic information is still collected, and you are still questioned about risk factors and your sexual practices. But the information is recorded in a file identified by your code, not by your name. Note that this is *not* an anonymous test. The practitioner who ordered your test knows both your code and your identity.

For some reportable STIs, your name must be reported to the provincial Medical Health Officer, along with the positive test result (and maybe other information). Non-nominal testing is sometimes referred to as "confidential testing," because health practitioners are obliged to keep all patient information strictly confidential — except when otherwise required by law (for example, reporting a contagious disease listed in the *Public Health Act*), or by a court order.

$-15: *Let's say you are a sex worker. Should you be required to regularly take an HIV test in order to be allowed to work?*

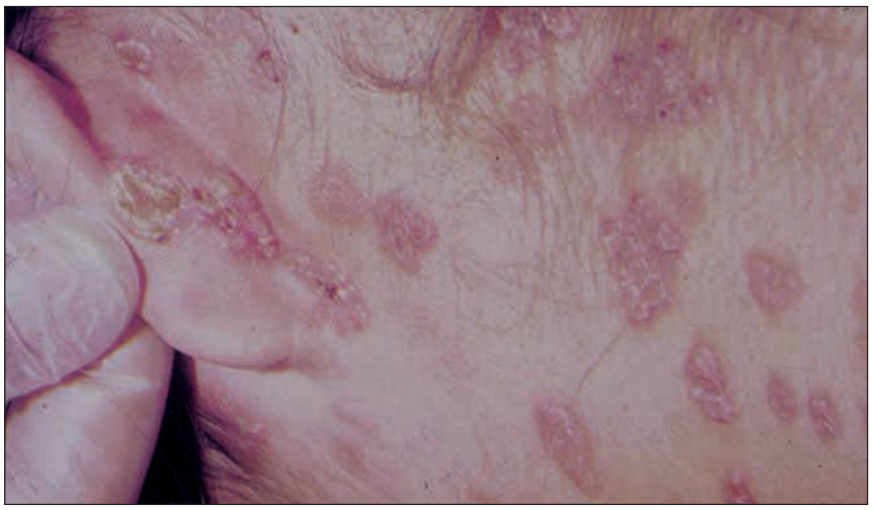
- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

British Columbia, rather than offering anonymous testing, provides non-nominal testing — but with some degree of flexibility. You are still assigned a code made up of your initials and date of birth. However, you are permitted to select an alias (false name) and a made-up date of birth for the purposes of the code. If the practitioner who orders the

Secondary Syphilis

This psoriaform rash on the back of the head and neck is from secondary syphilis. Secondary syphilis typically shows itself with a general rash that starts on your trunk and torso, and eventually spreads to your palms and the soles of your feet. Called the "great mimic" (because its many possible symptoms look like those of other diseases) syphilis too often gets misdiagnosed.

Self-Learning Module on Sexually Transmitted Diseases, Public Health Agency of Canada (http://www.phac.aspc.gc.ca/slm-maa)



test does not know you (for example, if you get tested at a city STI clinic), you can make use of this option to conceal your identity. STI clinics do not require you to present your B.C. health care card.

What about mandatory STI tests?

If someone you had sex with has tested positive for a reportable STI and listed you as a sexual contact, the Medical Health Officer can apply for a court order that authorizes the collection of a blood sample for testing, and possibly treatment. The Officer can use force if need be.

Provincial court judges in B.C. and Saskatchewan have occasionally required convicted prostitutes to submit to HIV tests as one of the conditions for probation set during sentencing. So far, these legal precedents have not been found to be in violation of your right to be free from unreasonable search and seizure (s. 8 of the *Charter of Rights and Freedoms*). In 1987 (*R. v. GDM,877*), as a condition of probation, a young offender was required by a B.C. Provincial Court to be examined monthly for HIV and other venereal diseases, and provide medical certificates. The court held that this was a "reasonable and ancillary condition."

$-16: *Let's say you are a sex worker. Should clients be required to test for STIs before using your services?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

In 1991 (*R. v. Cornier*) a B.C. sex worker was convicted and sentenced to monthly mandatory HIV and other STI testing. On appeal, the B.C. Court of Appeal held that, although monthly examinations were excessive, one examination was reasonable, and would promote "good conduct." In 1994 a sex worker who pleaded guilty to theft and communicating for the purpose of prostitution was sentenced by the Saskatchewan Provincial Court to probation, with a condition requiring her to submit to HIV testing.

If mandatory STI testing were to become a condition imposed on the sex industry workforce, sex workers would be denied the privacy anonymous testing provides.

$-17: *Let's say you are a sex worker. Do you think clients should be required to test regularly for HIV in order to be allowed to receive your services?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

What does "informed consent" mean?

Unless it's a medical emergency, a doctor must get your informed consent before performing any medical procedure, including an STI test. The informed-consent requirement is meant to provide you with adequate information about any procedure your doctor might perform on you. After providing such information, she or he must ensure that you voluntarily consent to the procedure. (She or he must also determine that you are mentally competent to do so, and legally capable of doing so.)

By rights, if you are about to be tested for a reportable STI, you should be informed that the doctor is required to forward positive test results to the provincial/territorial Medical Health Officer — in some cases, along with your name and other personal information.

Provinces and territories also report all occurrences of reportable diseases to the national Centre for Infectious Disease Prevention and Control, to be calculated into national statistics. All identifying patient information is removed beforehand.

How does "contact tracing" work?

If you test positive for a reportable sexually transmitted disease, you will be asked to name all your sex partners over the past weeks or months. That way, they can all be informed that they may have come in contact with an STI, and asked to come in for a test. Usually, you are given the option to contact them yourself, and most people do. If you want to remain anonymous, you can have your contact list (with your name and personal information removed) forwarded to a public health nurse. The nurse then

contacts the people on the list to inform them that they may have come into contact with an STI, and asks them to come in for a test.

Contact tracing evolved from public health efforts in the 1940s to control sexually transmitted diseases. It was a cornerstone of programs intended to eradicate syphilis, gonorrhea and chlamydia. Occasionally, accurate contact tracing does locate people with undetected infections. The case of a California prostitute with secondary syphilis (nicknamed "Syphilis Mary") is often used to illustrate how well contact tracing can work. Her diary helped identify 168 long-distance truck drivers — from her 310 regulars — located in 34 U.S. states, Canada, and Mexico.

$-18: *Let's say sex businesses are legal and that you are a sex worker. Should sex businesses be required to keep logs of all clients, including client contact information?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

For specific information about contact tracing in Canada with respect to HIV, see *Guidelines for Practice for Partner Notification in HIV/AIDS,* published by the Canadian Public Health Association (http://www.cpha.ca).

What if you test HIV-positive?

In Ontario, the *Health Protection and Promotion Act* (*HPPA*) designates AIDS as both a reportable and a communicable disease. HIV is considered an "agent" of the communicable disease AIDS. Positive test results are forwarded to the regional Medical Officer of Health. Doctors are permitted to call health authorities and report your "high-risk behaviour," but are not obliged to do so. The *HPPA* does, however, require them to report to the Ministry of Health (MOH) "the name and residence address of any person who is under the care and

STI/HIV RESOURCES ON-LINE

Including info for sex workers!

- ➜ **Canadian AIDS Society *Safer Sex Guidelines***
  http://www.aidssida.cpha.ca
- ➜ **Adult Industry Medical Healthcare Foundation**
  http://www.aim-med.org
- ➜ **Canadian HIV/AIDS Legal Network**
  http://www.aidslaw.ca
- ➜ **European Network for HIV-STI Prevention in Prostitution**
  (Membership includes 400 health projects in 18 countries.)
  http://www.europap.net
- ➜ **Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe**
  http://www.tampep.com

treatment of the physician in respect of a communicable disease and who refuses or neglects to continue the treatment." And police sometimes notify health authorities in response to complaints from members of the public.

$-19: *Let's say you are a sex worker. Should you continue to work in the sex industry if you test positive for HIV?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

If you are suspected of being HIV-positive and of engaging in "high-risk activity," a "Section 22" [of the *HPPA*] order can be issued by the MOH even if there has been no transmission of disease. The MOH must have "reasonable grounds" that this is necessary for decreasing or eliminating the risk of transmission. You can appeal a Section 22 order at the Health Services Appeal and Review Board. The decision of the Board can then be appealed in court.

In B.C., when a "reactive" (positive) test is received by the laboratory, a public health nurse calls the doctor or clinic that ordered the test (for follow-up), and collects testing and contact-tracing information. (The nurse does not need to know your identity.) She or he then forwards the case report to the Medical Health Officer. The B.C. Centre for Disease Control (BCCDC) also receives testing information — with all personal identifiers (names and initials) removed — for the purpose of reporting the total number of HIV cases in B.C. However, the BCCDC has access to all information attached to tests including all HIV and STI tests performed in Vancouver, the Lower Mainland and most of B.C. The federal Centre for Infectious Disease Prevention and Control also receives a report, with all identifying information removed.

When you get an HIV-antibody test, the doctor or clinic ordering the test makes an appointment for you to pick up your results in person. (HIV is unique among STIs in that you cannot be given your results over the phone or in writing.)

If you test positive for HIV, your test report is assigned a case number. The report will include patient information and laboratory data (test and confirmation test results), as well as a list of the activities that put you at risk for contracting HIV. Sharing HIV case information beyond the health-care team is strictly prohibited.

If your test result is positive and you don't show up to receive results, or if the doctor or clinic is unable to reach you, your contact information is eventually forwarded to the Medical Health Officer. You will be mailed a letter on plain paper, in a plain envelope, with no return address. The letter will request that you contact the public health nurse who

signed it, regarding an "urgent health matter." The nurse has three duties: to inform you that you have tested positive; to advise you of the medical options available and ensure that you seek treatment; and to gather information for partner notification.

$-20: *Let's say you are a sex worker. Should you be required to stop working in the sex industry if you test positive for HIV?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

What about privacy?

There are laws that ensure the protection of your privacy with regard to personal health-care information. In B.C., the *Personal Information Protection Act* (*PIPA*) governs the provincial government's use, collection, storage and disclosure of personal information. As well, professional practice standards guidelines set out for medical practitioners (such as registered nurses) concerning confidentiality. The Canadian Medical Association *Code of Ethics*, for example, clearly states that confidentiality of all forms of patient information must be very strictly maintained.

Although medical practitioners are required to safeguard all personal health information learned during the course of their work, there are sometimes legal imperatives — such as communicable disease regulations, court orders, subpoenas, or warrants — that require them to breach confidentiality. In such cases, they are expected to restrict the amount of information disclosed, and the number of people informed, to the minimum necessary.

As well, practitioners may be forced to make an ethical decision about disclosing patient information in situations involving a substantial risk of significant harm. (For example, it is the duty of a medical practitioner to report abuse or neglect of a child who needs protection under the *Child, Family and Community Service Act*.)

$-21: *Let's say sex businesses are legal in Canada and that you are a sex worker. Should your employer be informed if you test postitive for a reportable sexually transmitted infection?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

You need to know about these limits on confidentiality before you get medical services. You should also know who (e.g., other health care providers) will have access to the information you give over the course of your treatment and care.

Each province/territory is responsible for its own legislation regarding protection of privacy and access to information. Saskatchewan, Manitoba, Alberta, Ontario, and British Columbia each have a *Freedom of Information and Protection of Privacy Act*. Provincial/territorial laws and other regulations designed to protect privacy can be found in such documents as

- The *Personal Health Information Protection Act*, 1997 Ontario
- *The Freedom of Information and Protection of Privacy Act*, 1987 Ontario
- The *Personal Information Protection Act* (*PIPA*), B.C.
- The Canadian Medical Association *Code of Ethics*

and many others. (See your provincial/territorial government website.)

STIs and criminal law

For many years the *Criminal Code of Canada* made it a criminal offence to knowingly transmit a venereal disease. In 1985 this law was repealed, on the grounds that public health intervention was a more appropriate way to deal with the transmission of disease. No one had actually been prosecuted under this law since 1922. Since 1985, however, criminal charges (for offences such as criminal negligence causing bodily harm, aggravated assault, aggravated sexual assault, administering a noxious substance, or "being a common nuisance") have been laid in cases where the accused allegedly neglected to inform sexual partners of his or her HIV-positive diagnosis.

$-22: *Let's say you are a sex worker and you always follow the Canadian AIDS Society's* Safer Sex Guidelines. *Should you be required to tell clients if you test HIV-positive?*

❑ *yes*
❑ *no*
❑ *don't know*

In 1998, in a ruling known as the Cuerrier decision, the Supreme Court of Canada deemed that not telling a potential sexual partner that you are HIV-positive could constitute fraud. The Court created a new approach for deciding what would invalidate consent to physical contact (including sex).

To establish fraud and invalidate consent, the prosecution must prove the following:

- an act by the accused that a reasonable person would see as dishonest
- a significant risk of serious bodily harm to the complainant as a result of that dishonesty
- consent was based on the dishonesty of the accused

The Court ruled that you must disclose (reveal) your HIV-positive status before engaging in sexual activity that poses a "significant risk" of transmitting HIV. If you have HIV/AIDS and are the active partner in unprotected vaginal or anal intercourse — and if you have not told your partner that you are HIV-positive — you can be convicted of aggravated assault, if charged. This is true even if your partner does not test positive for HIV.

At least one case has occurred in which an HIV-positive mother was prosecuted for refusing to give AZT to her newborn child. It is possible that an HIV-positive mother who insisted on breast-feeding her baby might also be regarded as putting the child in need of protection.

Any information gathered in a public health investigation can be released in a court of law, if the prosecutor knows the information exists, and obtains a "subpoena" — a court order to provide evidence for a trial. This means that confidential information about your HIV status or behaviour can be revealed by a search warrant or subpoena if you are prosecuted. Service organizations and other community groups must be aware of this when keeping records, and warn members not to disclose personal information about their health or involvement in illegal activities. Groups should obtain legal advice to ensure that only the minimum confidential information required by any court order is provided.

In May 2004 in Port Coquitlam, B.C., Adrien Nduwayo was charged with five counts of aggravated assault and two counts of criminal negligence causing bodily harm. His alleged crime was infecting at least two women with HIV and neglecting to inform them of his HIV status before having unprotected sex with them.

In February 2005 a Hamilton, Ontario, man (Johnson Aziga) was charged with first-degree murder after two of his 12 alleged victims died from HIV/AIDS-related illnesses. He was originally charged in August 2003 for endangering the lives of the women who had been his partners.

For in-depth information about this ruling, see *After Cuerrier: Canadian Criminal Law and the Non-Disclosure of HIV-Positive Status* (1999), by Richard Elliott, Director, Policy and Research, Canadian HIV/AIDS Legal Network. You can find this document on the website of the Canadian HIV/AIDS Legal Network (at http://www.aidslaw.ca) or order it from the Canadian HIV/AIDS Clearinghouse (tel.: 613-725-3434; fax: 613-725-9826; e-mail: aids/sida@cpha.ca).

What about self-regulation?

In California, the Adult Industry Medical Health Care Foundation (AIM) certifies adult film performers. Those who meet AIM's testing requirements are not required to wear condoms on the set. These requirements include

- blood tests for HIV (by PCR); syphilis (an RPR test); and hepatitis A, B and C
- urine tests for gonorrhea and for chlamydia (both by ultra-sensitive DNA amplification)
- a skin test for tuberculosis

AIM requires monthly re-testing for gonorrhea, chlamydia and HIV, and highly recommends vaccinations against hepatitis A and B. Women must have genital exams every six months, including an evaluation for herpes and genital warts; a PAP smear (thin-prep with reflex HPV); and vaginal cultures for bacterial vaginosis and trichomonas. For men, the six-month exam includes an evaluation for herpes and genital warts. Testing for syphilis every six months is also recommended. (For information about AIM, see http://www.aim-med.org.)

In April 2004, AIM — although it had no legal authority to do so — "quarantined" members who had had sex on the set with an adult film actor who tested HIV-positive. AIM traced sexual contacts on the set to compile a list of more than 50 actors who had to remain off-set until they tested negative for HIV after 60 days. By May, five porn performers had tested HIV positive, including three actresses from Québec. Finally, the state of California threatened to impose legislation requiring frequent STI exams, as well as the use of condoms on adult film sets. However, this law has not yet been enacted.

$-23: *Let's say sex businesses are legal and that you are a sex worker. Do you think sex businesses should be required to carry liability insurance in case an infection or disease is transmitted to a client?*

❑ *yes*
❑ *no*
❑ *don't know*

Sex, drugs and research

Sex workers are routinely recruited by medical studies to test contraceptive devices, spermicidal and anti-viral lubricants, female condoms, and HIV vaccines and treatments.

In August 2004, Cambodian Prime Minister Hun Sen intervened to stop a drug trial following protests by sex worker organizations — and the international Network of Sex Work Projects — at the XIV International AIDS Conference in Bangkok. The drug trial in

question was to test Tenofovir — an anti-retroviral used to treat HIV-positive patients since 2001 — as a "pre-exposure prophylaxis" (a treatment to prevent transmission of HIV, taken prior to exposure). Tenofovir studies were to take place in Botswana, Cambodia, Cameroon, Ghana, Malawi, Nigeria, Thailand and the United States.

"There is plenty of science suggesting you can prevent diseases with agents used to treat diseases," says Dr. Mike Youle, director of HIV research at London's Royal Free Hospital. "We do it with malaria and we do it with other branches of medicine."

The three trials were expected to involve 8,000 people — including 1,000 sex workers in Cambodia — to determine whether it was safe for healthy people to take a daily dose of Tenofovir over a long period. The trial was funded by Family Health International (FHI), the U.S. National Institutes of Health, the U.S. Centers for Disease Control, and the Bill & Melinda Gates Foundation, for a total of $12.1 million (U.S.).

These were all "phase-two" trials, which test for safety. Participants in a "control group" (a group remaining drug-free, to compare with those taking the drug) were to be given a placebo (a pill replica that does not contain the drug in question). "Phase-three" trials testing whether the drug was effective would still be needed afterwards.

Local sex workers' unions in Cambodia refused to participate unless members were given full medical insurance. Dr. Ward Cates of FHI told the British Broadcasting Corp., "The type of care being offered to any of the study participants was well beyond the standard of care offered in Cambodia and in other HIV-prevention trials."

$-24: *Let's say sex businesses are legal and that you are a sex worker. Would you be willing to participate in medical research in exchange for medical insurance?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

In February 2005, the goverment of Cameroon halted the Tenofovir trial in that country. There, the drug was being tested on 400 sex workers in the port city of Douala. The trial was stopped as the result of allegations that the participants were not receiving enough condoms, and not getting adequate counselling or medical care.

There are similarities between the Tenofovir trials and the large phase-three HIV vaccine trials conducted by the International AIDS Vaccine Initiative (IAVI), which also recruited large numbers of sex workers in Asia. A major vaccine trial ended in failure last year when scientists found no evidence to suggest the drug worked. In order to prove the drugs are effective, vaccine and pharmaceutical prophalaxis studies require participants who are at high risk of HIV exposure.

In March 2005, the clinical trial testing Tenofovir in Nigeria was cancelled by FHI because the research did not comply with internationally accepted stardards that ensure the safety of participants and the quality of the data.

$-25: *Let's say sex businesses are legal and that you are a sex worker. Should you be required to take part in medical research as part of your job?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Canadian laws impose an ethical standard that all medical research in Canada must meet. The federal Tri-Council Policy Statement sets out an ethics review system designed to ensure that medical experiments and drug trials are scientifically and ethically sound. It also requires that people volunteering are informed of all the potential risks involved in a drug trial. Pharmaceutical companies are not allowed to pay sick people to test or try their experimental medicines. But they *are* permitted to pay doctors to test new drugs and treatments on patients, as part of the clinical trial prodecure.

Before you sign a consent form, you must be warned of all the dangers associated with any medical experiment or drug trial. University research ethics boards must review detailed project protocols (often 100 pages or longer) outlining study methods and listing all potential risks. The most common problem is missed risks. If risks are discovered later, volunteers must once again be given the opportunity to consent or refuse to participate.

$-26: *Let's say sex businesses are legal and that you are a sex worker. Should there be laws to ensure that sex businesses can't require employees to participate in medical research?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

In September 2004, the University of British Columbia finally released a heavily censored report regarding a bad breach of federal ethics rules, which took place in both the U.S.A. and Canada. This happened after the CanWest news service filed a complaint with the B.C. Information and Privacy Commissioner's Office. The breach involved more than 500 clinical research projects conducted before mid-2001 — including many medical trials for cancer drugs. It was so serious that federal officials threatened to cut off funding for the research. The report stated that UBC's Ethics Board had cut corners for years. The

Board had been reviewing brief project summaries, rather than proper project protocols, which have to reveal all risks to patients.

If sex work became legal in Canada, there could be incentives for sex work employers to pressure employees to enrol in drug trials and other medical research. Most research projects involving new drugs are funded by the pharmaceutical industry. Some receive a certain amount of public funding, through agencies such as the Canadian Institutes of Health Research and the Natural Sciences and Engineering Research Council. Workers employed in legal sex businesses might also be expected to participate in epidemiological research so that sexually transmitted infection rates could be monitored.

$-27: *Let's say sex businesses are legal and that you are a sex worker. Should you be required to take part in research to monitor sexually transmitted infection rates among sex workers?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

Sex, assault and the law

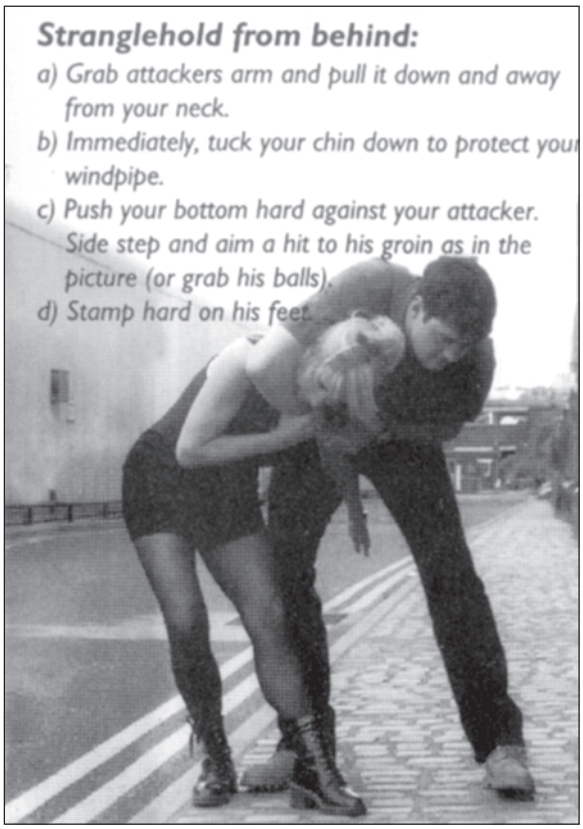
Assault is defined as a crime in section 265, *Criminal Code of Canada*. You have been criminally assaulted

- if force is applied on you without your consent
- if you are threatened with the use of force
- if you are threatened with the use of force on someone else

Sexual assault (s. 271) is an assault that is sexual in nature, "such that the sexual integrity of the victim is violated." In other words, its the use of force or threats on you without your consent for a sexual purpose. The maximum sentence for this offence is ten years in prison; the minimum sentence is a fine.

Aggravated sexual assault (s. 273) is sexual assault that results in wounding or disfiguring the victim. The crime carries a maximum sentence of life imprisonment. If a firearm was used the minimum sentence is four years.

Sexual assault with a weapon, **threats to a third party**, **causing bodily harm**, (s. 272) are also against the law. In addition section 272 prohibits accompanying someone who is committing a sexual assault. The maximum sentence for this offence is 14 years. If the weapon used is a gun, there is a minimum four-year sentence.



Self-Defence Poster, Praed St. Project, U.K.

Making Sex Work Safe, Paulo Longo, Cheryl Overs. Rio de Janeiro: Network of Sex Work Projects, 1997 (http://www.nswp.org/safety/msws)

What does "consent" mean?

Defined in section 273.1, "consent" means "voluntary agreement to engage in the sexual activity in question." According to the law, you have not given your consent

- if you were not capable of giving consent
- if someone else agreed to a sexual activity on your behalf
- if the accused abused their position of trust, power or authority in order to obtain your consent
- if you expressed — either in words or through your actions — that you did not want to engage in the sexual activity, or that you no longer wanted to continue the activity
- if the accused mistakenly believed that you had consented, either out of "willful blindness" or because the accused was intoxicated.
- if the accused mistakenly believed that you had consented, but did not take reasonable steps at the time to make sure you wanted to engage in the sexual activity

In the case of assault (s. 265), you have not given consent

- if you did not resist because you were being forced physically, threatened, or because someone else was being threatened
- if you did not resist because your assailant had authority over you
- if your assailant lied to you (fraud) to get your consent

If someone who you have accused of assault believes that you did consent, the judge can instruct the jury to consider that possibility when they review the evidence.

What about pressing charges?

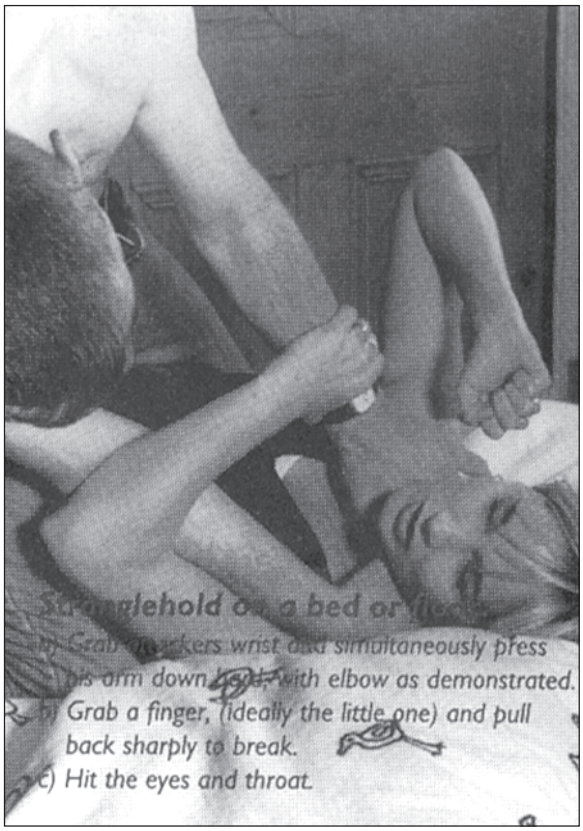
Victims of violent physical or sexual assaults are most often in a state of shock following the attack. You may require immediate medical attention because of bleeding from tears and cuts. You are not required to

undergo a forensic evidence exam in order to receive the medical attention you need. However, if you are suffering from a gun shot wound, a stab wound or if you have been rendered unconscious, the police with be called immediately. You should be offered treatments and tests for STIs such as syphilis, gonorrhea and chlamydia. If your attacker did not wear a condom you may want to take HIV prevention treatment or the "morning-after pill" to prevent an unwanted pregnancy. Discovering that you're pregnant six weeks after the attack can cause additional traumatic, emotional and physical distress.

Pressing charges means that you will have to testify in court against your attacker. It is up to the police and the crown prosecutor (the lawyer employed by the government to represent the side of police) whether or not charges will be laid. This is decided often by the strength of their case — physical evidence, witness testimony and the defendant's "alibi" (proof of his whereabouts other than the scene of the crime) etc.

You don't need to decide about proceeding with charges right away. With serious crimes such as violent physical or sexual assaults, charges can be laid long after the crime was committed. If there is any chance that you might decide in future to proceed with charges, it is important to your case that you undergo a forensic evidence exam as soon as possible. The completed forensic evidence kits are kept in storage for a year or more in case you decide later to proceed with charges.

Usually there are designated regional hospitals that have a sexual assault care clinic which specializes in helping victims of sexual assault and collecting forensic evidence. The local hospital can direct you to the nearest sexual assault care clinic. Most clinics are open 24 hours, seven days a week. In the greater Toronto area, for example, there are four hospitals that have a sexual assault care clinic you can go to directly (Women's College Hospital, Scarborough Grace Hospital, Sunnybrook Science Centre and Mississauga Valley



Self-Defence Poster, Praed St. Project, U.K.

Stranglehold on bed or floor:

- ***a) Grab attacker's wrist and simultaneously press his arm down hard, with elbow as demonstrated.***
- ***b) Grab a finger (ideally the little one) and pull back sharply to break.***
- ***c) Hit the eyes and throat.***

Making Sex Work Safe, Paulo Longo, Cheryl Overs. Rio de Janeiro: Network of Sex Work Projects, 1997 (http://www.nswp.org/safety/msws)

VICTIM SUPPORT SERVICES

For medical care & forensic exams

- **Calgary Sexual Assault Response Team**
  Available at Rockyview General Hospital Emergency, if you've been assaulted within the past 72 hours
  Location: 7007 14th St. SW
  24-hour crisis line: 403-237-5888
- **Edmonton Sexual Assault Response Team**
  Available at emergency wards of all Edmonton hospitals, 24 hours a day
  24-hour crisis line: 780-423-4121
- **Halifax Sexual Assault Service**
  Queen Elizabeth II Health Sciences Centre Emergency (24 hours)
  Location: 1796 Summer St.
  Tel.: 902-496-2781/902-473-3383
- **Montreal General Hospital Sexual Assault Centre**
  Open 5 p.m. - 8 a.m. Mon. -Fri.
  Open 24 hours on weekends
  Location: 1650 Cedar Ave.
  Tel.: 514-934-4504
- **Ottawa Sexual Assault Care**
  Ottawa Hospital, Civic Campus
  Location: 1053 Carling Ave.
  Tel.: 613-738-3762 (24-hours)
- **Regina Sexual Assault Services**
  Regina General Hospital Emergency
  Location: 1440 14th Ave.
  24-hour crisis line: 306-352-0434

Trillium Hospital). Sexual assault care clinics are staffed by specially-trained nurses who are on call. If it's the middle of the night, the nurse may have to come from home and you may have to wait. Sexual assault care clinics also offer follow-up medical treatment and psychological counselling.

Victims of sexual assault often feel compelled to shower or bathe immediately. If at all possible do not shower before the forensic evidence exam. There are shower facilities at the sexual assault care clinic you can use afterward. Do not brush your teeth or change your clothes. If you must urinate, bring it with you to the hospital. Victims of sexual assaults will often not want to be touched by strangers so nurses sometimes offer a teddy bear to hold for security. If you want, you can bring someone to stay with you while you go through the exam. The exam and evidence collection can take between one-and-a-half to three hours to complete. It can take longer depending on the emotional state of the victim.

The nurse searches your body for forensic evidence left behind by your attacker such as hairs, semen, blood, skin under your fingernails etc. The nurse also photographs and documents your bruises, cuts, swelling and any other wounds from the assault. The evidence collected is most reliable if you have not had sex 24 hours prior to the assault. Obviously this is less likely for sex workers.

You can go for the forensic evidence exam and have evidence collected and still ask the nurses not to call the police. Or you can request that a police officer come and take a statement at the sexual assault care clinic when you are there to have evidence collected. Police can take a statement and you can still ask them not to lay charges. The majority of forensic evidence kits collected don't get used.

In Toronto, Women's College Hospital Sexual Assault Care Centre offers victims the option of having a Victim Assistance Program worker accompany you through the evidence collection process. The Victim Assistance Program — sponsored by the Toronto Police Service — is a non-profit registered charity that helps victims of sexual assault, violent crimes or domestic assault deal with the aftermath of the crime. The program offers crisis intervientionat the scene — an officer is dispatched to your location — as well as on the phone. The program also provides basic support such as help cleaning up blood in your house or assisting an out-of-town victim return home. Remember that staff of the Victim Assistance Program work with the police and often will represent police interests.

If you're not up to the ordeal of going to court to testify against your assailant, you can still have police take an anonymous third-party report. In Toronto, violent sexual assaults involving weapons, kidnapping and confinement should be reported to sex crimes unit of the Toronto Police Service. Information from the report can be entered in the Violent Criminal Linkage Program — Canada's national database of violent crimes. (Violent Criminal Apprehension Program is the parallel system in the U.S.)

In the past, police in Toronto have routinely informed sex workers that if you proceed with laying charges, you can be charged with mischief if you fail to show up to testify in court. Police can also apply to a judge for a Material Witness Warrant that allows them to pick you up and detain you until you testify. If you have trouble getting the police to take your report, bring an advocate with you — someone well-respected or well-known — and talk to the desk sergeant of the local division.

Your past sexual conduct, either with the accused or with another person, cannot be used as evidence in court unless it is relates to a specific aspect of the case. Your sexual history cannot be raised to question your

VICTIM SUPPORT SERVICES

For medical care & forensic exams

- **Toronto Women's College Hospital Sexual Assault Care Centre**
  Open 24 hours, Mon. through Sun.
  Location: 76 Grenville St. (near Bay St.)
  Tel.: 416-323-6040
- **Toronto Victims & Witnesses Assistance Program**
  Location: Old City Hall Courts
  60 Queen St. (near Bay St.)
  Tel.: 416-327-5959
- **Toronto Victims Assistance Program, Toronto Police Headquarters**
  Location: 40 College St. (at Bay St.)
  Tel.: 416-808-7066
- **Vancouver General Hospital Sexual Assault Service**
  Open 24 hours (Emergency Ward)
  Location: 920 West 10th Ave.
  Tel.: 604-875-4111
- **Winnipeg Sexual Assault Response Team**
  Available through Winnipeg Health Sciences Centre Emergency Ward
  Location: 820 Sherbrook St.
  24-hour crisis line: 204-786-8631

moral character, or to imply that your testimony is less credible/believable; or to suggest that you were more likely to have consented to the sexual activity that forms the subject-matter of the charge. That means that the accused cannot use the fact that you are a sex worker to prejudice the court against you.

In Toronto, the Victims and Witnesses Assistance Program provides justice process information about the accused (whether the accused has been released, bail conditions, and court dates etc.) for victims and witnesses of sexual assault, domestic violence, violent crimes or homicides. Located in Old City Hall Courts, this program is funded by the Ontario government.

$-28: *Let's say you are a sex worker. Should police departments establish official "Sex-Worker Liaison Officers" — specially-trained police personnel dedicated to assisting sex workers who have been victims of violent crimes?*

- ❑ *yes*
- ❑ *no*
- ❑ *don't know*

NOTES:

NOTES: