# A QUALITATIVE APPROACH ON CLIMATE JUSTICE FOR COMMUNITIES: IMPACT OF DISCRIMINATION & REDLINING IN SEATTLE WASHINGTON

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*ABSTRACT: Climate justice is centered around climate change and the ability make the burden of climate change to be more equitable. Redlining was a way to divide people through property ownership. This was done by putting immigrants and people of color in select neighborhoods that were poorly graded by the homeowner's loan corporation (HOLC). The ranking scale was graded A-D on a map, grade A was labeled most desirable while grade D was labeled undesirable. Seattle Washington has a history of redlining. The effects of redlining are still seen today with some areas who were graded D, having higher temperatures, more concrete, and less trees compared to grade A areas. This can have negative health effects and medical costs for those who are impacted. Doing a qualitative research project in a historical grade D area could for insight from the communities who live in the area. This can let us know how they feel about their community having resources to combat issues that can arise with climate change.*

## Climate Change

According to (National Aeronautics and Space Administration [NASA], 2022) the threat of climate change has increased significantly. The temperature of the planet has been recorded since 1880 (NASA, 2022). The hottest years on earth have been increasing in the past nineteen years since the year 2000 (NASA, 2022). Rising temperatures can cause the environment to change and determining how that change will impact humans is important. Knowing how this change will impact will help with providing the correct resources to combat some of the preventable situations where illness or death may occur. When the threat of illness or death is discussed, it can cause upsetting and overwhelming emotions for people. While investigating this, knowing where to start should include the mental health of the residents in communities.

## Inequalities in Climate Change Burden

Residents of communities are already seeing the effect that climate change has. Climate change brings extreme heat to different parts of the world, and it can concentrate through heat waves (Renteria et al., 2022). These heat waves have increased mortality rates (Renteria et al., 2022). In cities heat waves are coming more often and having a longer duration (Jesdale et al., 2013). Social inequalities can exacerbate the rate at which racial diversity groups are impacted by intense heat (Renteria et al., 2022). This can be problematic if the built environment of a racially diverse community is not prepared to handle the heat. The community members may be aware of the faults in their environment, but they should not carry the burden of heat risk (Renteria et al. 2022). Heat risk is not the only worry for residents. Climate change can bring new threats to health like air pollution, infectious disease, and heat stroke. There are community members



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that are more vulnerable to heat like the elderly, children, people with disabilities, people with pre-existing conditions and poor populations (Schinasi et al., 2022). It is important to gather information from the community on how to best serve special populations to best support them.

## History Of Redlining Policy

From the 1930s to 1960s, the Homeowner's Loan Corporation (HOLC) and Federal Housing Authority created a federal housing policy (Bose et al., 2022). This housing policy was called redlining. The redlining policy used a map to decide on a ranking scale what a neighborhood's value was based on the racial majority and environment conditions in the area (Bose et al., 2022). The ranking scale was A-D (Fig 1), A was shaded green on a map, and it was most desirable; B was shaded blue, and it was labeled slightly less desirable; C was shaded yellow, and it was labeled a declining neighborhood and D was shaded red and was labeled as undesirable (Schinasi et al., 2022). Due to the policy, it was decided that predominantly white neighborhoods were grade A while a non-white neighborhood would be graded a D (Bose et al., 2022). Ranking non-white neighborhood, a grade D meant that they would not receive real estate credit and not receive investments into their community, further declining the value of the community (Noelke et al., 2022).

## The Lasting Effects of Redlining

Although the policy has ended, the effect of lacking investment in communities contributes to the current environment of these communities. Whether a community has more tree coverage in one area or less parks in another it amounts to how climate change will impact a community by different rates. On a national level it was found that the temperature of redlined areas is about 2.6 degrees Celsius warmer than in non-redlined areas (Hoffman et al., 2020). Extreme health which is attributed to climate change has become the leading cause of death in the summer season (Hoffman et al., 2020). If communities had investment they could have improved and maintained green spaces. Directed lack of investment for certain groups communities is environmental injustice. This is now brought on by racism and it influences the right to a healthy living environment (Bramble et al., 2023). Redlining has now been done and there has been some research on the health impacts. However, research on how the racist extremes of historical redlining and climate change anxiety intersect on community is limited. Redlining has multiple layers of issues and structural racism is one of the bigger contributors.

## Structural Racism

Redlining is a part of structural racism (Swope et al., 2022). This contributes to not having an equal chance to be a homeowner and continuing of neighborhoods not being invested in (Swope et al., 2022). Neighborhoods not being invested in creates restrictions on employment, insufficient education options, inconsistent housing, and lack of access to health care (Bikomeye et al., 2021). All these situations can then lead to poverty and how the location you live in puts you at risk for negative health outcomes (Swope et al., 2022). All these potential outcomes can then contribute to psychosocial stress which can be brought upon different situations (Swope et al., 2022). Climate change stress has been rising in recent years and some people are getting very worried about climate change, this is being called climate anxiety (Chou et al., 2023). Redlining has set communities to not be invested in, which has worsened the effect of climate change over time (Noelke et al., 2022). The lack of investment for these neighborhoods meant that the environment was not going to be funded to improve since banks did not deem them as credit worthy (Swope et al., 2022). Now is the time to hear from community members who reside in the original areas that were affected by the HOLC redlining policy.



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**Involving The Communities**

The purpose of this research is to ask the residents who live in historically redlined areas how they perceive the threat of climate change. The resident's perception will help guide efforts on providing the correct resources that will benefit them the most. This will contribute to community-based research to have them be a part of decision making. It is important that communities are involved in the planning process of what to keep, add, or remove in their environment. The people who make up the community in the neighborhood need to be involved in decision making since they will be the ones utilizing the resources. Communities can make decisions on what they would find beneficial based on the findings of this research. When they collectively agree on what they would find helpful they then can advocate and support funding for resources that would help ease some climate change anxiety.

**Gaps In Knowledge**

A gap in knowledge is the community members' perspective of how climate change impacts their community. There has been a lot of research done on how extreme heat temperatures have disproportionally impacted people of color but there is not much research on how redlining and climate change will impact mental health. Another gap in knowledge is if there are enough mental health services to provide resources for people in these communities struggling with climate change anxiety. A gap in knowledge may be whether community members are aware of how their built surrounding environment could be affected by climate change and if they have any worries. Learning how the community members perceive the threat of climate change will be important knowledge to gain.

**Importance**

The importance of this project is to raise awareness about climate change anxiety for people living in historically redlined areas. The objective is to find what resources are lacking to support residents living in redlined areas and how it contrasts with non-redlined areas. Knowledge gained from the study will provide what resources of the built environment need to change or improve. These changes for people living in redlined areas could begin to ease climate change anxiety knowing that their surroundings have improved.

**Significance**

Understanding what part of climate change is most impactful to negative mental health outcomes can become vital for these community members. In response, knowing what resources are needed can save the lives of people who reside in redlined areas.

**Research Question**

This study is necessary because climate change anxiety is changing living environments, and we would like to know how people in redlined communities are responding to these changes.

Historically the people living in these communities were marginalized and not invested into (Swope et al., 2022). Although HOLC housing policy has changed we are interested in researching how the residents feel about climate change. Our research question is: Do people who live in historically redlined areas have climate change anxiety?

**Research Design**

This is a qualitative narrative research design. This design was chosen to hear direct insights from the community. A qualitative approach will help gain a better understanding of how to understand their climate change anxiety. Non-probability convivence sampling will be used to have members of the community participate. Our goal is to understand how climate change and redlining intersect. We seek to understand



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the emotion that climate change can evoke from the residents in historically redlined communities.

**Population & Sampling**

The research is based on the 11 grade D "hazardous" locations of historically redlined areas in Seattle Washington. Focus groups from each community age groups 19-25,26-38,39-45,4660,61+. We will recruit members by convivence sampling from these members from the 11 grade D "hazardous" locations of historically redlined areas by zip code.

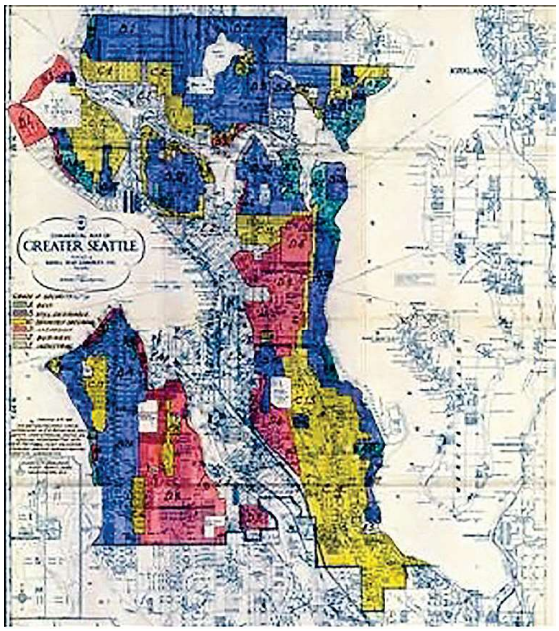


*Figure 1*
This image came from HistoryLink.org, it is a map of the Seattle area with the areas that were graded in the HOLC policy.

*Key:* A was shaded green on a map, and it was most desirable; B was shaded blue, and it was labeled slightly less desirable; C was shaded yellow, and it was labeled a declining neighborhood and D was shaded red and was labeled as undesirable (Schinasi et al., 2022).

**Data Collection**

There will be 11 focus groups conducted in-person. From the 11 grade D "hazardous" locations 1 focus group will be conducted in each area. There will be one researcher as the facilitator to lead the focus group. A researcher as the written recorder to assist the facilitator. Then another researcher will use the recorders notes and audio recording to do the qualitative analysis for the data of the focus group. The use of audio recordings will be transcribed and anonymous. The facilitator of the group will ask 15 questions in plain language about the perceptions of climate change, how they cope with emotions related to climate change, how climate change is discussed with friends and family, changes they have made in response to climate change, and if they have barriers while making these changes. Each interview will estimate for one hour. We will offer 5 USD to each study participant for contributing to this study.

**Data analysis**

Two researchers will use the audio recordings and we believe that at least half of the 11 redlined communities will have climate change anxiety. The age group of 19-25 will have elevated levels of climate change anxiety compared to the other four age groups. We believe this because a study conducted (Hickman et al., 2021) found that the younger group was found to be more anxious due to feeling like they had a lack of control over climate change.

**Ethics Statement**

For the research on the effect climate change has on those who live in historically red lined areas it is important to ask the communities for their consent to participate. A draft of what data is being collected, why this research is important, and how this research will or will not benefit them will be included. The community will be able to provide insight as to how climate change has impacted their climate change anxiety.



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As we conduct our research, we want to be mindful of the discrimination that has been faced by the residents in the communities. The statistical data we collect will not identify any person. For our community engagement part of our research, we will give the community an opportunity to help form questions to ask during the focus group. They will be informed about what questions we are asking ahead of the interview. We will allow them to review and choose to proceed forward with the option to stop and quit at any point in the interview. We will ask for verbal and written consent to do the interview. We will let them know that their response will be kept confidential. We will have IRB approval. Their responses will be altered to hide identifiable information. The research we get will be shown to the public as that will be disclosed to participants.

## Discussion

### Significance

The importance of this project is to raise awareness about the potential health complications that can arise from climate change for people living in historically redlined areas. The objective is to find what resources are lacking to prevent these health complications in the redlined areas and how it contrasts with non-redlined areas. Knowledge gained from the study will provide what resources of the built environment need to change or improve for people living in redlined areas. On a national level It was found that the temperature of redlined areas is about 2.6 Celsius warmer than in non-redlined areas (Hoffman et. Al, 2020). Extreme health which is attributed to climate change has become the leading cause of death in the summer season (Hoffman et. al, 2020). Understanding what part of climate change is most impactful to negative health outcomes and in response knowing what resources are needed can save lives of people who reside in redlined areas.

### Limitations

A limitation to our research is that we are only conducting these focus groups in Seattle, Washington where climate change heat waves are not as intense compared to other parts of the country. Another limitation is that while conducting focus groups it is with a small amount of the population of the residents so they will not represent the entire community. We did not do a study of people living in other graded areas on the map. This means that we cannot make comparisons about the different HOLC area grading on the data that was collected.

### Future Directions

One option for moving forward after the study is to create a tool kit with the residents that is for the community for how to manage climate change anxiety. This tool kit would provide tips and reminders about what the community can act on climate change and how to take care of themselves. Another option is to create a group that meets up to share about climate change in a community center. This could allow for the community to connect and relate about their concerns. For re-doing this study, an option could be to include all the HOLC redlined graded areas in the state and doing a quantitative study. This way comparisons could be made about each graded area and more residents could be reached. If this study was done again, it could include the other HOLC redlined policies in other cities across the United States.



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# PERSPECTIVES OF OCCUPATIONAL STIGMA ON SEX WORKERS IN HEALTHCARE SETTINGS: A QUALITATIVE STUDY

Chuck Frickin-Bats

*ABSTRACT: Those who are known to be involved in the sex trade are deeply impacted by occupational stigma and that has far reaching effects on their lives, extending even to their healthcare. Stigma has also has an impact on the research about those in the sex trade. The focus of these studies is sex workers' sexual and reproductive health. Reinforcing the idea that sex workers are only vectors of disease. There are very few studies about their general wellbeing and the healthcare they receive. From previous literature, we know that it is rare for sex workers to feel safe enough to disclose their work status for a variety of reasons including fear of arrest. We also know that when sex workers choose to disclose, they are often deeply shamed or even barred from returning to clinics and hospitals. How do those working in one of the most highly stigmatized professions experience interacting with the healthcare system? The narrative phenomenological approach of this study will provide vital perspectives from those living within the confines of occupational stigma and its impact on their ability to have their healthcare needs assessed and addressed. Studies exist that have measured how sex workers have previously interacted with the healthcare system through qualitative surveys. Very few studies exist that have put forth this type of data, making the proposed study invaluable to start creating room for sex workers within healthcare settings. However, when discussing studies to those who create policy numbers is not enough. Both qualitative and quantitative data is needed to paint a picture for policy makers to understand the lives of those who are impacted by the result of their policies.*

## Background and Introduction

Sex workers carry the burden of being in one of the most highly stigmatized professions worldwide. Historically and modern times sex work has been considered by society to be dirty, immoral, and sexually deviant. What is largely unknown is how occupational stigma creates and reinforces clinical repercussions for sex workers and trafficking victims in the healthcare settings where they seek help for their health. For decades, most academic studies about sex workers have focused on their sexual health, specifically their STI and HIV infection and transmission rates. These studies are essential for public health, but they neglect the rest of the sex workers' health. For example, with the current pandemic, a PubMed search of 'sex work' and 'COVID-19' returned zero results, highlighting how little information is available on significant health issues in this population. If the data does not exist, then we will create it ourselves.

Data from Lazarus et al. (2012) has shown that disclosing one's status as a sex worker can create an impossible barrier to accessing comprehensive care. The American Academy of Family Physicians (1980) defines as the "concurrent prevention and management of multiple physical and emotional health problems of a patient over a period of time in relationship to family, life events and environment." Creating healthcare provisions for sex workers



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includes creating a compassionate and friendly environment, ensuring case-worker support, and staff who are trained in sensitive, trauma-informed, and gender-affirmative care with flexibility in appointments. Continuity of care for sex workers with the same primary care providers and access to specialists, including ones who can help with dual diagnoses, unstable housing, and domestic violence, is essential (Potter et al., 2022). Continuity is a critical component of high-quality care that Fraser and Clarke (2023) say can reduce urgent care visits and preventable hospital admissions.

It is necessary to learn about sex workers' experiences with barriers to accessing healthcare and the quality of care they receive when health providers know their work status to help create a more welcoming and inclusive healthcare system that addresses their needs. Sex workers have unique health challenges that are compounded by a general lack of disclosure. Doctors and staff cannot offer the correct services and appropriate treatments without a complete picture of their patients' needs (Global Network of Sex Work Projects, 2017).

**Sex Work**

The stigmatization of sex work is even reflected in the derogatory terminology society often uses to address this marginalized community, which carries negative connotations and imagery. Worldwide, prostitution is a crime, though the definition varies by who is enforcing it. According to Rivera (2023), a queer, Jewish and Puerto Rican pleasure activist that co-founded Reframe Health and Justice, the best practices for the words 'prostitute' and 'prostitution' is to use them only when referring to laws and criminal proceedings. Therefore, in Rivera's opinion, the term "sex work" is more appropriate. In the 1970s, the idea of "sex work" and "sex workers" became new terms created by the late Carol Leigh, known worldwide as the Scarlot Harlot. As a sex industry and pleasure activist, Scarlot Harlot wanted to highlight that providing sexual services was a legitimate form of labor (Rivera, 2022). Sex work is an umbrella term for all forms of erotic services, such as stripping, phone sex, in-person services like trading sex, and more. For this proposal, sex work is defined as the commercial act of trading in-person sexual services and labor for money or other goods such as housing or food. Sex work is illegal in almost every country globally despite an abundance of studies that have shown the negative impact criminalization has on sex workers' access to critical health and other support services (Argento et al., 2020).

**Sex trafficking**

In 2000, the Trafficking Victims Protection Act defined sex trafficking as "... a commercial sex act that is induced by force, fraud, or coercion" (22 U.S. Code § 7102 - Definitions, 2013) . Despite being frequently conflated, sex work and sex trafficking are different, but they do not exist on a binary. Involvement in the sex trade occurs for a variety of reasons influenced by an ever-shifting spectrum of choice, circumstance, and coercion, otherwise known as the Three Cs of Sex Work (Rivera, 2022).

- Choice: The worker can leave anytime and have many other job options. They are fully autonomous in their work and control their earnings and spending. These workers will usually hold social and economic privileges.
- Circumstance: Most sex work likely occurs in this area. On the choice end of the circumstance spectrum, the person's involvement is practical; why not make more money "selling their body" via sex on their terms? On the coercion end of circumstances, economic issues typically drive the involvement in the sex industry. Workers would prefer to have a different job but are stuck for one reason or another.
- Coercion: There may be times when they may not have autonomy over their work or their income as someone is controlling them,



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but that does not automatically indicate that there is trafficking, nor does it mean the person being controlled is unhappy. These circumstances are not linear or permanent. Trafficking does involve coercion, and these are victims who want nothing to do with the industry.

It is important to note that there is infinitely more nuance to the sex worker versus trafficking victim discussion than is provided in this paper, but its importance cannot be understated. Trafficking victims are included in the papers' definition of the populations that deserve access to comprehensive healthcare that is in the sex trade, even if not explicitly stated elsewhere. For simplicity, in this proposal, sex workers are considered to have generally given consent to work. In contrast, sex trafficking victims do not consent to their involvement in the industry.

**The Impact of Criminalization on Sex Workers' Health**

Globally, prostitution is almost entirely criminalized, as it is in the US. Each state determines the legal status of prostitution, as well as the punishments for getting caught, which can have a lifetime impact. In 49 states, prostitution is illegal. In the 50th state – Nevada, there are six rural counties where prostitution is legal if done in a licensed brothel. Working under a government-controlled brothel has been described as the legal equivalent of being "pimped out" (Decriminalize Sex Work, 2023).

A unique exception to this almost uniform policy of criminalization comes from Rhode Island. In 1980, several factors led to changes in the state's prostitution laws that unwittingly omitted the law's section where prostitution was defined. While legislators cracked down on public soliciting, they unintentionally decriminalized indoor prostitution. The loophole went mainly unnoticed until 2003, when several massage and spa workplaces were raided, resulting in four arrests and charges of prostitution. Citing a previous Rhode Island Supreme Court Ruling that there is no law in the state against indoor prostitution, the charges were dropped. Indoor sex work in Rhode Island was recriminalized in 2009 (Decriminalize Sex Work, 2022) ("R.I. Looks to Close Prostitution Loophole," 2009).

This Rhode Island case study provides us with an opportunity to examine how criminalization can impact sex worker health and safety. For example, the National Bureau of Economic Research (2014) compared STI infection and rape rates of Rhode Island sex workers against people outside of the sex industry in the state from 2004-2009. Results showed a 31% decrease in reported rape cases; no other crimes showed the same pattern, removing the general possibility that policing or more extensive policies around public safety can be linked to the decline. Similar positive impacts on reproductive health and the spread of sexually transmitted infections have also been noted. During this brief period of decriminalization, a 40% decrease in cases of gonorrhea was also reported (Cunningham & Shah, 2014).

The results seen in Rhode Island are not unique. The World Health Organization (2024) says that modeling studies have suggested that decriminalizing sex work worldwide could decrease up to 46% of new HIV cases among sex workers in the following ten years. On the other hand, Lyons et al. (2020) found that the increasing criminalization of sex work across sub-Saharan Africa is positively associated with higher rates of HIV, even as global rates for HIV infections are falling for the rest of the world's population.

**Stigma**

Stigma is when one's reputation gets marked as a disgrace once associated with a distinct quality society disapproves of (Stigma, 2024). Scholars Toubiana and Ruebottom (2022) have suggested that those who enter the sex trade are



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automatically burdened with three simultaneous stigmas: social stigma (associations with pariahs), physical stigma (proximity to perceived dirt), and moral stigma (unrighteous acts) simply due to the nature of their labor. For example, sex workers have long been stigmatized as 'vectors of sexual disease,' which wraps up all three types of the mentioned stigmas into one tidy stereotype as sexual diseases are often considered 'dirty,' sex with strangers outside of marriage for money is immoral, and sex work is not socially acceptable.

Unsurprisingly, society's stigmatization is reflected in the singular focus of medical and academic research on sexual and reproductive health in this population. As mentioned above, there are no published studies on how the COVID-19 pandemic has impacted this community. To illustrate this further, when we searched PubMed using the keywords 'sex worker' and 'healthcare access' together, approximately 70% of the results were directly related to the topics of 'HIV,' 'STIs,' and 'STDs.' Sex workers undeniably carry the burden of higher rates of STI infection and transmission when compared to those who do not engage in sex work. Still, workers also have much higher STI exposure rates, making it an unfair comparison. While HIV and other sexually transmitted infections are important to consider, so are other pressing health concerns like chronic disease. However, when PubMed was again queried to find studies on 'sex work' + 'diabetes,' there were zero results, and when 'sex work' + 'cancer' was combined, the overwhelming majority of results were about HPV and cervical cancer. The dearth of research on other important health topics, like chronic disease and mental health, reveals how all other aspects of this marginalized group's general health and well-being are wholly ignored in the research literature.

It is worth noting that infection and transmission of STIs among sex workers and trafficking victims would likely go down not only with decriminalization, as modeled in Rhode Island by Cunningham, S., & Shah, M. (2014), but consistent access to stigma-free healthcare may also be a key factor. When compared to the general public across five metropolitan cities in Canada, sex workers had nearly triple the prevalence of unmet healthcare needs (Benoit et al., 2016). A study at a free sex worker clinic in San Francisco found that 70% of almost 800 sex workers did not discuss their work status with healthcare providers, feeling embarrassed about being a sex worker or having experienced prior discrimination, such as being explicitly told not to return to a clinic (Cohan et al., 2006). There is a stigma cycle with sex work, stigma, and healthcare. Sex workers and trafficking victims fear what will happen if they disclose their work status to healthcare workers and professionals, knowing there may be repercussions. Still, if they reveal their job, they are often treated precisely as they had feared, decreasing the likelihood of future divulgence (Singer et al., 2021). To illustrate this point, consider this quote from the COYOTE Rhode Island (Call off Your Old Tired Ethics) anonymous survey of Rhode Island sex workers called "Policing Modern Day Slavery in RI 2014-2016."

"The hospital staff at the ER were very nice until the police showed up to take my report. Once they found out I was an escort, they told me that if I wanted to press charges against the man who raped me, that I would be arrested for prostitution. At this point, the hospital staff got cold, distant, and then some of them became downright rude to me" (coyotewebadmin, 2018).

**Counting the Hidden**

The criminalized, underground, and highly stigmatized nature of the industry makes properly quantifying the world's sex trade population an impossible task (Sawicki et al., 2019). There is no concrete data on the sex worker or trafficking population size, only speculations and estimates. Historically, studies



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on sex workers have recruited almost only cis women as participants, leaving out male and transgender sex workers. Today, there is still little data on these populations, and this proposed study allows all genders to be involved. The underrepresented quantitative data that does exist about these two populations has a narrow focus on HIV and lacks qualitative data to show the day-to-day lives of these participants, including how stigma about being a sex worker impacts their access to healthcare (Sawicki et al., 2019).

Nonetheless, a 2012 report by Fondation Scelles estimated that there were 40-42 million sex workers worldwide. There is no way to know if that estimate is high, low, or relatively accurate. Despite significant apparent bias in methodology and reporting as outlined below, this report has become one of the most widely used statistics in academia and the media when discussing the sex worker population. To start with, the Sexual Exploitation: Prostitution and Organized Crime Report (2012) does not distinguish between sex workers and trafficking victims—a necessary separation when studying population sizes, creating an immediate discrepancy in their data. Additionally, there is a significant conflict of interest as Fondation Scelles is a non-profit, sex work abolitionist group that wants to "build a world without prostitution" (Fondation Scelles, 2012). Their draconic agenda may bias their research design, data collection, analysis, and publication. Based on these flaws in the proposed methodology, the data from this sex work abolitionist group appears unreliable. Ultimately, between criminalization and the existence of groups with beliefs like such as this, it is likely that critical data like the population size and demographics of sex workers will stay unknown.

### Research Question and Hypothesis

There are increased barriers and mistreatment that sex workers face when seeking healthcare due to occupational stigma. A Canadian study by Lazarus et al. (2012) found compelling evidence that regardless of a sex worker's demographics, the associated stigma hindered their ease of access to healthcare. Close to half of the 250 outdoor sex workers who participated in the Canadian study had encountered significant obstacles when seeking healthcare services within the previous six months. There are relatively few studies that have investigated the connections between the impact of the stigma of being a sex worker and their experiences in accessing and navigating their work status within healthcare settings. This proposed study seeks to answer the following question: how do sex workers experience the impact of occupational stigma on their ability to access healthcare settings, the quality of their medical treatment, and treatment from staff? Holding space for the personal narratives of sex workers will give crucial insight into how the phenomena of the occupational stigma of their work color their experiences with accessing healthcare services, how they are treated in healthcare settings, and the quality of care they receive.

## Research Approach

### Research Design

Studies thus far have shown that occupational stigma has wide-reaching impacts on sex workers, even in healthcare settings. Many studies have focused on quantitative results showing an association between stigma and healthcare when it comes to sexual and reproductive health. However, relatively few qualitative studies have been produced to capture the narratives of sex workers who have experienced the wide-reaching phenomenon of occupational stigma and healthcare. As such, we proffer a narrative phenomenological qualitative study offering the chance to capture and lift their voices.



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