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Cleveland Department of Public Health, HIV/AIDS Unit
Cleveland Treatment Center – Project SAFE (Stay AIDS Free Through Education)
AIDS Taskforce of Greater Cleveland
Cleveland Police Department
Project HOPE (Holistic Opportunities & Preventative Education)

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Kristen Tobias, The Free Clinic

Above all, the Cleveland RARE Project would like to thank those sex workers who dedicated their time and shared their stories in order to make this project possible. The hope is that this project will improve the quality of life of the women and men who represent this population.

The Cleveland RARE Project was funded by a Community Development Block Grant awarded by the Cleveland Department of Public Health to St. Paul’s Community Church.
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**INTRODUCTION**

The Rapid Assessment, Response, and Evaluation (RARE) Projects were established to address expanding HIV/AIDS epidemics among minority populations in various cities. The RARE Project is designed to work in partnership with local community officials, public health personnel, and community leaders. The focus is on identifying unique characteristics of populations often missed through traditional needs assessments. The RARE Project assists communities to identify potential strategies to enhance prevention, to maximize community health services and support networks targeted at HIV/AIDS issues, and to provide access to care for the most vulnerable populations.¹

In Cleveland, as in the U.S. and worldwide as a whole, the HIV and AIDS epidemic continues to disproportionately affect some of the most vulnerable populations. As of September 2005, there were 2,332 individuals currently living with HIV or AIDS in Cleveland with a prevalence rate of 487.9 per 100,000 population. Since 1980, at least 1,204 Cleveland residents have died of HIV/AIDS. Approximately 58% of those currently living with HIV/AIDS are African American males and females. Further, African American males and females comprised 76% of new HIV diagnoses between 2004 and 2005.²

Along with the HIV/AIDS epidemic, another trend is emerging in Cleveland -- one that is a common occurrence in many other places in the U.S. and the world -- an increase in the number of street-level sex workers. Further, the majority of sex workers in Cleveland are African American. Due to the increased presence of sex workers and increased rates of HIV/AIDS, which may or may not be attributed to prostitution since little research has been done in this area, the Cleveland Department of Public Health recognized the need to better understand how to provide HIV prevention services to sex workers.

St. Paul's Community Church, one of the few HIV prevention programs targeting sex workers in the City of Cleveland, received a Community Development Block Grant through the Cleveland Department of Public Health to conduct an in-depth HIV risk and prevention needs assessment among sex workers called the RARE Project (Rapid Assessment, Response, and Evaluation). Using the standardized RARE methodology, a team of field team members conducted mapping and ethnographic observations of the selected study sites and conducted interviews and focus groups with members of the target population and HIV service providers. The purpose of the assessment was to gather information from sex workers on HIV risk and barriers to receiving HIV prevention services, and to find out how to more effectively address these barriers.

This report begins with a brief overview of the components of RARE and the process for selecting members for the Community Working Group and the Field Team. Following is a description of the target population and selected study sites. Next, the core assessment methods of RARE are discussed along with the findings. The RARE findings are presented in two sections: observational results and findings from the interviews and focus groups. The report ends with a set of recommendations and
action steps designed to turn the research into practical application to effectively address HIV risk among sex workers in Cleveland.

**COMPONENTS OF RARE**

The scientific basis for the RARE Project is the use of Rapid Assessment, Response, and Evaluation (RARE) methodology. The components of RARE include:

- **Rapid Assessments** that describe and monitor the dynamics of local HIV/AIDS epidemics and their effect on vulnerable populations.

- **Rapid Responses** that consist of the implementation of evidence-based interventions, including policy changes, program modifications, and the development of new strategies to intervene in the HIV/AIDS crisis in minority communities.

- **Rapid Evaluations** that monitor the effectiveness of RARE changes in local public health planning, practices, and outcomes.

The RARE process enhances the capacity of communities to better understand and more quickly respond to the changing dynamics of the HIV/AIDS epidemic by providing a model for methodologically sound rapid assessment and responses. This approach provides timely data for policy development, interventions, HIV prevention, and services for minority populations at risk for HIV.¹

**COMMUNITY WORKING GROUP**

Community support and participation are critical components of the RARE process. The purpose of the Community Working Group (CWG) is to provide the input and direction necessary to successfully complete the rapid assessment project. The main objectives of the CWG are:

- To support the rapid assessment and provide access to stakeholders and contexts for the assessment;

- To monitor and assist in intervention development based on the findings of the rapid situation assessment;

- To participate in developing the action plan for interventions;

- To evaluate the rapid assessment; and

- To share knowledge, responsibilities and resources to address the relevant issue in the community.¹

An invitation to participate on the CWG was sent to various representatives from HIV/AIDS service organizations, law enforcement, health and social service providers, community development corporations, faith-based organizations, universities, and funding agencies. The initial CWG orientation meeting took place on Tuesday, September 27, 2005 with participation from 17 community members. An overview of RARE and local epidemiological data was presented. The CWG discussed the target
population and possible study sites. Three targeted populations of sex workers were chosen: female, men who have sex with men (MSM), and transgender. Concentrated areas both on the near west side and east side of Cleveland were selected as study sites.

**FIELD TEAM MEMBERS**

To be successful, the RARE Project Field Team must represent the target population. After speaking with former sex workers and performing background research on this particular population, we decided to limit the Field Team to three members. We hoped this would limit the threat the sex workers would feel by having multiple Field Team members on the streets and possibly even mistaking the Field Team for undercover police officers. The ultimate goal was to gain the trust of the sex workers and allow them to be in an environment where it was comfortable to share information without fearing retribution.

The selected Field Team Members possess one or more of the following characteristics:

- Live and work in one of the selected sites, and are very familiar with the neighborhoods and the activities that take place;
- Mix of gender, age, race/ethnicity, and sexual orientation;
- Familiar with HIV prevention work through current employment;
- Former experience with the target population, including female, MSM, and transgender sex workers; and
- Past experience in research methods and data collection.

**TARGET POPULATION: SEX WORKERS**

Sex workers are defined as “female, male, and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.”

Sex workers are considered a population at high risk for acquiring and transmitting HIV infection. A variety of factors – the illegal and heavily stigmatized nature of sex work, the compounding effects of substance abuse and violence, the general lack of targeted programs for sex workers which could serve as entry points into systems of assessment and care, and the complicating presence of other parties in sex work (such as pimps and customers) – have all made the tasks of assessing HIV seroprevalence, reducing risk behaviors, and providing care for HIV-infected individuals quite challenging. In Ohio, the task is further complicated by the presence of the HIV Felonious Assault Law, which criminalizes non-disclosure of HIV-positive status to a sexual partner and which may further “drive underground” the behaviors that need to be addressed with successful interventions.
Statistics on the number of sex workers are difficult to determine because many work in secrecy or avoid questions for fear of arrest or violence. The National Task Force on Prostitution indicates that over one million people in the U.S. have worked as sex workers at some time in their lives, and on average 100,000 arrests are made for prostitution and solicitation each year in the U.S. In Cleveland, the only statistics collected on sex workers are those that are made available through the law enforcement system.

Table 1. Prostitution and Soliciting Arrests by District in the City of Cleveland: 2000 – 2005 *

<table>
<thead>
<tr>
<th>Offense</th>
<th>Year</th>
<th>D1</th>
<th>D2</th>
<th>D3</th>
<th>D4</th>
<th>D5</th>
<th>D6</th>
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<td>12</td>
<td>15</td>
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<td>16</td>
<td>73</td>
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<td></td>
<td>2001</td>
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<td>8</td>
<td>19</td>
<td>8</td>
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<tr>
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<td>2002</td>
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<td>20</td>
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<tr>
<td></td>
<td>2003</td>
<td>6</td>
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<tr>
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<td>2005</td>
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<td>2004</td>
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<tr>
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<td>401</td>
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<td>5</td>
<td>16</td>
<td>5</td>
<td>7</td>
<td>54</td>
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Source: Cleveland Police Department

* As of 11/07/05

Clearly, a public health response is urgently needed for several reasons. First, sufficient data support the fact that HIV and sexually transmitted disease (STD) risk is higher among female, male, and transgender sex workers than among individuals who are not sex workers. Second, it is critical for individual sex workers and for the health of the public that sex workers with HIV or STD infection receive appropriate medical care and treatment. Finally, since the nature of sex work involves multiple sex partners, risk assessment and risk reduction are essential components in an overall strategy to reduce rates of HIV in Cleveland.
SELECTED STUDY SITES

After discussions with the Community Working Group and the Field Team members, the hot spots for high risk behavior and street-level prostitution were identified. Traditionally, RARE focuses on a small geographic area in a single location. Given the fact that sex workers are mobile and locations can change on any given night, multiple areas were chosen as study sites. The following locations were selected:

**West Side of Cleveland**
- Neighborhoods of Ohio City and Detroit-Shoreway
- Bounded by Detroit Avenue to the north, West 25th to the east, Lorain Avenue to the south, and West 65th to the west

**East Side of Cleveland**
- Euclid Avenue (and various side streets off of Euclid) from Superior Avenue to Noble Road
- Kinsman Road NORTH to Cedar Avenue between E. 40th Street and E. 79th Street

RARE METHODOLOGY

The RARE data collection methods are one of the primary features that distinguish the RARE assessment strategies from other strategies for planning interventions. The methods combine both qualitative and quantitative assessment processes, with an emphasis on high-quality, reliable, and valid qualitative information.¹

The RARE methodology uses a combination of focus groups, key informant interviews, direct observations, mapping, and street intercept surveys. Because data are collected and observation is made in the context of where the actual risk behaviors are taking place, there is a high degree of validity. The in-depth interviews and focus groups further verify the data that are collected on the street.¹

The RARE methodology uses representative sampling versus random sampling. The samples are drawn from the actual population who can provide insight on most or all of the research questions, rather than a random sample who may have high inconsistency in their knowledge and experience in a particular area.¹

One main characteristic of the RARE Project is its “rapid” nature.¹ The entire Cleveland RARE process, from the Community Working Group and Field Team selection to the presentation of the final report with recommendations, lasted approximately six months. While the quick timeline is effective in dealing with important community issues, it presents challenges when recruiting sex workers to participate. Given the unique characteristics of this population, it takes time to garner trust to elicit personal information from the participants. The quick nature of RARE impeded this process.

The Cleveland RARE Project successfully implemented all of the components of the RARE methodology, with the exception of street intercept surveys. Due to the very
nature of sex work and the fact that sex workers are “working” when out on the streets, they would not participate in a street intercept survey unless they were paid since they would be missing out on business.

Observation and Mapping

Observation and mapping were conducted on six separate occasions on the weekends during the early evening and night hours. It was later confirmed, through key informant interviews, that the weekends and evening were the popular times for sex workers to be out on the streets. Recruitment of sex workers for interviews and focus groups, making ourselves visible out on the streets and gaining trust, and making the target population aware of the project’s purpose simultaneously took place during these periods.

Key Informant Interviews & Focus Groups

Key informant interviews and focus groups were conducted among the target population of sex workers, HIV case managers, and HIV prevention specialists. The survey instrument for the key informant interview was quite extensive with 51 questions focusing on such areas as HIV knowledge, attitudes, beliefs and risk, HIV/AIDS services, testing, condom use, drug use, types of clientele, and diversion. The focus group questions for the sex workers centered on the areas of HIV knowledge, attitudes, beliefs and risk, HIV/AIDS services, and diversion. Noteworthy, it was very difficult to schedule the focus groups given the non-traditional hours that the sex workers are available and the sensitive nature of and comfort level with the topics being addressed. The focus group questions for the HIV service providers and community members centered on HIV risk and other risk behaviors among sex workers, HIV/AIDS services, diversion, and community participation. A sample of the interview and focus group instruments is included in the appendix. The following table describes the composition of the key informant interviews and focus groups.

Table 2. Total Number of Participants for Key Informant Interviews and Focus Groups

<table>
<thead>
<tr>
<th>Method</th>
<th>Target Population</th>
<th>Number Participated</th>
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<tr>
<td><strong>Key Informant Interviews</strong></td>
<td>Female Sex Workers</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Male Sex Workers*</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>MSM Sex Workers</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Transgender Sex Workers</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total Key Informant Interview Participants</strong></td>
<td></td>
<td>54</td>
</tr>
<tr>
<td><strong>Focus Groups</strong> (one group per target population)</td>
<td>Female Sex Workers</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MSM Sex Workers</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Transgender Sex Workers</td>
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</tr>
<tr>
<td></td>
<td>HIV Case Managers</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>HIV Prevention Specialists</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total Focus Group Participants</strong></td>
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<td>37</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>92</td>
</tr>
</tbody>
</table>

* The males identified strictly serve female clients, as opposed to MSM who serve male clients.
FINDINGS

FIELD OBSERVATION & MAPPING

West Side
For mapping and field observation purposes we concentrated on the neighborhoods of Ohio City and Detroit-Shoreway. The areas where actual field observation and mapping took place are bounded by Detroit Avenue to the north, West 25th to the east, Lorain Avenue to the south, and West 65th to the west. These neighborhoods have endured social and economic disparity, along with increasing crime and poverty rates. However, in recent years, there has been renewal and revitalization of housing properties and business development in these neighborhoods.

On the west side, we found that there was no activity on the streets before midnight so we went out later in the evening on subsequent nights. Since it was difficult to engage the sex workers because they were “working,” we decided to combine street outreach with the mapping and field observation, which is not what traditionally occurs with RARE. We passed out safe sex kits, which were a definite need and very welcomed by the sex workers, and this gave us the opportunity to briefly talk about the RARE Project that we were conducting. We left them a recruitment card to call us if they wanted to participate in the project. We only encountered one sex worker who would neither talk with us nor accept the safe sex kits. At one point, one of the Field Team Members demonstrated to one of the sex workers on how to properly use a female condom.

We noted that the female, MSM, and transgender sex workers were concentrated in certain locations. The females, both African American and White, preferred areas on Lorain Avenue from Fulton Road to West 65th. The MSM seemed to congregate around the three gay bars and the bathhouse on Detroit Avenue at West 28th. It seemed that the African American MSMs were soliciting the White MSM patrons of the gay bars. The transgender sex workers, which were strictly male-to-female, were very mobile up and down Detroit Avenue from West 28th to West 45th. At one point, we observed ten young transgender sex workers, with three of those working alone and the rest working in groups. It seemed as if this particular group was out on the streets not only to work, but to socialize. We observed some of the sex workers actively being picked up by potential clients, and we watched one of the transgender sex workers lead her “John” to a spot behind a building that was somewhat secluded and then return about fifteen minutes later. We also observed some of the same cars circling the area and then finally picking up a sex worker. Following are maps of the “hot spots” of street-level prostitution on the west side broken down by target population.
Observed a transgender sex worker lead her client to this location to perform services.

MSM and transgender sex worker “hot spots” (W. 28th & W. 32nd Streets and Detroit Ave.)
This particular area on the West Side is a popular spot for the transgender sex workers. On November 14th, 2005, a 19 year old transgender male was fatally shot multiple times across from a local high school in the area shown below.
Various “hot spots” along Lorain Avenue on the West Side of Cleveland
Originally, the primary focus of this research project was centered on a few selected locations on the west side of Cleveland. Since we wanted to recruit as many sex workers as possible to participate and there were known “hot spots” of street-level prostitution on the east side of Cleveland, we decided to conduct mapping and observation in these areas as well. The following locations on the east side were chosen:

- Euclid Avenue (and various side streets off of Euclid) from Superior Avenue to Noble Road
- Kinsman Road North to Cedar Avenue between E. 40th Street and E. 79th Street

There were a few observations on the east side that were markedly different on the west side. First, the activity seemed to start much earlier in the night on the east side versus the west side. At about 7:00pm and after is when the activity started to pick up. Second, there seemed to be many more people, both in groups and alone, visible out on the streets especially up and down Euclid Avenue in East Cleveland. We predominantly observed African American women and a small number of Caucasian women. The men that we observed, all African American, did not seem to be out on the streets for sex work but possibly out there for drug dealing – the so-called “dope boys.”

When we drove back into the side streets off of Euclid Avenue, numerous groups of people were also spotted loitering in front of houses and apartment buildings. Most of the people with whom we came in contact appeared to be under the influence of drugs and/or alcohol. We stopped at the various spots where groups were congregating and passed out safe sex kits and recruitment cards for the project. As witnessed on the west side, we were made to feel very welcome.

We had a few conversations with various men who lead us to two of the motels on Euclid Avenue that are known to be used by sex workers and their clients. We spent some time sitting in the parking lots of these hotels and observed a few females going in and out. We did encounter three women and after talking to them about the project and passing out safe sex kits, one of the women wanted to know if we could help her get into drug treatment so we gave her contact information to call. Finally, we did meet one female sex worker who was very interested in our project and exchanged numbers with us because she is interested in protecting the younger girls and helping them get off of the streets. She has called our Field Team member on numerous occasions to obtain condoms so that she can pass them out to fellow sex workers.

Following are maps of the “hot spots” of street-level prostitution on the east side.
EAST SIDE OF CLEVELAND

FEMALE
Various “hot spots” along Euclid Avenue in East Cleveland

“Trick City” (East Side of Cleveland)
Two known motels for prostitution activity on Euclid Avenue in East Cleveland
KEY INFORMANT INTERVIEWS

As stated in the methods section, the Field Team completed 54 key informant interviews. The survey instrument included 51 quantitative and qualitative questions and was divided into nine sections: demographics, sex work characteristics, HIV knowledge, attitudes, beliefs and risk, HIV/AIDS services, testing, condom use, drug use, clientele, and diversion.

Demographics

Table 3. Demographics of Key Informant Interview Participants

<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 – 19</td>
<td>3</td>
<td>5.6</td>
</tr>
<tr>
<td>20 – 24</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>25 – 29</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>30 – 34</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>35 – 39</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>40 – 44</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>45 – 49</td>
<td>14</td>
<td>25.9</td>
</tr>
<tr>
<td>50 – 54</td>
<td>2</td>
<td>3.7</td>
</tr>
<tr>
<td>55 – 59</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>RACE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>42</td>
<td>77.8</td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>White</td>
<td>3</td>
<td>5.6</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>5</td>
<td>9.2</td>
</tr>
<tr>
<td>RELATIONSHIP STATUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married / Monogamous Relationship *</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>Married / Open Relationship</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dating / Monogamous Relationship *</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>Dating / Open Relationship</td>
<td>10</td>
<td>18.5</td>
</tr>
<tr>
<td>Single</td>
<td>39</td>
<td>72.2</td>
</tr>
<tr>
<td>EDUCATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 12th Grade</td>
<td>31</td>
<td>57.4</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>16</td>
<td>29.6</td>
</tr>
<tr>
<td>Some College</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>College Graduate</td>
<td>3</td>
<td>5.6</td>
</tr>
<tr>
<td># of sex workers with biological children</td>
<td>28</td>
<td>51.9</td>
</tr>
<tr>
<td># of sex workers with children living with them</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td># of sex workers currently homeless</td>
<td>15</td>
<td>27.8</td>
</tr>
</tbody>
</table>

* Monogamous is defined as a commitment to a steady partner, apart from the sex work that is being performed for others.
Sex Work Characteristics
Since sex workers can be classified by many different names, the respondents were asked how they classify themselves. Classifications such as commercial sex worker, sex worker, prostitute, escort, and call girl were given, and 26% of the respondents did not classify themselves by any name. Only three of the female sex workers reported that they have a pimp. However, this number may be underrepresented because many females may have boyfriends or husbands that serve the role of a pimp, but not necessarily be classified as a pimp by their female partner. Below is a graph depicting the age of onset when the sex workers began prostituting and following is a table of the volume of clients that the sex workers service along with how often they are out on the streets working.

**Figure 1. Age of Onset of Prostitution**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>20s</td>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>30s</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>40s</td>
<td>26%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Clients per Day</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 3</td>
<td>20</td>
<td>37.0</td>
</tr>
<tr>
<td>4 – 6</td>
<td>20</td>
<td>37.0</td>
</tr>
<tr>
<td>7 – 9</td>
<td>9</td>
<td>16.7</td>
</tr>
<tr>
<td>16 – 18</td>
<td>5</td>
<td>9.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days per Week on the Streets</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>9.3</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>27.8</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>16.7</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td>7</td>
<td>19</td>
<td>35.2</td>
</tr>
</tbody>
</table>

When asked about the popular days and times to be on the streets, 85% of the sex workers reported that they work the streets on the weekends (Friday – Sunday), and 61% prefer the night hours of midnight to 6:00am. Qualitatively, some of the sex workers mentioned that popular times include the hours a club is open, paydays, the first of the month, and whenever it is convenient for the client. Eighty-three percent of
the sex workers reported that prostitution is their main source of income, followed by 13% having part-time jobs and 4% having full-time jobs along with prostituting. The graph below depicts the amount of money that local sex workers can generate from being on the streets.

![Figure 2. Mean Income of Sex Workers in One Night on the Streets](image)

It was very important to find out the reasons for the sex workers to be out on the streets and engage in this high-risk behavior. Below is a table listing the reasons that sex workers gave for why they prostitute.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>29</td>
<td>53.7</td>
</tr>
<tr>
<td>Drugs</td>
<td>14</td>
<td>25.9</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>13</td>
<td>24.1</td>
</tr>
<tr>
<td>Food</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>Rent / Housing</td>
<td>7</td>
<td>13.0</td>
</tr>
<tr>
<td>Pay Bills</td>
<td>7</td>
<td>13.0</td>
</tr>
<tr>
<td>Lack of Employment</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>Alcohol and/or Cigarettes</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>Support children</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>Survive</td>
<td>4</td>
<td>7.4</td>
</tr>
<tr>
<td>Forced by a Pimp</td>
<td>2</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Based on the information in the table above, a few points deserve further explanation. A surprising number of sex workers (24%) stated that they enjoyed prostituting. The demographic make-up of this group included the males (who service female clients), the MSM, and the transgender. None of the females stated that they enjoyed prostituting. Another compelling reason given, by females only, was to “survive.” This answer shows the desperation and hopelessness that some sex workers face on a daily basis.
**HIV Knowledge, Attitudes, Beliefs & Risk**

In order to measure knowledge about HIV, the sex workers were asked how they could get infected with HIV and what they can do to protect themselves from being infected with HIV. Below is a table depicting the answers that were given.

**Table 6. Knowledge of HIV Transmission and Protection**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How can you get infected with HIV?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>46</td>
<td>85.2</td>
</tr>
<tr>
<td>Sharing needles</td>
<td>34</td>
<td>63.0</td>
</tr>
<tr>
<td>Sharing body fluids (blood, semen, vaginal secretions)</td>
<td>20</td>
<td>37.0</td>
</tr>
<tr>
<td>Childbirth and/or breast feeding</td>
<td>7</td>
<td>13.0</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>6</td>
<td>11.1</td>
</tr>
<tr>
<td>Do not know</td>
<td>1</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Other answers given, including some misperceptions are:</strong> kissing, mosquitoes, open wounds, saliva, sharing a toothbrush, sharing a razor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What can protect you from getting HIV?</strong></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use condoms</td>
<td>49</td>
<td>90.7</td>
</tr>
<tr>
<td>Abstinence</td>
<td>32</td>
<td>59.3</td>
</tr>
<tr>
<td>Do not share needles</td>
<td>8</td>
<td>14.8</td>
</tr>
<tr>
<td>Education</td>
<td>5</td>
<td>9.3</td>
</tr>
<tr>
<td><strong>Other answers given, including some misperceptions are:</strong> don't touch people, don't kiss, get tested, don't sit on a toilet seat, go to church or pray, pull out, don't use drugs, monogamy, regular doctor check-ups, nothing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When asked to list one thing that they know about HIV when it comes specifically to sex workers, the most common responses given were that there is a high rate and high risk of HIV on the streets, HIV is easily transmitted and they know of other sex workers who are HIV-positive, some sex workers don't use condoms and some always carry condoms, and some sex workers are educated about HIV. The sex workers were also asked to list the most common risk behaviors among their group. The most cited risk behaviors included having unprotected sex, drug use, violence (including murder, rape, and robbery), multiple sex partners, competition among fellow sex workers, getting into cars with strangers, and simply just being out on the streets.

Seventy-two percent of the sex workers believe that they are at risk for HIV. For those who did not think that they are at risk for HIV, they cited such reasons as the use of condoms all the time and getting tested on a regular basis.

In order to reduce and eliminate further HIV and STD transmission, disclosure of status to all partners is recommended. Forty-one percent of the sex workers reported that they discuss HIV and STD status with their clients.
Testing
Five out of the 54 sex workers tested HIV-positive. These cases included three African American MSM (ages 24, 25, 45), one Hispanic MSM (age 24), and one African American transgender (age 22). Out of all of the sex workers interviewed, 50% had tested positive for one or more STDs at some point in their life. The most common STDs reported were gonorrhea (33%) and chlamydia (26%), followed by syphilis (7%), trichomomiasis (7%), pelvic inflammatory disease (4%), hepatitis B (4%), hepatitis C (2%), and human papillomavirus (HPV) (2%).

Sixty-seven percent of the sex workers reported getting tested for HIV on a regular basis. For those who did not get tested on a regular basis for HIV, the most common reasons cited were that they don’t take the time, denial, fear of knowing their status, they don’t feel sick, and they always use condoms. Fifty-three percent of the sex workers reported getting tested for STDs on a regular basis. When asked the reasons why they do not get tested on a regular basis for STDs, the majority (19%) stated that they only get tested if they see something abnormal or are experiencing symptoms. Other responses include that they don’t take the time, it’s not that important, they are ashamed, and they always use condoms. Almost all of the sex workers (96%) stated they knew where to get tested. The most commonly mentioned testing sites included The Free Clinic (30%), Project SAFE (22%), AIDS Taskforce of Greater Cleveland (20%), a private doctor (17%), and the hospital (17%).

Condom Use
Most of the sex workers (76%) always carry condoms on them. The most common locations to get condoms included Project SAFE (28%), stores (24%), AIDS Taskforce of Greater Cleveland (17%), West Side Catholic Center (15%), and The Free Clinic (9%). Seventy-six percent of the sex workers stated that they discuss condom use with their clients. Below is a graph depicting how often sex workers use condoms with their clients.

![Figure 3. Frequency of Sex Workers’ Condom Use with Clients](image)

Drug Use
A large majority of sex workers (74%) reported using alcohol or drugs when they are servicing their clients. In the past month, only three of the 54 sex workers reported that they had used needles to inject heroin. About 60% of the sex workers reported use of other illegal drugs in the past month. Those drugs include crack (32%), marijuana (26%), cocaine (24%), ecstasy (19%), and methamphetamine (6%). Concerning alcohol use, 83% of the sex workers reported that they drink alcohol with 25% of them reporting that they drink every day.
Clientele
All of the sex workers except two had regular clients. Forty-three percent of sex workers had 4-6 regular clients, 28% had 1-3 regular clients and 26% had over 7 regular clients. The clients came from the City of Cleveland and from the suburbs. The clients held a wide variety of occupations including professionals, blue collar workers, drug dealers, other sex workers, and retired individuals. Once sex workers make arrangements with their clients, 44% reported that they perform services in public places, 46% in the car, 70% in hotels, and 70% in either their house or the client’s house. Twenty-four percent of the MSM and transgender sex workers had advertisements either on the Internet or in the newspaper.

Table 7. Types of Sexual Acts that are Provided for Clients

<table>
<thead>
<tr>
<th>Sex Act</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Sex</td>
<td>87 %</td>
</tr>
<tr>
<td>Anal Sex</td>
<td>63 %</td>
</tr>
<tr>
<td>Vaginal Intercourse</td>
<td>59 %</td>
</tr>
<tr>
<td>Masturbation</td>
<td>54 %</td>
</tr>
</tbody>
</table>

HIV/AIDS Services
One of the main purposes behind this research project was to identify which HIV/AIDS services are available to sex workers, identify barriers and gaps in service delivery, and then develop or enhance programs and interventions that can be effective in reducing and eliminating HIV/AIDS. Forty-four percent of the sex workers felt that there were not adequate HIV/AIDS services for them in Cleveland. The sex workers offered many answers on what kinds of HIV/AIDS services are available to them in their neighborhood. The most commonly mentioned services include those provided by Project SAFE, AIDS Taskforce of Greater Cleveland, The Free Clinic, MetroHealth, Beyond Identities Community Center (BICC), and the LGBT Center. It was also very important to identify the barriers to accessing these services. Those barriers include:

- Lack of motivation and initiative;
- Lack of confidentiality and privacy;
- Lack of available services specifically for sex workers;
- Unaware of which services are available;
- Fear, embarrassment, and shame;
- Drug and/or alcohol addiction;
- Lack of medical insurance;
- Hours of operation; and
- Lack of positive peer role models.

The sex workers were also asked how HIV/AIDS services could be improved and which HIV prevention activities would be most effective within their population. The following suggestions were provided:

- Street outreach;
- Make the services more visible and get the word out (i.e. social marketing);
- Provide education (i.e. health fair for sex workers);
- Increase services specific to sex workers;
• Provide peer role models;
• Assure privacy and confidentiality;
• Decrease discrimination;
• Offer support groups;
• Increase motivation to seek services (i.e. incentives);
• Mobile testing van; and
• Legalize prostitution.

**Diversion**
The first priority of this research project was to identify HIV/AIDS risk among sex workers and ultimately see risk reduction behaviors among this group. However, the presence of sex workers on the streets and in the community provided a whole other dimension to this project – research into diversion. By nature, diversion programs seek to provide effective alternatives to sending nonviolent offenders to jail and make available linkages to community-based treatment and support services.

Nationwide, average prostitution arrests include 70% female prostitutes, 20% male prostitutes and 10% customers. From a report in the 1980s, average arrest, court and incarceration costs amounted to nearly $2,000 per arrest. Cities spend an average of 7.5 million dollars on prostitution control every year. In Cleveland, 20 out of the 54 sex workers interviewed for the RARE Project had been arrested for solicitation at some point. Four of them had attended a diversion program, which proved to be unsuccessful.

For this particular section, the sex workers were asked to list what services or resources they would need in order to stop prostituting, realizing that some sex workers have no desire to get out of the business. In order for a program to be successful, it needs to have buy-in from the participants and they need to be given the opportunity to be part of the planning process. Therefore, the sex workers were also asked what components should be included in a program to help them and fellow sex workers get out of the business. The following suggestions were provided:

• Steady, good-paying jobs;
• Safe, affordable housing;
• Education (i.e. job training, skill development, anger management);
• Incentives for participating in programs;
• Counseling and support groups;
• Drug and/or alcohol rehab;
• Mentors / peer role models;
• Food and clothing; and
• Increase self-esteem and increase motivation.

**FOCUS GROUPS**

As stated in the methods section, five focus groups were conducted. Focus groups were conducted for female sex workers, MSM sex workers, transgender sex workers, HIV case managers and HIV prevention specialists. The focus group questions for the sex workers centered on the areas of HIV knowledge, attitudes, beliefs and risk,
HIV/AIDS services, and diversion. The focus group questions for the HIV case managers and prevention specialists centered on HIV risk and other risk behaviors among sex workers, HIV/AIDS services, and diversion. For the most part, the information in the focus groups correlated with the information from the key informant interviews. Some of the exceptions and special considerations are discussed next.

**Female Sex Workers** (3 African American females ages 39, 42, and 44)
The females in the focus group were open and honest from the start. As the discussion progressed, the comfort level increased and the women began to relate to one another and that is when the focus group turned into a “support group.” The women shared how they came to be involved in prostitution, and one woman even discussed her history of sexual abuse. Emotions ran high and all of the women broke down at one point when telling their stories. On many occasions, the women indicated that they felt safe in the group discussing what was on their mind and that they, and other women, could really benefit from a support group specifically for sex workers. Below are comments from the women about the focus group:

“It was very open and honest and I enjoyed it. There needs to be more clinics to do HIV testing and more outreach. There was nothing I didn’t like about the group.”

“I liked the honesty. I did not dislike anything about the group. Now I think more about getting HIV. I don’t have to face this alone.”

“I love talking with the ladies…sharing things I could to help me and them…and being a part of something that’s helpful to others. I love you.”

**MSM Sex Workers** (3 African American males ages 18, 19, and 24)
The MSM in the focus group felt comfortable, were able to speak their minds and were willing to share information about their experiences. Confidentiality seemed to be an important issue for this group, especially in the gay community. The MSM commented that they enjoy being out on the streets and that it is more of a social activity for them. The fact that the MSM enjoy being out on the streets may prove to be a challenge when planning interventions for this group. Below are comments from the MSM about the focus group:

“It was a very good workshop because he [the facilitator] asked questions and listened to us. Nothing about the group I didn’t like. I want to not do it [sex work] and find another way…stop with the short cuts and try the long way for once.”

“I like the fact that they [the field team] are trying to help people out. Everything about the focus group was good to me. It makes me want to stop being out prostituting and get my life together.”

“I like that we were able to express ourselves without being penalized for what we said. Each individual was open and receptive to what was being said. I believe that people need for mature individuals to take a stand and help others in any way they can.”
**Transgender Sex Workers** (3 African American transgender males ages 22, 22, and 24)

The transgender males in the focus group revealed some important issues that are specific to their population. The transgender males feel that society as a whole does not accept them and they get treated differently. Many transgender prostitutes work the streets because they cannot obtain employment that is sensitive to, and accepting of, their gender identity. The group also felt that there needs to be more protection for the transgender community because they are especially vulnerable to violence. Below are comments from the transgender men about the focus group:

“I enjoyed the focus group and the information that it offered. The focus group had an impact because of the information.”

“I liked that the group was private. I was kind of upset about how many questions that were asked. The group had a lot of impact on me.”

“I liked that we got to express our issues. Nothing I disliked…except maybe it was too long. The group helped to identify services that are needed.”

**HIV Case Managers**

The HIV case managers in the greater Cleveland area meet together on a monthly basis and they agreed to participate in a focus group for this project. The demographics of the focus group are as follows:

- 18 total participants
- Age range: 23 – 58 years old
- 14 females; 4 males
- 6 African American; 1 Hispanic; 11 Caucasian
- Agencies represented: AIDS Taskforce of Greater Cleveland, MetroHealth, Proyecto Luz, University Hospitals Health System, Cleveland Clinic

The most notable comments included that outreach workers need to meet the sex workers at their level and begin to teach a core group of sex workers who will then go out and reach their peers. Locations need to be identified as “safe spaces” and spaces that are sensitive to the issues of sex workers. Programs need to be implemented to lower the risk of sex workers in contracting and passing HIV and STDs. Sex workers should not be criminalized; instead, there should be alternatives available to this population. Finally, more grant money needs to be obtained to implement services and projects specific to sex workers. Below are comments from the HIV case managers about the focus group:

“I think that this research and program is wonderful work because it sheds a light on a whole world that is overlooked by many communities that could help. Hopefully this work will turn into a program that will encourage sex workers to seek testing and help in order to not spread STDs, including HIV.”
“The focus group was very open and free flowing. It was good for case managers to learn more about commercial sex workers as some clients are at risk from being prostitutes themselves.”

“I liked having a discussion about an issue that isn’t discussed often enough. This group helped me understand the issues commercial sex workers must face.”

“I like and appreciate the purpose of the RARE project. I feel it’s important to address this issue in order to make things change.”

“I guess I never really realized this particular population. I have had one particular client that I knew was a sex worker. I think the mere fact that you have brought this to the table has opened my eyes and it is information that I can share and educate others on.”

“It [the focus group] make me think more about my clients and some of their needs due to their risky behaviors and what I can do to implement programs that will benefit them.”

“Interesting to know that the public health department is making the issue public…nice to know the research is being done. Keep our profession informed of the resources that will become available.”

“I liked that our suggestions were taken seriously no matter how minute it may have seemed. I feel this is a group that is overlooked because of the criminal aspect of the vocation.”

“It appears Jen [the researcher] is on track for gathering and identifying information relative to issues and activities of commercial sex workers. Remains to be seen what the impact will be – hopefully it will ‘humanize’ this population to others outside and reduce barriers to access and ongoing care and services.”

**HIV Prevention Specialists**
The HIV prevention specialists in the greater Cleveland area were invited to participate in a focus group for this project. The demographics of the focus group are as follows:

- 11 total participants
- Age range: 21 – 55 years old
- 4 females; 7 males
- 9 African American; 2 Caucasian
- Agencies represented: AIDS Taskforce of Greater Cleveland, Beyond Identities Community Center, LGBT Center, Transfamily of Cleveland, Proyecto Luz, Salvation Army, AGAPE/Antioch Development Corporation

The most notable comments included that more attention needs to be paid to the transgender community given their unique needs and obstacles that they encounter. An emphasis was placed on asking former sex workers and those who represent the
Finally, all agencies need to have an awareness and sensitivity to this population. Below are comments from the HIV prevention specialists about the focus group:

“I liked the candidness of participants and people being engaged to express opinions and beliefs and ideas. This focus group challenged people to think about the needs of an otherwise overlooked population.”

“As well as all of the organizations worked together in this focus group, I would love to see everyone work together everyday.”

“The focus group lost its focus from commercial sex workers to the overall needs of transgendered individuals, though some of the suggestions specific to transgendered individuals did apply to commercial sex workers. However, it was some interesting dialogue on how to better address service needs and knowledge and cultural competency issues of service providers.”

“I liked that there was a strong acknowledgement that the transgender community is lacking support and help. The transgender community needs recognition that they are on the streets and their needs are different from MSM.”

“I feel this focus group is very much needed. The impact I feel from the group was quite an eye opener.”

**RECOMMENDATIONS & ACTION STEPS**

The key informant interviews and focus groups provided the comprehensive information about the community’s current knowledge and perceptions of HIV prevention and diversion among sex workers. Overall, the sex workers and HIV service providers were consistent in their assessment of current HIV prevention and diversion efforts and suggestions for improvement. The recommendations and actions steps for increasing and improving the HIV prevention and diversion services have been discussed and agreed upon by the Community Working Group. The assessment yielded the following recommendations along with action steps:

1. **Increase awareness and understanding of the complex issues of sex workers:**
   Sex workers face a full range of problems both on and off the streets. The life circumstances that force them into sex work, such as poverty and limited economic opportunities, need to be understood in order to more effectively address the needs of the whole individual with the goal of making them productive and healthy members of society.

   **Action Steps**
   - Share the final report and recommendations with those individuals and agencies that interact with sex workers on a regular basis (i.e. HIV/AIDS service organizations, employment and housing organizations, drug and alcohol rehabilitation agencies, faith-based organizations, etc.)
• Share the report and recommendations with political figures, such as the Mayor, City Council, law enforcement, and the justice system.

• Place the final report on the Cleveland Department of Public Health's website.

• Present the results of the project at the National Conference on Prostitution, Sex Work and the Commercial Sex Industry in the fall in Toledo, OH.

2. **Develop and/or enhance programs and HIV prevention services specifically for sex workers based on target population (females vs. MSM vs. transgender):** There are various programs and agencies in Cleveland that have sex workers as clients. However, sex workers have unique needs that the average client may not have. For that reason, programs need to be specifically developed for this population. Furthermore, female sex workers have different needs from those of MSM sex workers and transgender sex workers; programs need to be specific to each target population.

**Action Steps**

• Research effective prostitution diversion programs from around the county and explore funding opportunities for programs in Cleveland.

• Assure that programs are specific to the needs of the target populations (i.e. females, MSM, and transgender).

• Implement the findings in the report based on the suggestions provided by the sex workers. For example, at minimum, programs should include street outreach, peer role models, and counseling and support groups.

• Address the more immediate concerns of food, housing, and addiction. Desperation and lack of resources can override concerns about HIV prevention.

• Increase the visibility of programs and HIV prevention services for sex workers (i.e. social marketing campaign). Also, given that sex workers are on the streets at alternative hours, programs and services need to be visible during these times.

• Conduct further research into other modes of sex work not happening on the streets, such as through chat lines, websites, and newspaper ads.

• Incorporate the use of harm reduction principles into the lives of sex workers similar to the way drug users have benefited from drug use harm reduction.\(^8\)
**Harm Reduction**

Sex workers are exposed to many serious harms: drug use, disease, violence, discrimination, debt, criminalization, and exploitation. Research has shown that there are successful and effective harm-reduction strategies that are available, such as education, empowerment, prevention, care, occupational health and safety, decriminalization of sex workers, and human rights-based approaches (see the Appendix for a conceptual framework of sex work harm reduction and a list of interventions for sex work harm reduction). ⁸

3. **Assure confidentiality:** Given that prostitution is an illegal activity, most sex workers have concerns about privacy and confidentiality when it comes to seeking services, especially services related to HIV/AIDS.

**Action Step**
- Provide training and awareness to all staff that interact with sex workers on issues surrounding cultural competence, diversity and sensitivity, and confidentiality.

**CONCLUSION**

The information in this report provides a glimpse into the lives of a population that is often marginalized and forgotten. It is imperative to understand the points of view and daily experiences of sex workers in order to develop appropriate prevention and intervention programs.

*Increased funding is needed for prevention programs that address the full range of problems that sex workers face, both on and off the streets, especially programs staffed and managed by peers. Drug treatment, housing, child care and skills training for prostitutes are essential. Better health care services are needed for prostitutes, including diagnosis and treatment for STDs/HIV, care for injuries due to violence, and mental health care. A comprehensive HIV prevention strategy uses a variety of elements to protect as many people at risk as possible. Sex workers require a broad range of protective services, including HIV prevention.* ⁹

Communities and governments need to be willing to invest resources in order to address the predisposing factors that cause individuals to enter into a life of prostitution. If this cannot be accomplished, the women, men, and transgender individuals represented in this report, and many others, will continue to struggle and face stigma, and as a result, face no chance at having a decent quality of life or being productive in society.
REFERENCES


APPENDICES

KEY INFORMANT INTERVIEW QUESTIONS

FOCUS GROUP QUESTIONS – SEX WORKERS

FOCUS GROUP QUESTIONS – HIV CASE MANAGERS & HIV PREVENTION SPECIALISTS

CONCEPTUAL FRAMEWORK OF SEX WORK HARM REDUCTION

INTERVENTIONS FOR SEX WORK HARM REDUCTION
Cleveland RARE Project – Key Informant Interview

Location: ______________________________________________________________  Date: __________________________
Interviewer Initials: ______________     Time Begin: __________________ Time End: ______________

Demographics
1. How old are you? _________________
2. Gender:   [ ] Male   [ ] Female   [ ] Transgender/Transsexual
   [ ] Other: ______________________________
4. Relationship Status:   [ ] Married/Monogamous Relationship   [ ] Married/Open Relationship   [ ] Dating/Monogamous Relationship
   [ ] Dating/Open Relationship   [ ] Single   [ ] Other: ______________________________
5. Do you have any biological children?   [ ] Yes   [ ] No
   5a. If Yes, how many children? ___________
   5b. If Yes, do the children live with you?   [ ] Yes   [ ] No
6. What is the highest grade you completed in school?   [ ] < 12th   [ ] High School   [ ] Some College   [ ] College   [ ] Grad School
7. How do you classify yourself?   [ ] Commercial Sex Worker   [ ] Sex Worker   [ ] Prostitute   [ ] Escort
   [ ] Other: _____________________________________________________
8. When did you first start prostituting? ________________________________________________
9. How many clients do you pick up in one day? _____________________________________
10. How many days per week do you prostitute? ______________________________________
11. How much money do you make in one day from prostituting? ________________________
12. What is your working schedule (popular days & times)? ____________________________________________
13. Other means of income:   [ ] Prostitution is the main source of income   [ ] Part-time job   [ ] Full-time job   [ ] Public assistance
14. Do you have a pimp?   [ ] Yes   [ ] No
15. Why do you prostitute (i.e. money, drugs, pay a mortgage, etc.)? ____________________________

HIV Knowledge, Attitudes, Beliefs and Risk
16. How can you get infected with HIV? (Ask as an open ended question without prompting. Check boxes for convenience only.)
   [ ] Kissing   [ ] Touching   [ ] Sex   [ ] Sharing needles   [ ] Breast feeding   [ ] Child birth
   [ ] Getting coughed on   [ ] Drinking from the same glass   [ ] Oral sex   [ ] Transfusion
   [ ] Toilet seat   [ ] Doing laundry together   [ ] Sharing a toothbrush   [ ] Sleeping in the same bed
   [ ] I don't know
   [ ] Other: ______________________________
17. What can protect you from getting HIV? (Ask as an open ended question without prompting. Check boxes for convenience only.)

- Abstinence
- Don’t touch people
- No kissing
- Get a test
- Don’t sit on a toilet
- Go to church
- Use a condom
- Get educated
- Pray
- Being married
- Pulling out
- I don’t know
- Other: ________________________________________________________________

18. Tell me one thing you know about HIV among commercial sex workers? ________________________________________________________________

19. What are the most common risk behaviors among commercial sex workers? ________________________________________________________________

20. Do you think you are at risk for HIV?  

   - Yes
   - No

20a. If No, why don’t you think you are at risk for HIV? ________________________________________________________________

21. Do you discuss your HIV status with your clients?  

   - Yes
   - No

22. Do you discuss your STD status with your clients?  

   - Yes
   - No

**HIV/AIDS Services**

23. Do you feel there are enough HIV/AIDS services for commercial sex workers in Cleveland?  

   - Yes
   - No

24. What kinds of HIV/AIDS services do you have in your neighborhood? ________________________________________________________________

25. What are the barriers that may prevent you or sex workers you know from using these services? ________________________________________________________________

26. What would improve HIV/AIDS services for commercial sex workers? ________________________________________________________________

27. What HIV prevention activities do you think would work best in your neighborhood, or among those at risk? ________________________________________________________________

**Testing**

28. Have you ever tested positive for:

   - HIV  

       - Yes
       - No

   - Any STD  

       - Yes
       - No

   If Yes, which one(s)? ________________________________________________________________

29. Do you get tested on a regular basis for HIV?  

   - Yes
   - No
   - N/A

29a. If Yes, when was your last test? ________________________________________________________________

29b. If No, what kept you from being tested? ________________________________________________________________

30. Do you get tested on a regular basis for STDs?  

   - Yes
   - No

30a. If Yes, when was your last test? ________________________________________________________________

30b. If No, what kept you from being tested? ________________________________________________________________
31. If you wanted to get tested, would you know where to go? □ Yes □ No

31a. If Yes, where: __________________________________________________________

**Condom Use**

32. Do you always carry condoms with you? □ Yes □ No

33. Where do you get your condoms from? __________________________________________

34. Do you discuss condom use with your clients? □ Yes □ No

35. How often do you use a condom when having sex? □ Always □ Mostly □ Sometimes □ Rarely □ Never

**Drug Use**

36. In the past month, have you used any “street” drugs with needles? □ Yes □ No

36a. If Yes, which drugs? ______________________________________________________

37. In the past month, have you used any “club” drugs (i.e. ecstasy, GHB, cocaine, meth, marijuana etc.)? □ Yes □ No

37a. If Yes, which drugs? ______________________________________________________

38. How often do you drink alcohol each week? □ 0 □ 1-2 times □ 3-4 times □ 5-6 times □ Everyday

39. Do you use drugs or alcohol when you prostitute? □ Yes □ No

**Clientele**

40. What types of clients do you serve? □ Male □ Female □ Transgender/Transsexual

41. Where do your clients live? __________________________________________________

42. What do your clients do for a living? □ Businessman □ Drug dealer □ Housewife

□ Other: ___________________________________________________________________

43. What types of sexual acts do you provide to your clients?

□ Oral Sex □ Anal sex (Top)

□ Masturbation □ Anal sex (Bottom)

□ Vaginal intercourse □ Scatting

□ Golden shower □ S & M

□ Other: ___________________________________________________________________

44. How many regular clients do you have? ______________________

45. Once you make arrangements with a client, where do you perform your services at?

□ Public places □ Cars □ Hotels □ Truck stops □ Parks

□ Other: ___________________________________________________________________

46. Do you have an advertisement in the newspaper or on the Internet for your services? □ Yes □ No

46a. If Yes, where is the advertisement? _________________________________________

47. Have you ever been arrested for solicitation? □ Yes □ No
Diversion

48. What services or resources do you need in order to stop prostituting? ____________________________________________________
________________________________________________________________________________________________________________

49. Are you homeless? □ Yes □ No

50. Have you ever attended a diversion program? □ Yes □ No

50a. If Yes, why was it not successful? ____________________________________________________
________________________________________________________________________________________________________________

51. If there was a program to help prostitutes get out of the business, what would it need to have? _________________________
________________________________________________________________________________________________________________
Focus Group Questions
Sex Workers

**HIV Knowledge, Attitudes, Beliefs and Risk**

1. How can you get infected with HIV?
2. What can protect you from getting HIV?
3. What is one thing that you know about HIV among prostitutes/commercial sex workers?
4. What are the most common risk behaviors among prostitutes/commercial sex workers?
5. Do you think you are at risk for HIV?
   a. If No, why don’t you think you are at risk for HIV?
6. Do you discuss HIV/STD status with your clients?
   a. What do you ask them?

**HIV/AIDS Services**

7. What kinds of HIV/AIDS services do you have in your neighborhood?
8. What are the barriers that may prevent you or sex workers you know from using these services?
9. What would improve HIV/AIDS services for prostitutes/commercial sex workers?
10. What HIV prevention activities do you think would work best in your neighborhood, or among prostitutes/commercial sex workers?

**Diversion**

11. Why do you prostitute?
12. What services or resources do you need in order to stop prostituting?
13. If there was a program to help prostitutes/commercial sex workers get out of the business, what would it need to have?
Focus Group Questions
HIV Case Managers & HIV Prevention Specialists

**HIV Knowledge, Attitudes, Beliefs and Risk**

1. What do you think are the general needs of commercial sex workers in Cleveland?

2. What risk behaviors, excluding HIV/AIDS risk behaviors, do you think are most common in Cleveland’s commercial sex workers?

**HIV/AIDS Services**

3. What HIV prevention activities do you think would work best among at-risk commercial sex workers?

4. What do you think would be the most effective way of informing commercial sex workers about available services?

5. What barriers exist that may prevent commercial sex workers from using the HIV/AIDS services that are currently available?

6. What can be done to make services more accessible to commercial sex workers?

**Diversion**

7. Why do you think that women, men, or transgendered individuals prostitute?

8. If there was a program to help prostitutes get out of the business, what do you think it would need to have?

9. If you had 5 minutes with the Mayor of Cleveland, what would you tell him about HIV/AIDS among commercial sex workers?
This cycle could enable sex workers to eventually leave prostitution.⁸
## Interventions for Sex Work Harm Reduction

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Initiatives</th>
<th>Harms Reduced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Peer education, outreach programs, accessible and appropriate materials, sex worker involvement</td>
<td>Drug use, disease, violence, debt, exploitation</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
<td>Self-esteem, individual control, safe sex, solidarity, personal safety, negotiating skills, refusal to clients, service access, acceptance by society</td>
<td>Drug use, disease, violence, debt, discrimination, exploitation</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>Male and female condoms, lubricant, vaccines, behavioral change, voluntary HIV counseling and testing, participation in research</td>
<td>Drug use, disease</td>
</tr>
<tr>
<td><strong>Care</strong></td>
<td>Accessible, acceptable, high-quality, integrated care; prevention-care synergy; prophylaxis; STDs, HIV/AIDS, and psychological care; social support</td>
<td>Drug use, disease, violence, exploitation</td>
</tr>
<tr>
<td><strong>Occupational health and safety</strong></td>
<td>Control exposures and hazards, treatment for injuries and diseases, employer duties, worker rights</td>
<td>Drug use, disease, violence, debt, exploitation</td>
</tr>
<tr>
<td><strong>Decriminalization of sex workers</strong></td>
<td>Sex worker organizations, sex work projects, non-governmental organizations</td>
<td>Criminalization, discrimination, violence</td>
</tr>
<tr>
<td><strong>Rights-based approach</strong></td>
<td>Education, telephone hotlines, training, targeted and user-friendly services, government action, media, community development</td>
<td>Exploitation</td>
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</table>