Clinical Education Initiative
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SEX WORKER HEALTH: DISPARITIES AND BEST PRACTICES

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Aanya Wood is the field educator with evergreenhealth in Western New York, where she conducts trainings for clinicians on subjects including infectious disease, sexual health, gender affirming care, and Drug User Health. Prior to this, she has several years of experience doing harm reduction and HIV prevention work, specifically with sex workers, people who use drugs in incarcerated people in Toronto, Ontario. Ania leads an initiative to enhance access to care and services for sex workers in Western New York, and is a current member of the New York State HIV advisory body. Welcome, Anya, take it away.

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Thank you. Thank you all for being here. today. I'm excited to talk about this important topic with you all. I do not have any disclosures myself. And without further ado, this is a topic of close importance to me personally, I've been a sex worker for many years. And as I started working in the field of HIV treatment in prevention here in New York state, there really wasn't many conversations around working with a certain population. And I feel like it's becoming more of a more of a conversation that's happening in recent years. So I'm going to talk a little bit about sort of like terminology that sex workers use, and that patient facing people should, you know, recognize when working with sex workers and sort of a clinical setting, or just in general, as well as some of the health disparities that they face around physical health, sexual health, drug use all sorts of different things. And then I'll talk a little bit about best practices about like how to take a sexual history, how to have conversations with patients who are in the sex trades. So again, no disclosures. And these are the objectives for today. So just starting off with why this is important to HIV service providers in general, we started pulling data in our EMR in our electronic medical record several years ago to try and capture how much how many of our patients were doing sex work. We use the spectral history, sort of question around, it's more of like a risk factor in our EMR, but around exchanging sex for money or drugs, and use that to build a report of how many patients had attested that they were exchanging sex for money or drugs. And we found that of around like 10,000 patients at that time, the number was around 500 plus people. So it kind of fluctuates each and every month that we get the reports, but usually it's around 6% of our patient population, I should also say that we are a federally qualified health center. So we offer primary care, behavioral health, STI testing, specialty care around HIV treatment, PEP, Hepatitis C, gender affirming care, that sort of stuff. So this data specifically comes from the medical practice. So patients who are getting primary care with us STI testing, that sort of stuff. So a lot of our patients were doing sex work. And of course, we

know that that number is also an under report, because sex workers criminalized in New York State. And in pretty much the entire United States. There's a lot of reasons why sex workers would not disclose their employment or occupation to us as their health care provider, which we'll talk about, you know, stigma, discrimination, fear of like work and validation or being told like not to do sex work when it's a

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part of their life.

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So more of the demographics. I mentioned, that include zip codes, because we're in Western Europe, specifically. So these zip codes probably don't mean very much to you. But in terms of the racial makeup, racial ethnic makeup, we find that a significant amount of our patients who are black and Latino are compared to the rest of the demographics of the City of Buffalo and of our region in western New York State. A significant amount of sex workers in our patient population are coming from communities of color, a significant amount, we're also cisgender men, which is interesting, a lot of just kind of goes against a notion that a lot of people might assume that cisgender men aren't doing sex work. But of course, a lot we're also cisgender women, transgender people have all sorts of gender identities, and LGBTQ plus people. And in terms of the zip codes, we find that it's mostly in are the like most populous zip codes are in this report are the ones that are more heavily populated by communities of color. And then sort of demographics echo what a lot of the research shows there's in which there's not really much research because of their criminalized nature of sex work. But there have been some studies that try to gather sort of quantitative data around how many people in the United States are doing sex work, and the Urban Institute in 2014 found that also predominately, large portion of communities of color were doing sex work, or that sex workers, the population of people who did a test with their sex workers probably were from communities of color. And the National Center of trans equality, which does their survey usually every five years, but was delayed because of COVID. So the most recent data as of right now was from 2015. Found that specifically trans women of color were overrepresented in the tax rates and that a significant amount of black and Latino trans women have reported either current or past sex work. So thinking about what is sex work specifically and trying to define it. So sex work is considered one of the oldest forms of labor. It's been around for 1000s of years, as long as humans have been around. It's been documented in indigenous societies throughout the world, even here in North America. And general estimates, although these are of course, probably underestimates place around one to 2 million Americans as tax workers. The Urban Institute also estimated that the Secretary is in the United States around $14 billion annually, which is a lot of money. And

that and each American sort of city, the average was around $290 million a year and the local Secretary AIDS. When talking about sex work, we're talking about something that's inherently consensual, we're not talking about any form of abduction, coercion, trafficking, any of those sorts of things. If you take anything away from today, my goal is that your takeaway that sex work is inherently different and an entirely different sort of topic than human trafficking. A lot of people conflate these two, specifically in healthcare, because we're so programmed to look for signs of human trafficking that a lot of people often conflate signs of human trafficking victim or survivor with an adult consenting sex worker. So also some terminology, we know we don't really use the term prostitution anymore, it is still a term that is often used, because it's what's in our state criminal code, and in most criminal codes, but it is a term that's a little bit outdated. We don't really use the term prostitute anymore. We talk about sex work, sex workers, or people who do sex work. So when I do these trainings in person, I like to do a little bit of color response. But because this is zoom, I'll just give you all the answers. But just thinking about a lot of different sort of occupations that fall into this sort of umbrella of sex trades. A lot of people often just think about escorts, people might think about, you know, people who are doing only fans, but a lot of people actually fall into these categories of sex workers when we're defining it as someone who is providing sex or sexual entertainment of some kind for money, services, resources are goods. So that can be things that are not criminalized like strippers, or exotic dancers of some kind, or even like pornographic actors, a lot of people don't think about. But also things like BDSM workers, there's a lot of professional BDSM workers that work in dungeons or out of their homes or different sorts of environments. As well as exotic massage parlor workers, which are usually or at least like anecdotally speaking that are more commonly staffed by immigrant woman. But they are usually like, called like rub parlors, or massage places with happy endings. And phone sex operators, which is not as much of a big thing anymore, since things like only fans have come in. And that's where most people are getting their sexual entertainment from outside of porn, but there used to be these numbers of like one 800 call and speak to someone to provide some sort of like sexual fantasies for people who are calling. And like I said, Kim, girls are people who can kind of know the new sort of sort of rising field within the secretary AIDS. So I'd like to share this image just saying no bad horror is just about laws. Obviously, we shouldn't use the term horror when talking to a patient, but it is the term that sex workers often used to describe themselves and as a form of empowerment. So I also like the symbolism of the red umbrella, it's something that we incorporate a lot into, sort of like solidarity with sex workers and showing our like, Ally ship, it's something that I always have like on my work badge, and I'm in like a clinical setting, just to show just to give like nonverbal cues to patients who are sex workers that, you know, I'm someone that they can talk to you and feel safe and whatever. The red umbrella has a long history of being a sort of symbol for sex worker rights and solidarity and that sort of stuff. So it's

an important symbol. And then just some more definitions. People often talk about the term survival sex to and sort of differentiating that between what someone might say that they're doing survival sex or might actually be doing it but might identify not identify themselves as a sex worker. So survival sex is basically the trading of sexual services for more like immediate resources like housing or or drugs or alcohol or something to eat or whatever. But people who are doing survival sex might not actually consider it like their occupation or something. So they might not identify with the term of sex worker, which is why it's important to have different sort of questions around when you're trying to gather this sort of information around sexual history. More definitions of full service sex worker is kind of what we're talking about here as someone whose services are in person. So that would be like an escort, or a porn actor or someone who or even a stripper or someone who's providing these sort of services in person, because they're at higher rates of occupational hazards like HIV STIs, other sexual health, pregnancy, things like that. interpersonal violence, which I'll talk a lot about, and of course, ongoing pandemic of COVID, monkeypox, all that sort of stuff. Most people know this term, but Ajaan is just like a colloquial term for a client. People also say like a trick or refer to other sort of things or just client. And people will all like, also differentiate an incall versus an alcohol. So in calls with an appointment or a date, where the client visits the password at their location. So if I'm the worker, it's when a client would come to my home, or like my hotel room or something somewhere where I have the sort of ownership and there's of course, a lot of benefits to that around like your personal safety, where you know, where the escapes where the exits are, you know how to have like an escape strategy. And you're better able to safety plan. Of course, there's a lot of drawbacks to because then someone knows where you live, or where you might be working out of, and if it's a hotel room that you frequently have. So people might be more susceptible to like stalking and things like that. So some people prefer to do an alcohol, which is an appointment or a date where the password goes to the clients location. So we kind of find the worker that would be me going to the job, or the client or the chicks, house or hotel room or office or wherever people are doing sex work these days. Again, just to differentiate once more than sex work is a consensual tracking transaction between two or more parties involving sexual favors or services of some kind in exchange for money, drugs or other resources. Whereas human trafficking is an inherent human rights violation. And it's not worth talking about here at all. It's a global market that profits off of non consensual sexual and non sexual labor. So it's more relying on abduction, coercion, rape, things like that, that some consensual sex workers may experience at some point, but it doesn't make them human trafficking victims or survivors at all. So I like to show a little video, just because it's a short little video, from a great organization, decriminalize sex work for public health. It's just a short three minute video that goes over. How do you criminalization is a public health issue. And I just have to stop

sharing the screen really quick and reshare. So I like to share it just because it gives a lot more detail than I probably could have improved minutes

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for 30 years, and made the following critical findings. Data continues to show a conclusive link between laws decriminalizing adult consensual sex work, and a sharp reduction in violence in STIs. Experts agree decriminalize sex work to improve public health. A 2018 Johns Hopkins Bloomberg School of Public Health meta analysis reviewed more than 130 studies conducted over 30 years and made the following critical findings. Policing around sex work is associated with increased sexual and physical violence at the hands of clients, third parties and domestic partners. Sex workers who fear law enforcement are put in an increased risk of infection with HIV and other STIs and are more likely to have condomless sex and those who don't fear law enforcement. policing of sex workers their clients or venues disrupt sex workers support networks, workplace safety and risk reduction strategies. New Zealand passed the prostitution Reform Act in 2003. Fully decriminalizing adult consensual sex work. According to a study conducted by the global alliance against trafficking women, New Zealand eliminated trafficking in the sex industry. Rhode Island inadvertently decriminalized indoor prostitution in 1980, in an attempt to make anti prostitution laws less discriminatory. In 2003, the loophole was widely publicized. Prostitution was re criminalized in 2009 mine in a failed effort to crack down on trafficking. A study published by the National Bureau of Economic Research found that during the six year window of widely known decriminalization, the number of reported rapes in Rhode Island decreased by 31%. And the statewide incidence of gonorrhea was reduced by 39%. Health and safety benefits of decriminalization are not observed under the entrapment model, also known as the Nordic model, which criminalizes clients but not sex workers themselves. The Northern Ireland Department of Justice released a report in 2019, analyzing three years of criminalizing clients of sex workers. Key findings include, there was no impact on supply or demand of sexual services, but there was an increase in violence and social stigma against sex workers. When clients are criminalized sex workers are exposed to higher rates of antisocial and nuisance behavior, and report higher levels of anxiety and unease, as well as increased stigmatization. decriminalizing adult consensual sex work is informed evidence based public health policy, Learn more at decriminalize sex dot work.

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So just a nice three minute video like to show just because I feel like over a lot more things than I could do in three minutes. But some important takeaways just around the interesting sort of anecdote around what happened in Rhode Island, as well as New Zealand and other places that have decriminalized sex work. And especially around the statewide incidence of rape and

gonorrhea going down in Rhode Island, I always every time I watch that video, I always think it's so fascinating. But if people have more questions or want to talk about that, at the end, I didn't

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have a conversation about it.

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So going into some specific health disparities that sex workers face. These are some but of course not an exhaustive list around things that people are experiencing. When thinking about sexual health specifically, we know that people forgo condom use in their personal sex lives for many different reasons around pleasure around power dynamics around all sorts of different things that is beyond the point today. But of course, when people are having sex professionally, these same sort of reasons are echoed, but also because sex is monetized condomless sex becomes more profitable for a lot of people. So if someone has an escort, and they're charged, they might charge a certain amount for sex with a condom, or an even higher amount, or, yeah, and even a higher amount for condomless sex. Clients also, maybe refusing condoms, so workers have to often negotiate between if they are prioritizing condoms and their own sexual health, they might be forced to negotiate between that versus income, which is a tricky position to be in. And in a study that was done in Northern California, they found that 40% of sex workers had reported higher rates for condomless sex, and a history of clinic condom refusal, and being pressured into condomless sex. And of course, you know that these numbers are astronomically higher for sex workers who are also using drugs. Sex workers are also more affected by STIs. They were found in that same study to be two times more likely to have a current or former chlamydia infection or gonorrhea, and four times more likely to have a history of syphilis, which, as you know, can cause a lot of sorts of different physical health issues, if not staged or treated appropriately, or timely. And in the same study, 516 percent of sex workers in this study had tested positive for HIV and did another status. So we're going out working and had a viral load spectively a lot of HIV and also had chlamydia. Only 1.9%. I had gonorrhea, which I thought was interesting. I don't really know why that would be. But 36.6% had a current infection of Trichomoniasis and 20.1% had a history of primary secondary syphilis. And again, this sort of image of the red umbrella on the condom this is actually comes from a sex worker rights organization in South Africa. But just giving out condoms and showing the red umbrella as a message of cultural competency is working on sex workers. So but also not like pushing the use of condoms, but making sure that people have them available. There's also a higher rates of unintended pregnancies in this population. In terms of birth control, this was from a study in Manchester United Kingdom 14% of cisgender women In sex workers had reported condom use, only 9% had reported use of the Depo shots. And again, a small number

had used a pill, which I thought was interesting. And significantly larger population around 16% had use tubal ligation in terms of drug use sex workers, again, like the rest of the population use drugs for a lot of different reasons, whether it's for enhancing sexual performance or just to satisfy clients. So if sex work and drug use are very concurrent, so if I'm working in a hotel or in my house or whatever, and a client brings a bag of coke or some math or something and start using it in front of me, workers are often have to negotiate between like, do I want to partake in this drug and maybe negotiate some of my like decision making faculties and potentially my safety if this person becomes violent? Or do I want to abstain from drugs and maybe not like CPC and as like as much of a fun experience for the client, and maybe not be able to have this client back again, like maybe this client will want to come back and or people might be doing drugs to self medicate mental health issues or lots of other sorts of reasons. So because sex work and drug use are often concurrent sex workers face occupational hazards of incarceration and criminalization, overdoses, other drug related morbidities and mortalities. We are well aware of all of this, you know, don't really consider it a drug. But it is essentially a drug 41% of sex workers use tobacco, or nicotine products of some kinds. And 35.7% in this study had reported drug use, most commonly heroin, intravenous heroin, I should say. But because we know that crystal meth crack cocaine and ghp are often common drugs of choice.

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So because sex workers are criminalized in New York State that leads to higher rates of incarceration for full service sex workers. And we know that people who are incarcerated face other health disparities in and of themselves of HIV, Hep C. Tuberculosis, other sorts of infectious diseases, because they're living in confined conditions and not having access to condoms, or safe injection equipment, or different sorts of things, that behaviors that we know are still happening when people are incarcerated. But that we don't really talk about as a society. The video that I showed also talked about the Nordic model, but I won't go into too much detail about it, but basically is just the sort of legal paradigm of criminalizing not the workers themselves, but the clients who are purchasing services or whatever the terminology one uses from the workers. So it's a model that was adopted in Canada, as well as other northern European countries, which is why it's called the Nordic model. It's also called the traffic model. But like that video says it hasn't been shown to

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affect any

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supply or demand of sex work, or sexual services of any kind, but it actually contributes to further violence and stigma against sex workers. In a study in Chicago, and actually in the Midwest, so there's Chicago, Detroit and Minneapolis. They found that one in five police reports, files and urban ers from patients accessing the emergency room came from full service sex workers. So when you think about like the amount of fear and what's the word, like hesitation to that sex workers would probably have in calling a police due to, you know, fear of criminalization or fear of violence from law enforcement. That's quite shocking that that many police reports are being filed by sex workers. So just to give an idea of like how much violence sex workers are experiencing on a daily basis, because they don't have any legal infrastructure to support that and because their their work, and essentially, their lives are criminalized. Condoms are also used in criminal trials very frequently. I had a close friend in Toronto who was working and so a client saw the client in the client home, the client pulled out a knife and tried to assault my friend. And this person took the knife back, just like slashed and self defense just randomly wasn't trying to hit anything, and accidentally stabbed her slashed the guy's femoral artery, and he bled out and died. So my friend was charged with manslaughter and like all these other sorts of insane charges, when really it was self defense, and during her criminal trial, they use the fact that she was a harm reduction worker. She had Narcan and things like that. She feels like condoms on her and they use that as a basically the prosecution use that as a way to paint this picture of her as this like dangerous homicidal prostitute or sex worker. I'm in New York State, we also have the walking wall transplant, as to many states Governor, former Governor Cuomo, repeal the ban, I believe in 2020, or 2021, which was basically legislation that had a history of discrimination against trans people specifically, but also just women of color. People who police were able to say we're like loitering for the purpose of prostitution. So people will just like walking to the bodega or whatever, or just going out for a cigarette. We're being charged with like loitering or promoting prostitution, just because of what they were wearing, or how they're presenting themselves if they were wearing skirts and heels and whatever. So that ban has since been revealed, although I'm sure there's still lots of trans people, especially sex workers who are being arrested and facing incredible charges for it. Like that video said, criminalization also leads to higher rates of violence of interpersonal violence. So in that California study, in Northern California study, they found that 45% of sex workers had recorded a history of violence in the workplace. And 32% had reported sex or had reported violence within the last year. So just to show that this isn't just like a one time trauma of like, you know, this happens to you once and it's done. It's something that continues to happen in the workplace, and I use that term, specifically workplace to emphasize to all that we're talking about textbook as an occupation, we're talking about it as real work that, you know, just because it's not legal, doesn't mean that it doesn't have its own occupational hazards and doesn't deserve that workers and the secretaries don't deserve safety or

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decent health care.

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Sex workers also often face violence at the hands of law enforcement. And full service sex workers, of course, face extremely high rates of this violence of street based specifically against street based escorts, or what we call outdoor escorts. People often differentiate outdoor versus indoor escorts. So people outdoor might be the ones working on the corners or the strolls that you might. I feel like in every city, we kind of people generally know there's certain places where sex workers are standing on the corners. Or there's indoor experts who are the ones like posting ads on that on websites, like classified websites that used to be like back came back page, and rent boy and things like that a lot of those have been shut down due to federal legislation called foster sesta. But there's still other pages out there. And strippers also replated had reported, excuse me a lot of workplace violence just because of the lack of regulation, potential lack of security, and strip clubs and all that sort of stuff. And in that Midwestern study, they found that homicide actually accounted for 90% of deaths of sex workers in this workplace homicide rate was 204 per 100,000 people, which is 50 times higher than the next workplace homicide, which is women and gas stations. So sex workers are astronomically more impacted by violence and homicide, it's anecdotally speaking, it's something that you should just know about, like friends or yourself, you might have been in that similar situation before. So a lot of like I said, chronic sort of trauma. So a lot of sex workers are forced to safety plan around this sort of expectation of violence so that they will experience violence whenever they enter the workplace. So that can look like a lot of different things. And I'll think of questions about what that safety plan might look like. And if people have questions about that, we can talk about that. But just the same sort of safety plan that any other person might use around like just letting someone know where you are, maybe sharing your location with someone. A lot of places, like a place I worked in Toronto had had what were called Bad Date lists, where basically they would have like an Excel sheet or an app of some kind that people could access for free. And it would have just like non descriptive detail about people who got violent while accessing a sex worker services. So people might say like, Oh, this guy and this blue 2007 Honda or something, I don't know, I don't know cars, but something like that. This person got violent with me or whatever. Or this like 40 year old white man did this to me or something, just so that people can kind of keep keep a lookout for people who might be targeting sex workers, which if you've ever seen a true crime show or heard about a serial killer, it's very common for them to target sex workers, again, because of that lack of legal infrastructure to support them. And of

course, actual like sexual violence leads to higher rates of infectious disease transmission because of trauma at the exposure site.

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Sex workers also face

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Higher rates of mental health disorders. In that study in California, they found that 13% had a diagnosis of PTSD, although I'm sure it's much higher 33 had reported generalized anxiety disorder and 24 24.5% had a history of major depressive disorder. And over 50% of the sex workers in this study stated that they were in need of professional therapy, but just didn't know where to go because they didn't know where to get culturally competent, sensitive, patient centered sort of mental health or behavioral health care. So sex workers are less likely to seek out treatment due to both experiences of and or expectations of negative treatment, or work and validation. Or this sort of systemic phobia we call whore phobia, or like the sort of stigma against sex workers, as well as other sorts of forms of oppression that a lot of sex workers are experiencing, such as racism, transphobia, misogyny, xenophobia, all sorts of different things. Taxpayers are also less likely to have insurance and less likely to access primary care. So they're more likely to access behavioral health or medical health on a more like an emergency basis. So a lot of places have started these community health initiatives and not a lot, I shouldn't say that. But some places that have started these community health initiatives, one of the studies I was talking about started community health initiative like this to just have like, sort of drop in medical services available for sex workers. And what a lot of these places often think is or what I feel like as a general society, we might think, is that the biggest concern is sexual health because there's sex workers. But actually, it's not things like pregnancies or STIs, or things. It's like very easily preventable chronic conditions or very easily treatable infectious diseases like so things like dental problems, or scabies, or osteomyelitis or like frostbite, or sometimes or diabetes, or certain sort of like thromboembolic events, things that are like easily preventable with proper, like primary preventative care. And like proper testing, and just engaging in risky medical care, but because sex workers face so much stigma, and then when they go to access health care, and they don't really want to talk about what they're doing outside of that sort of clinical visit in terms of their work. Because of the fear of stigma and persecution, these sort of chronic conditions might build up. So like I said, needs go far beyond sexual reproductive health. So important things to know when you're talking to patients who are in the sex trades, knowing that sex workers are facing higher rates of poverty, criminalization, homelessness, lack of insurance coverage. And be mindful that this might be the first time there's if you are

working with them in a clinical setting, this might be the first time that they're seeing a provider and a long time.

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So something I'd like to talk about is just, again, when I'm doing these in person, I like to do more like a call and response. But

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some of the stereotypes that we often attribute to sex workers in our society based on these like true crime shows, and CSI and all that sort of stuff, and how we, as a society, learn about sex workers and who are even pretty woman the movie, basically like stereotypes about who we might think of as a sex worker, and what sort of person they are. So stereotypes of people being dirty, or victims of some kind, that they're all submissive, or that sex workers can only be sex workers, they can't be other members of society, that they're lazy or uneducated or stupid, which is why they went into sex work in the first place. And it's like a moral and criminal issue, when in reality, we need to be finding out more as like sex workers are equal members of society. They're, you know, hard workers, they're doing extremely difficult work that faces an extremely high level of occupational hazards. Sex workers are very often like other have other occupations. I know many sex workers who are social workers who are RNs, who are, you know, other sorts of like educated individuals and professional licensed professionals? Who are just doing sex work on the side or, you know, it's just something that people do. So understanding that sex workers aren't, you know, like uneducated, on dignified, lazy members of society, they're functioning adults who are consenting to doing this sort of work, and they deserve equal treatment. So in terms of, sort of like providing affirming care for sex workers, I often tell people that staff should be trained to take accurate medical, social and sexual histories. What asking you about these sort of questions? I often say that there's two ways to do it. You can either directly ask patients and that you should be asking these questions of all patients, not just the ones, you know, not just the trans women of color or anything like that, like people that you might expect to be doing sex work. I think you should be asking these questions of all patients, as you know, a standardized part of your assessment that you can directly ask patients, saying like, have you or are you? Or have you ever been a sex worker? It's something that we do in our nursing intakes, when the nurse first goes into the surgical, social and sexual history, but then oftentimes we ask them, we will also indirectly ask the question, with more guiding questions. So we might say things like, what does that look like for you? Have you ever had transactional sex? Have you ever had sex always been consensual for you? That way, you're able to have like a more robust conversation around their sexual health, not just like, Are you a sex worker? Check the box? Have you ever been assaulted? Check the box.

Like those sorts of things like having more of a, you know, patient centered conversation around what sex looks like for them. And you can ask about, like, you know, do you talk to you about, um, are you having oral, anal, vaginal, all that sort of stuff. So it's less of just like a formulaic sort of assessment and more of like a conversation. And that way, you're also able to assess for things like domestic violence or human trafficking, if that's happening or something. I always tell people to normalize exporting conversations with patients. So if someone does disclose they're doing sex work, don't you know, make a face don't make a big deal about it. It's, it's a normal part of that person's life. And it took a lot for them to disclose that to you. So treat that with respect and confidentiality, make sure that you're able to distinguish expert from things like human trafficking or non consensual exploitation. There's all sorts of different trainings on what human trafficking looks like, and all that sort of stuff that I encourage people to do. But also being able to recognize that someone who's a consenting adult sex worker, is not going to fall into those sort of like archetypes of human trafficking victims. And make sure they're understanding that Disparities Impact sex workers, and unlearning the stereotypes that we as a society have learned over our lives about sex workers, excuse me, and learning about different types of labor in the sex trade. So again, like stripping, and squirting, and all these sorts of things, might come with their own occupational hazards. So you know, being open and you know, asking the right questions and letting the patients inform you about what their health needs and health needs might be. Something that I think is super important, like including signage in your clinics, or just, you know, something that we do, I often make these like little pins to give out to staff, to pound lanyards and stuff. But just having signage in your clinics, or public messaging, if you're using social media or something posting things like you know, sex workers work or affirming patients who are sex workers and things like that. Sex workers are an inevitable part of our patient populations, regardless of whether we're HIV service providers, or, you know, behavioral health providers. Sex workers are, like I said, They're everywhere. They're, and they're not just the people that you might assume are sex workers. I can't tell you how often I look at the reports that we get from our EMR. And there's so many patients who I feel like probably we're not asked the questions appropriately because of the way that they look, or because of their demographics or things like that. But they're on the report of like having disclosed that they're doing facts work. So just something to be mindful of that they are. Having this sort of affirming messaging allows for more rapport building and trust building between providers and patients. And extremely important understanding that sexual health is a factor in the negotiation of labor, but it's not always parties priority and each transaction. So like I said, condomless sex goes for higher rates, usually. So if people are electing to have condomless sex in their professional or personal lives, we should be making sure that we're not like demonizing that or, you know, saying like, you should wear condoms, or you should be on birth control, you should be on proper and all that sort of stuff. Not telling

people how to do their job, but just giving people the resources they need, so that they can make informed decisions for themselves. And of course, they can trauma informed as with any other population. And regardless, especially your scope of practice, understanding that, you know, if they're coming in for STI testing, or to the emergency room or to mental health visit, or whatever your sort of scope of practices, that again, this may be the first time they're seeing a provider and a long time to being open about like, you know, are you engaged in primary care? Or do you have a mental health provider? Or have you had a dental screening or an eye exam or a mammogram? Or when's the last time you had HIV tests or things like that, that we should be asking of all patients, especially patients who are lost to care and haven't been seen in, you know, several years. And again, I will just echo it to saying that, speaking to patients about their sexual health and asking those questions, but don't tell them how to do their job, so don't tell them you know, you have to be using condoms. You have to be on PrEP, you have to be undetectable all these sorts of things. Of course, we want patients to be You know, making these decisions that are most safe for them. But in reality, we know that when we're pushing this, like these messaging on patients, and we're causing more stigma to people who aren't behaving, we're engaging in these sorts of behaviors have sex with condoms, or full PEP adherence, or full viral suppression and stuff like that. So you know, asking questions like, do you use condoms? Are you aware of your HIV status? Are you do you know about PrEP, things like that, but I'm giving them the resources to make the decisions

40:30
for themselves.

40:35
And I'll just end it here just for some questions, but just like to show some of the stuff that we're doing at Evergreen, we, like I said, do this like public messaging, specifically, on December 17, it's the international data on violence against sex workers. It's like the big, sort of, I don't know, Memorial Day, kind of like a visual, it's very similar to like Trans Day of Remembrance, sort of like a visual to acknowledge sex workers who've been lost to violence throughout the years, and also just build community among sex workers. These are also copies of the pins that I also give out at Evergreen. So if people have questions about that, or want copies of the pins to make themselves, I'm happy to share. And we're also doing we also did focus groups last year, which we had around like 23 people that were assigned to our 25, I think, that joined and give a lot of really robust data and a lot of feedback around the services we were providing and has actually led to some of the services that we're starting to implement in this calendar year. And these are the some of the examples around other sort of like public messaging that a lot of places do so this coin clinic here Cecilia's occupational inclusion network, Cecilia, gentle, and a

lot of other people started at Tom Ward in New York City. So a really great resource for a free health care clinic for sex workers. There's also the St. James Infirmary, which is like one of the first occupational health programs for sex workers in the San Francisco Bay Area, and also just other sort of messaging saying, like, someone they love as a sex worker, acknowledging that sex work is very normal, someone you know, and someone you care about is probably a sex worker. And same things like sex work is real. It's valid work, and that sex workers need rights, not rescue. So I will end up there. I'm happy to take any questions.

42:32

Awesome. Thank you, Anya, I do have a few questions that came in. I think you've touched on this briefly, someone asked a question about sort of how sex workers might, you know, get set up with clients and that online or not? That was a question that came in.

42:46

Yeah. So a lot of people will, like I said, there's indoor escorts, people who are posting ads, people will post on classified websites like formerly used to be like Backpage, or even like Craigslist and stuff before people started. Or they started like really coming down on Craigslist. So people, but there are still ads out there, or ad websites, a lot of people will use Twitter too, for like posting ads and stuff, not so much ads, but just like content for people to engage with. And then they can set their rates, like their pay rates, for services, through conversations like that people will also do outdoor escorting so people will just like, you know, wait for a car to drive by and cars and a lot of people will just know where sex workers are working and drive by that area if you're looking to patron a worker, a transit worker. So yeah, and a lot of people, a lot of people just kind of like as a safety plan. Like it's something that I've done for a long time. It's like only seeing regulars. So once people get like an established network of clients, they might just like, not take new clients just like have regulars who come on a certain day of the week or a certain, you know, appointment, the same sort of way, like a mental health counselor might work. Just having like routine appointments. So they have like a steady source of income and like, can screen for people and have like be able to trust their clients. Great.

44:18

One other one I see someone asked your thoughts on if a woman is attacked at work is their complaint taken seriously, and without judgment with the police?

44:28

It's a good question and very difficult question. i It depends on like so many different circumstances. But there I just I've heard so many horror stories of sex workers of all gender

identities, but of course, especially women, especially trans women who have filed police reports of violence inflicted against them. And they're often charged with like exactly what happened to a friend that one friend of mine and many other people I know. People are often charged with like promoting prostitution and while they're filing charges for or if they're filing a police report at the station or with an officer or something, they might be like talked down to or you know, touched inappropriately, or all sorts of different things I've heard horror stories about. So it takes a lot of patience and a lot of, I guess, patients to like file a police report as a sex worker, when you experienced violence in the workplace, because there's really there's not really resources to protect

45:29

them. Yeah, someone writes, they should have a peer advocate with them. Yeah, for sure. Another question did come in, in regards to the lack of family planning? Are you correct in assuming that because folks may not have or qualify for public benefits or afford insurance?

45:47

That person asks

45:50

I'm sorry, can you repeat that?

45:51

Yeah. In regards to lack of family planning, is it? Is it because folks may not have or qualify for public benefits or afford insurance?

46:00

Oh, yeah. I mean, that could be a large part of it, that people might not have reportable income. So they might not have insurance that way. Or they just might not know that. We like that indicated that they might be eligible for Medicaid or other sort of marketplace provided plans. And yeah, I think also just like the stigma around sex workers, and like the experiences they might have, in the in like a clinical setting, that they might just be like, Screw it, I don't really want to deal with health insurance. So I think that there needs to be a lot of like, sort of community education around like, you know, we have Medicaid, and we have, like, you know, the New York state marketplace is actually more decent than a lot of other states. So and covers a lot of reproductive health, sexual health, primary care, all sorts of mpr visits and stuff that a lot of other states might not.

46:59
Yeah, someone also writes in our q&a, or the use of female condoms, a reasonable option.

47:05
Good question. I.

47:08
The Jhansi why not? I mean, they're an effective form of prophylaxis. So

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something that I think

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should be available to sex workers is something that we always have available to any of our patients who come in whether they're used, I can't say very much. I just feel like anecdotally, there's not much.

47:31
I don't know positive

47:32
reception of like, internal condoms, but I think absolutely, like there are, you know, they're a great tool, same as in sort of condoms.

47:45
Can I ask a question? So thanks so much. That was that was really terrific. And I don't know if you saw the whole rain of applause that came up virtually on screen, but there was quite a bit. I noticed that you use the word work, you know, really, very deliberately and consistently through the presentation. And I think in our clinical setting, we're often taught to use the word exchange for trade, trading sex for money, drugs, or other palettes and cetera, some kind of transactional sex. And I was wondering if you think there's, you know, maybe we should get away from that a little bit. Is that a little bit less affirming? Buying that it's trading and not working?

48:33
Yeah, that's a good question. I don't think it's like black and white that the term like work is more affirming, per se. But I do think that different people might respond differently to each of

those questions. Like if you were to ask, are you having transactional sex? Are you exchanging sex for money or drugs? Versus like, Are you a worker in the secretary there? Are you a sex worker, something I think different people might respond differently, like even someone like like myself, who's like, very open about the fact that I was a sex worker. Like, I doubt my primary care office has that in my chart, for example, because I was probably in a rush through the right sort of questions. So I think, I think like, I think like, using the terminology of transaction or like exchange or something, it doesn't, I don't think it invalidates the that sort of like or isn't like affirming of the patient's like work history. But I do think like the deliberate use of like, work and occupational hazard and things like that, the same way that we would talk about like needle sticks or something like that for healthcare worker is a really positive way of like, affirming people who are engaging in sex work. But like I said, people also might not like might not respond well to the term work. They might just be like doing survival sex, and just like having sex for like a place to say so they might not I identify as like a worker or something. But so I think that's a long winded way of saying both are appropriate.

50:11

Can I ask a question a little bit of a different topic. So you made a very clear distinction between sex work and human trafficking very different things. I noticed we have some sex workers who seek care who are sort of working under someone else. So it almost feels like a little bit of a gray area, because they do get sort of monitored by this other person in a way that person takes a portion of their income. And it does seem like some of their choices removed from some of the work and also some of their life in this way. And I wondered, how do you approach that from from these different perspectives you shared?

50:53

Yeah,

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that is a very difficult thing. And people. And yeah, also, just like the terminology with that a lot of people might resonate with like the term like pimp, and a lot of people might not, but I find that that's like a little bit more of an outdated term. So I don't really use it when talking to patients. But it's someone that does have that sort of like figure above them who's like promoting their work or who's managing them, basically, and taking a portion of their income. I often just ask questions about like, safety, like, does that person hit you are touching you physically? Do you feel safe working with that person, the same way that we might talk about like, although they're not the same, but the same sort of question asking patterns we might want to use for someone like in a domestic violence situations of just like, do you feel safe? Do

you have any like immediate needs? But yeah, it is difficult to try and ask those sorts of questions without stigmatizing the work. So I don't unfortunately have like the best answer. But I think just trying to be like sincere and open minded and listening to the patient's needs. Because if the patient's telling you like, No, I'm fine, like it's our job to, to respect that to a certain extent, unless there's like, signs of like immediate abuse or

52:16

of like trafficking. There's some comments in the chat. I'm not sure if you can see, back to the question of training, that someone says I think the use of training and medical documents may not trigger prosecution if they were audited, whereas an oral acknowledgement during the visit may be more empowering. medical documents could be could become involved in legal.

52:46

Yeah, that's something to be mindful of. I know like Callum, Lord, when they work with patients of a coin clinic I was talking about, they don't document anything in their EMR when they when a patient comes to access those services, because like you said, medical records can be subpoenaed. And we don't want that being used against patients in like a criminal file. But, so that is like a fine line of like, whether to document or not, but if the patient is disclosing something like when we're asking the questions around, like doing a sexual history or things like that, if the patient's disclosing it, then I usually do document it. But yeah, definitely be mindful of that. That we also don't want to jeopardize someone's

53:39

right. Yeah, sir. Public Safety, I guess.

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There's no, just I think there's a couple more questions.

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Yeah, one came in the q&a. Just another clarification on the difference between sex trafficking in sex work. You did speak to that. But if you could clarify again.

54:00

So yeah, just I mean, when we're talking about sex work, we're talking about consensual, like, adults who are we're not talking about you. But in this specific scenario, we're talking about adults who are consenting to do sex work. When we're talking about human trafficking, we're talking about people being brought places that they didn't consent to through mechanisms of

fear and abuse and coercion and things like that, and subjecting people to labor, whether that sexual or non sexual. So again, there's tons of trainings out there that I'm sure we are all licensed or regulated to have to do as healthcare workers that teach us to look out for signs of human trafficking. I wouldn't say that those are very appropriate and working with consenting adult sex workers. I mean, they're just because they are like two totally different

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enterprises,

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like people often talk about, like the sex trade or the sex economy. things like that and sex workers are often lumped into that. Which is what gives justification for like criminal laws and things like that, that put sex workers and human trafficking survivors in more danger and create more public health barriers. So, yeah, two fundamentally different things. But if you'd want to talk more about it, I can put my email in the chat or something if people have questions.

55:25
Thank you so much Anya, for that presentation is really great.

[End Transcript]