Objectives

As a result of this workshop, attendees will be able to:

• Define sex worker and sex work
• Describe health risks associated with sex work and preventive health measures
• Explore what family planning programs can do to create a space for this special population
Presenters

• Dominika (Nika) Seidman, MD, MAS
  Assistant Professor, UCSF Bixby Center for Global Reproductive Health

• Pratima Gupta, MD, MPH
  Medical Director, St. James Infirmary
Meeting the sexual and reproductive health care needs of people practicing sex work

Dominika Seidman, MD MAS
Agenda

Definitions
Prevalence
Health implications
Guidelines
Trauma-informed care
Integrating guidelines into trauma-informed practice
Definitions

Sex work - the exchange of sex or other intimate services for money, drugs, or other resources

• Varying context, frequency, and formality
Sex work ≠ trafficking

*Human Trafficking* - the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery

- Sex trafficking is a form of human trafficking

*Sex trafficking* is a human rights violation vs. *sex work* is a consensual transaction between adults

- Nonconsensual & consensual sex work may be more a continuum than dichotomy

Sex work itself is *not* sexual violence, but people who practice sex work disproportionately experience high rates of violence

ACOG Committee Opinion 2019; Sawicki 2019.
Prevalence of sex work among US cisgender women

- Limited data
- Prevalence of current or past exchange sex ranged 2-13% in studies conducted in US family planning clinics, the National HIV Behavioral Surveillance survey and the National Longitudinal Study of Adolescent Health

ACOG Committee Opinion, 2019.
Health implications: STIs & HIV

Wide ranges of prevalence depending on study & setting; all increased compared to general population

• Systematic review of HIV prevalence in US female sex workers: pooled HIV prevalence 17.3 % (95 % CI 13.5–21.9 %); prevalence across individual studies ranged 0.3 to 32 %

Sex workers engaging in collective sex work—collaborate with other sex workers—less likely to have STI(s) (OR 0.4; 95% CI, 0.1–0.9)
Behavioral health, mental health & trauma

- Limited research on mental health; increased PTSD, depression, anxiety
- Increased prevalence of substance use disorders
  - Substance use associated with increased risk of violence
- Extremely common experiences of violence
  - Systematic review on global sex work: 45–75% lifetime prevalence of violence; 32–55% experienced violence in prior year
  - CO study: workplace homicide rate for sex workers 50X next highest workplace homicide rate (female liquor store workers)
  - Other frequent forms of violence: police brutality, structural violence, experiences of trauma in the healthcare system

Sawicki, 2019.
Some of the social & structural determinants of health affecting people who practice sex work
Pregnancy

Higher risk of “unintended” pregnancy (aRR, 1.27; 95% CI, 1.09–1.48) and abortion (aRR, 1.63; 95% CI, 1.19–2.23) compared with those who do not engage in sex work

• What does an “intended” pregnancy really mean?
• Pregnancy “intendedness” in stigmatized groups may be harder to assess / more likely to be underestimated

Dehlendorf, Contraception, 2018; Aiken, Persp Repro Health, 2016; ACOG Committee Opinion, 2019.
### Homelessness and pregnancy intentions, San Francisco

<table>
<thead>
<tr>
<th>Age (mean)</th>
<th>31 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless &gt;1 year</td>
<td>78%</td>
</tr>
<tr>
<td>Unsheltered</td>
<td>69%</td>
</tr>
<tr>
<td>Desire pregnancy in the next year*</td>
<td>(n=30)</td>
</tr>
<tr>
<td>Yes</td>
<td>30%</td>
</tr>
<tr>
<td>Don't know</td>
<td>17%</td>
</tr>
<tr>
<td>How would you feel if you found out you were pregnant today?</td>
<td></td>
</tr>
<tr>
<td>Somewhat or very happy</td>
<td>63%</td>
</tr>
<tr>
<td>Unsure</td>
<td>14%</td>
</tr>
<tr>
<td>Somewhat or very unhappy</td>
<td>27%</td>
</tr>
</tbody>
</table>

*N=32

* Two women were pregnant at the time of interview

Seidman, Newmann, unpublished data, 2018.
## Homelessness and Contraception, San Francisco

<table>
<thead>
<tr>
<th>Pregnancy Prevention at Last Intercourse</th>
<th>N=30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing</td>
<td>47%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>25%</td>
</tr>
<tr>
<td>Condoms</td>
<td>14%</td>
</tr>
<tr>
<td>Anal or Oral Sex Instead of Vaginal</td>
<td>3%</td>
</tr>
<tr>
<td>Using a Clinician-Prescribed Contraceptive Method</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Control Method You Would Start Tomorrow If Available**</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condoms</td>
<td>17%</td>
</tr>
<tr>
<td>Female Condoms</td>
<td>7%</td>
</tr>
<tr>
<td>Emergency Contraceptive Pill</td>
<td>0%</td>
</tr>
<tr>
<td>Pill/patch/ring</td>
<td>33%</td>
</tr>
<tr>
<td>Depo</td>
<td>13%</td>
</tr>
<tr>
<td>IUD</td>
<td>10%</td>
</tr>
<tr>
<td>Nexplanon</td>
<td>7%</td>
</tr>
<tr>
<td>Sterilization</td>
<td>3%</td>
</tr>
<tr>
<td>Fertility Awareness Method</td>
<td>14%</td>
</tr>
<tr>
<td>None of the Above</td>
<td>36%</td>
</tr>
</tbody>
</table>

** Respondents could choose more than one method

Seidman, Newmann, unpublished data, 2018.
Reproductive justice

The human right to maintain personal bodily autonomy, have children, not have children, and parent in safe and sustainable communities - SisterSong
ACOG recommendations

• Ask about the exchange of sex for money, goods, or services when taking a sexual history
• Awareness of STI prevalence, exposure to sexual and physical violence, experiences of incarceration
• Provide routine cancer screening & immunizations
• Be aware of PrEP & PEP for HIV prevention
• Increase access to preventive and therapeutic health care for women who engage in sex work
• Advocate for more research to determine the health care needs of this population
Screening and disclosure

Among sex workers in San Francisco who attended St James, a health clinic for sex workers, 70% reported that they had never disclosed sex work to health care providers

- Why: negative experiences in the past with health care, fear of disapproval, embarrassment, or determination that sex work was not relevant to their health care needs

Cohan et al, STI 2006.
Barriers to disclosure at screening

- Stigma around sexual practices
- Distrust of the medical system
  - Personal history of (other) trauma(s)
  - Experiences of racism in medicine
- Feeling that you won’t receive any useful information related to disclosure

Seidman et al., R4P oral abstract, 2016.
Risks of screening

Screening questions can be triggering, particularly to stigmatized groups and people with a history of trauma

Screening questions can breed distrust, especially if information is inappropriately used, or not used at all

ADVICE FOR MEDICAL PROVIDERS WORKING WITH YOUNG PEOPLE EXPERIENCING HOMELESSNESS.
DO NO HARM.

Mary Howe, Homeless Youth Alliance.
Lessons learned from trauma literature

- Screening without a response is ineffective
- Survivors often choose not to disclose
- Missed opportunity to provide education and resources
  - Alternative approach: Offer universal education, then screen (or just offer!)

Machtingel, Cuca, Khanna, Rose, Kimberg, Women’s Health Issues, 2015.
PrEP education as a case study
# HIV prevention & PrEP

## Table 1: Summary of Guidance for PrEP Use

<table>
<thead>
<tr>
<th></th>
<th>Men Who Have Sex with Men</th>
<th>Heterosexual Women and Men</th>
<th>Persons Who Inject Drugs</th>
</tr>
</thead>
</table>
| Detecting substantial risk of acquiring HIV infection | HIV-positive sexual partner  
Recent bacterial STI  
High number of sex partners  
History of inconsistent or no condom use  
Commercial sex work | HIV-positive sexual partner  
Recent bacterial STI  
High number of sex partners  
History of inconsistent or no condom use  
Commercial sex work | HIV-positive injecting partner  
Sharing injection equipment |
| Clinically eligible | Documented negative HIV test result before prescribing PrEP  
No signs/symptoms of acute HIV infection  
Normal renal function; no contraindicated medications  
Documented hepatitis B virus infection and vaccination status | | |
| Prescription | Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply | | |
| Other services | Follow-up visits at least every 3 months to provide the following:  
HIV test, medication adherence counseling, behavioral risk reduction support,  
side effect assessment, STI symptom assessment  
At 3 months and every 6 months thereafter, assess renal function  
Every 3-6 months, test for bacterial STIs  
Do oral/rectal STI testing | For women, assess pregnancy intent  
Pregnancy test every 3 months | Access to clean needles/syringes and drug treatment services |

STI: sexually transmitted infection
Offer universal education, then screen (or just offer!)

When to offer?
- Any HIV test
- Any STI screen
- Any sexual history

What is PrEP?
- Compare to what people already know (birth control pills)

Who is PrEP for?
- Use inclusive language
- Cast a broad net
- Trust women

Why use PrEP?
- For independence
- For confidence
- For love
Strategies for offering education

- Offer to everyone! Invite people to share with their friends, sisters & daughters
- Share workloads, especially counseling
- Use ready-made resources
Counseling pearls…that you already know

1. PrEP may not be for everyone, but comprehensive HIV education is for everyone
2. Shared decision-making to guide conversations
3. Trust women
What type of PrEP services are right for your clinic?

- Offer education & refer to a national directory of PrEP providers
- Offer education & refer with a warm hand-off
- Offer education, start PrEP/PEP, and refer for ongoing care
- Offer education and comprehensive PrEP services
ACOG recommendations

- Ask about the exchange of sex for money, goods, or services when taking a sexual history
- Awareness of STI prevalence, exposure to sexual and physical violence, experiences of incarceration
- Provide routine cancer screening & immunizations
- Be aware of PrEP & PEP for HIV prevention
- Increase access to preventive and therapeutic health care for women who engage in sex work
- Advocate for more research to determine the health care needs of this population
Trauma-informed care

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful...that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

- Perceptions and experiences of trauma vary dramatically
- Trauma overwhelms our coping capacities

SAMSHA, National Center for Trauma Informed Care.
Trauma & Triggers

Trigger – a stimulus that sets off a memory of a trauma

- some can be identified & anticipated;
- others are subtle and unexpected

Dysregulation – stress response in addition to physical changes in the brain
Medical settings can be a trigger

Physical triggers
- Touch
- Removal of clothing
- Invasive procedures/tests/exams
- Vulnerable positions

Emotional triggers
- Personal, invasive questions
- Power dynamics/loss of power
- Loss of privacy
- Coercive or stigmatizing language
- Lack of choice

Use universal precautions, trauma-informed care ➔ Reproductive healthcare may be particularly triggering
Trauma-informed encounters

• Establish rapport in a safe and respectful setting
• Give patient power and control wherever possible
  • Meet patient with clothes on
  • Knock on the door, WAIT for response
  • Start when she is ready, take a break if needed
• Collaborate: acknowledge that she is the expert on her body, her past experience, her current situation
• Ask: *What can we do to make this experience better for you?*
Trauma-informed communication

• Reframe: welcome people into care
  • *Where have you been?* → *Welcome back. We are glad you are here.*
• Listen, don’t interrupt, be fully present
• Slow down speech, be patient
• Ask questions rather than commands
  • *When you’re ready, would you please undress?*
  • *May I listen to your heart?*
• Avoid invasive questions. Only ask questions that serve a purpose.
• Acknowledge and validate concerns

Mary Howe, Homeless Youth Alliance; Lauren MacAfee.
## The power of words

<table>
<thead>
<tr>
<th>Stigmatizing words</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless people</td>
<td>People experiencing homelessness</td>
</tr>
<tr>
<td>Non-compliant</td>
<td>Has significant barriers to care / taking medicines</td>
</tr>
<tr>
<td>Unfit to parent</td>
<td>Unable to parent at this time</td>
</tr>
<tr>
<td>Addict, abuser, junkie, user</td>
<td>Person with addiction, person with a substance use disorder</td>
</tr>
<tr>
<td>Clean</td>
<td>Substance-free, in recovery</td>
</tr>
<tr>
<td>Drug habit</td>
<td>Substance use disorder, addiction</td>
</tr>
<tr>
<td>Drug of choice</td>
<td>Drug of use</td>
</tr>
<tr>
<td>HIV infected</td>
<td>Living with HIV</td>
</tr>
<tr>
<td>Refusing care</td>
<td>Declining care, unable to receive services at this time</td>
</tr>
</tbody>
</table>

Mary Howe, Homeless Youth Alliance; Lauren MacAfee.
STI screening

Vaccines

contraception

Prevention counseling

Where am I going to sleep tonight

I really need to charge my phone

I have a court date tmrw ... and it's going to be horrible

I hope my stuff is still there when I get back
Accepting our roles

While we would all love to receive instant respect and gratitude we aren’t going to get it and the sooner we accept that, the easier and more fulfilling our work will be. The youth we encounter don’t owe us anything for working with them. While they appreciate our presence and willingness they are here because they need something. These youth are incredibly tough, resilient and more often than not, resistant to traditional forms of care; they are seeing us as a last resort because they can’t fix this problem themselves. You will need to be accepting, humble, consistent and patient to earn their trust...

Nobody saves anybody else. People save themselves. Dignity and self-worth are not things we are going to give them. Self esteem is a result of their own skills, and resilience. By treating them with respect and dignity it helps create opportunities for those qualities to grow.

Mary Howe, Homeless Youth Alliance.
Take-aways

People practicing sex work are affected by intersecting social and structural determinants of health, contributing to higher prevalence of STIs, mental and behavioral health outcomes

People who practice sex work have often had negative or traumatizing experiences with the healthcare system

Don’t let screening questions be a barrier to information sharing, and be thoughtful about how screening questions are used – get feedback from patients about language, and consider how you are using the information collected

A trauma-informed approach to care may facilitate trust building and recognize the resiliency of people who make it in the door
Resources

Homeless Youth Alliance http://www.homelessyouthalliance.org/programs/

Trauma-informed care
http://www.traumainformedcareproject.org/resources.php

PrEP
Pleaseprepme.org; www.hiveonline.org/PrEP4FamilyPlanning
Thanks!

Dominika.seidman@ucsf.edu
Sex Worker Health Care

Pratima Gupta, MD MPH
St. James Infirmary (SJI)
Interim Medical Director
www.stjamesinfirmary.org
Disclosures

• I wish I had some....
History and Overview

• St. James Infirmary: An Occupational Health & Safety Clinic for Sex Workers and their Families

  A revolution in healthcare

• Blues song:
  – Louis Armstrong/poor house/leprosy clinic

• Margo St. James
St. James Infirmary History

• Call Off Your Old Tired Ethics-“COYOTE“
• Exotic Dancers Alliance- EDA
• San Francisco DPH STD Unit- “City Clinic”
• University of California, San Francisco-UCSF
• Clinic “Incubator”
Our Mission:

To provide compassionate non-judgmental health care and social services for all sex workers while preventing occupational illnesses and injuries through a comprehensive continuum of services.
Approach

Peer-based, harm-reduction approach, with an emphasis on engaging sex workers, in addition to identifying individual & community level risks associated with sex work.
Clinical Services

- Non-judgmental, peer-based health care
- Integration of medical and social services

Comprehensive health
- HIV, STI, Hepatitis counseling and testing
- PEP and PREP
- Primary and urgent medical care
- Disease prevention and health promotion
- Mental health care
- Holistic
- Gender Transition services
Services & Activities

• Harm Reduction Supplies
  – NEX
  – Condoms/Lube

• Bad Date List

• Community building

• Job training

• Health education for sex workers
  – Peer Counseling
  – Support Groups
  – Trainings & Workshops
Services & Activities

Venue Outreach

Strip Clubs  Massage Parlors
Street-based  Internet
Porn Studios  Hotels/SROs
Patient Recruitment

- Word of mouth 37%
- Outreach 29%
- Referrals 16%
- Media/advertising 8%
- Other 8%
Participants Served

- 2,700 Unique Participants in the Clinic*
- 15,000 Total Clinic Visits*
- 8,000 Annual Clinic & Venue Contacts
- >7500 NEX Contacts in past 8 years
  - 85,000 syringes distributed
  - 44,000 collected
- >16,000 Outreach Contacts in past 8 years

*Does not include Needle Exchange (NEX), Outreach or Venue Testing
Participant Demographics

• Gender
  – 46% female
  – 30% male

• Ethnicity
  – 36% Caucasian
  – 5.5% Asian/Pacific Islander
  – 8% Latino
  – 7% African-American
  – Other

• Sexual Orientation
  – 68% LGBTQQ*
  – 27.5% Straight/Hetero
  – 4% Other

*Lesbian, Gay, Bi-sexual, Transgender, Queer, Questioning.
Funding (Direct & In-kind)

- FY 09-10: $520,031
  - $316,130 Cash (60%)
    - 57% Government
    - 32% Private
    - 11% Events
  - $203,902 In-kind (40%)

- 35% < FY 08-09
- 2018: $2.5 - 3 million
Agency Collaborations

- UCSF
- SFAF
- SFDPH City Clinic
- ACTM
- IEP
- Women’s Community Clinic
- SFNEX
- Walden House
- SWOP
- Desiree Alliance
- Levi-Strauss Foundation
- United Nations
- WHO
Sex Worker Health Needs

- SJI Needs Assessment Data
- Sex Work Mapping
- S.W.E.A.T. Study Data
  - Sex Work Environment Assessment Team
- St. UFO Study
- Health Assessment of SF Exotic Dancers
- Evaluating Podcast Media
- Health Assessment of Indoor Workers in SF
- Men in Porn CAB
Methods

Intake questionnaire of current and former sex workers who sought care at SJI: N=783

- Demographics
- Sex work history
  - Drug use
- Prior health-care access
  - Social support
  - Legal history
- Domestic and Occupational Violence

Results

• Health Care Access
  – 79% had visited a provider in the past year
  – 70% had never disclosed their sex worker status to a provider
• 29% requesting mental health care
• Housing
  – 70% stable housing
  – 30% unstable housing/homeless
• 69.4% with family contact; 47% without
• 33% had no social network
• 63% had been arrested for solicitation
Violence

- 53.4% past/current Domestic Violence

- 36% past/current Occupational Violence
  - Customer 27.8%
  - Employer 9.1%
  - Police 8.4%
Conclusions

• Diversity in sex worker community
• High prevalence of workplace violence
• High prevalence of drug and tobacco use
• Risky behavior with intimate partners
• Health problems broader than just STI/HIV
• Importance of community involvement

www.stjamesinfirmary.org
Challenges and Limitations

- Limited staff/volunteer ethnic diversity
- Limited hours of operation
- Generalizable/Not Generalizable—much the same/different worldwide
- Stigma of sex work and funding options
Gender and Sex Work

- Female
- Male
- Gender Queer
- Transgender Male
- Transgender Female
Sexual Orientation

- Refers to the gender or genders to which a person is attracted and which form the focus of a person’s amorous or erotic desires, fantasies and feelings.

  - Heterosexual,
  - bisexual,
  - homosexual,
  - asexual

http://lesbianlife.about.com/od/trans/g/GenderExpressio.htm
The second overarching goal of Healthy People 2010:

“The elimination of health disparities”
Health Disparities: Barriers to Care

- Prejudice and Discrimination
- Economic Barriers
- Lack of Insurance coverage
- Provider Ignorance and Misconduct
- Fear of discovery, negative body image
  - Low self-esteem

Dean, et al., 2010.
U.S. Transgender Health Priorities

- Violence and murder prevention
- HIV and other STD prevention and treatment
- Substance Abuse Prevention and Treatment
- Depression, Suicidal Ideation and Suicide Prevention
- Lack of Health Insurance and underinsurance
- Gender Identity Disorder as Principal Diagnostic Means Determining Access to Trans Health Services

Xavier et al., 2004.
Lessons Learned

- Cultural Amplifiers
- Stigma
- Criminalization
- Violence
- Economics
- Service
- Activism/Advocacy
Cultural Amplifiers

• Forces in one’s sphere that may affect health, health access, health outcomes
• A cultural factor that magnifies difficulties faced by Sex Workers
Cultural Amplifiers

- Stigma
- Types of Sex Work
- Criminalization
- Violence
- Family relationships
- Partner relationship
- Ageism
- Economics
Health Effects

- Violence
- Stress
- Decreased personal esteem
- Decreased likelihood of seeking health care
- Increased substance use
- Increased likelihood of disease
- Increased mental illness rates
- Malnutrition
- Death
Criminalization is “the process by which behaviors and individuals are transformed into crime and criminals.” *Previously legal acts may be transformed into crimes by legislation or judicial decision.*

- **Health Effects:**
  - Decreased access to health care
  - Increased HIV/STD
  - Housing
  - Family breakdown
  - Economic breakdown = increased risk
  - Increased risk of abuse/violence
  - Stress related health effects
Violence

- Family Violence
- Partner Violence
- Occupational Violence
- Criminal Justice System Violence
Economics

- **Economics** is the social science that studies the production, distribution, and consumption of goods and services.

- Sex workers “age-out of their occupation at an early age.

- Early “age-out” has ripple effect:
  - Affects economic stability
  - Housing
  - Ability to provide for self and family
  - Issues of work history for “straight” employment
  - Issues of retraining and education
Service Interventions

- Let the Community tell you what they need
- Educate Yourself
- Partner with the Community
- Understand Culture Care
- Create an Empowerment Narrative
- Foster participants sense of control over health
- Teach participants about structure of care system
- Research from/with community
- Support/Foster Peer Intervention
- Show respect for Non-Western approaches
- Meet Needs: Linkages w/ social services
- Harm reduction
- Stay educated about culturally sensitive services
- Advocate! Advocate! Advocate!
Activism and Advocacy
Thank you to…

• You!
• Chuck Cloniger, SJI Clinical Director
• St James Infirmary
• San Francisco Department of Public Health
• University of California, San Francisco
Questions?

Some of us are sex workers.
Some of us provide health care to sex workers.
Some of us are family members of sex workers.
Someone you know is a sex worker.

St. James Infirmary

A free, peer-based health clinic for sex workers, their partners, and their adolescent children.
www.stjamesinfirmary.org
Question & Answer Period

THANK YOU!