

Meeting the Sexual and Reproductive Health Care Needs of Sex Workers

MONDAY, DECEMBER 9, 2019

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

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Bixby Center
for Global
Reproductive
Health



University of California
San Francisco

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

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

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

Some of the social
& structural
determinants of
health affecting
people who
practice sex work

HIV ACEs Pyramid



NASTAD, Trauma-informed
approaches toolkit, 2018.

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

Homelessness and pregnancy intentions, San Francisco

	N=32
Age (mean)	31 years
Homeless >1 year	78%
Unsheltered	69%
Desire pregnancy in the next year*	(n=30)
Yes	30%
<i>Don't know</i>	17%
How would you feel if you found out you were pregnant today?	
<i>Somewhat or very happy</i>	63%
<i>Unsure</i>	14%
<i>Somewhat or very unhappy</i>	27%
* Two women were pregnant at the time of interview	

Homelessness and contraception, San Francisco

	N=30
Pregnancy prevention at last intercourse	
<i>Nothing</i>	47%
<i>Withdrawal</i>	25%
<i>Condoms</i>	14%
<i>Anal or oral sex instead of vaginal</i>	3%
<i>Using a clinician-prescribed contraceptive method</i>	14%
Birth control method you would start tomorrow if available**	
<i>Male condoms</i>	17%
<i>Female condoms</i>	7%
<i>Emergency contraceptive pill</i>	0%
<i>Pill/patch/ring</i>	33%
<i>Depo</i>	13%
<i>IUD</i>	10%
<i>Nexplanon</i>	7%
<i>Sterilization</i>	3%
<i>Fertility Awareness Method</i>	14%
<i>None of the above</i>	36%

**** 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*



Image credit: Repeal Hyde Art Project

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

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

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.**

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!)*

PrEP education as a case study

HIV prevention & PrEP

Table 1: Summary of Guidance for PrEP Use

	Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
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 <u>Commercial sex work</u>	HIV-positive sexual partner Recent bacterial STI [‡] High number of sex partners History of inconsistent or no condom use <u>Commercial sex work</u> In high HIV prevalence area or network	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!)

please
PrEP_{me}

PrEP is:

- short for pre-exposure prophylaxis
- a pill taken once a day to prevent HIV
- safe
- over 90% effective when taken daily

Learn more: PleasePrEPMe.org/women

Looking for PrEP services?

In SF: Ward 86 PrEP Clinic
PrEP Navigation Services
Call or text 415.206.2453

In California: PleasePrEPMe.org
415.206.8919

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

HIVE, Black Women's Health Imperative,
PrEP4love, Planned Parenthood.

Strategies for offering education

- Offer to everyone! Invite people to share with their friends, sisters & daughters
- Share workloads, especially counseling
- Use ready-made resources



PrEP at a Glance



One Pill, Once a Day.

PrEP is a once-a-day HIV prevention pill that is up to 99% effective when taken consistently.



You're in Control.

PrEP helps you take control of your health and connects you with health providers to help keep you on track.

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
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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

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 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

The power of words

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

Mary Howe, Homeless Youth Alliance; Lauren MacAfee.

Prevention
counseling

STI
screening

Vaccines

contracepti
on



I really
need to
charge my
phone

Where am
I going to
sleep
tonight

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!

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Sex Worker Health Care

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Interim Medical Director

www.stjamesinfirmary.org



Disclosures

- I wish I had some....

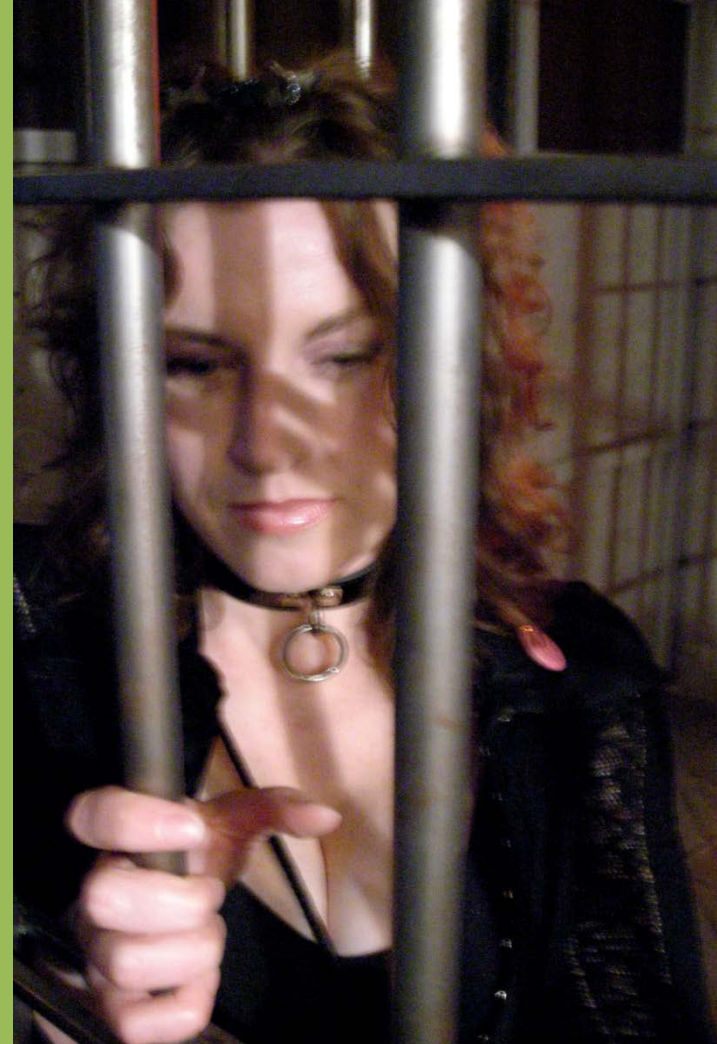


History and Overview

- 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”



ST. JAMES INFIRMARY

an occupational health and safety clinic for sex workers & their partners
san francisco, california • www.stjamesinfirmary.org



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

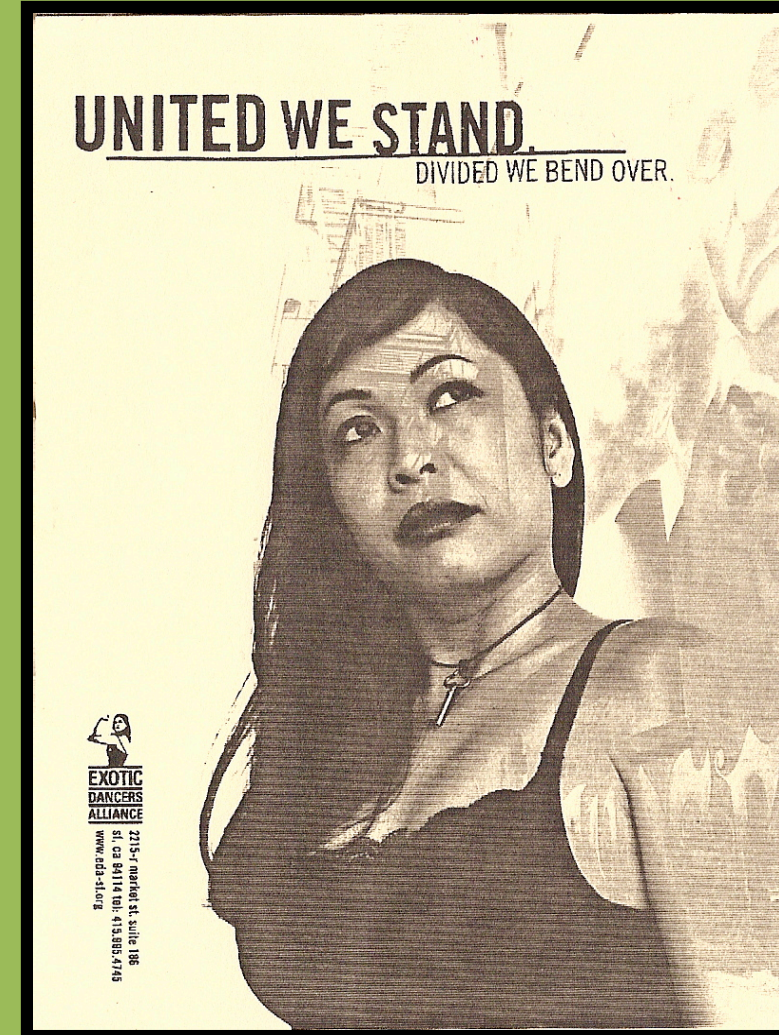
- Non-judgmental, peer-based health care
- Integration of medical and social services
- Comprehensive health
 - HIV, STI, Hepatitis counseling and testing
 - PEP and PREP
 - Primary and urgent medical care
 - Disease prevention and health promotion
 - Mental health care
 - Holistic
 - Gender Transition services

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

OUTLAW POVERTY
NOT PROSTITUTES

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%



St. James Infirmary
An Occupational Health & Safety Clinic


**Free, Confidential, Compassionate,
Nonjudgmental Drop-in Care**



Tuesday 1– 6 pm:
STI Counseling & Testing
& Enhanced Syringe Exchange

Wednesday 6 – 9pm:
Primary Medical Care

Thursday 6 – 9 pm:
Transgender Health Care



For Sex Workers,
Adult Entertainers,
Erotic Service Providers
and their current partners

1372 Mission Street, San Francisco, CA 94103
415.554.8494 • www.stjamesinfirmary.org

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

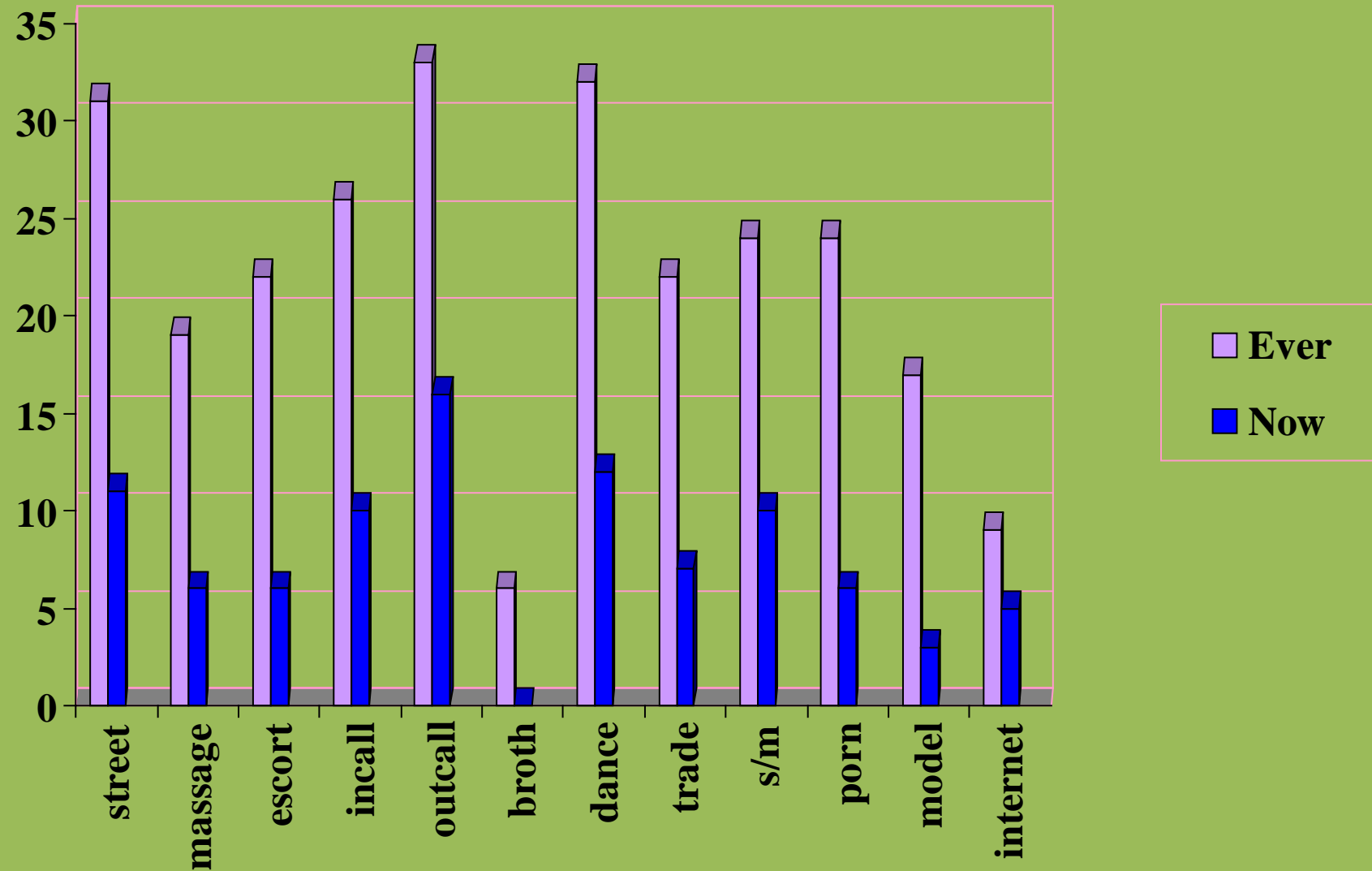
Participant Demographics

- 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



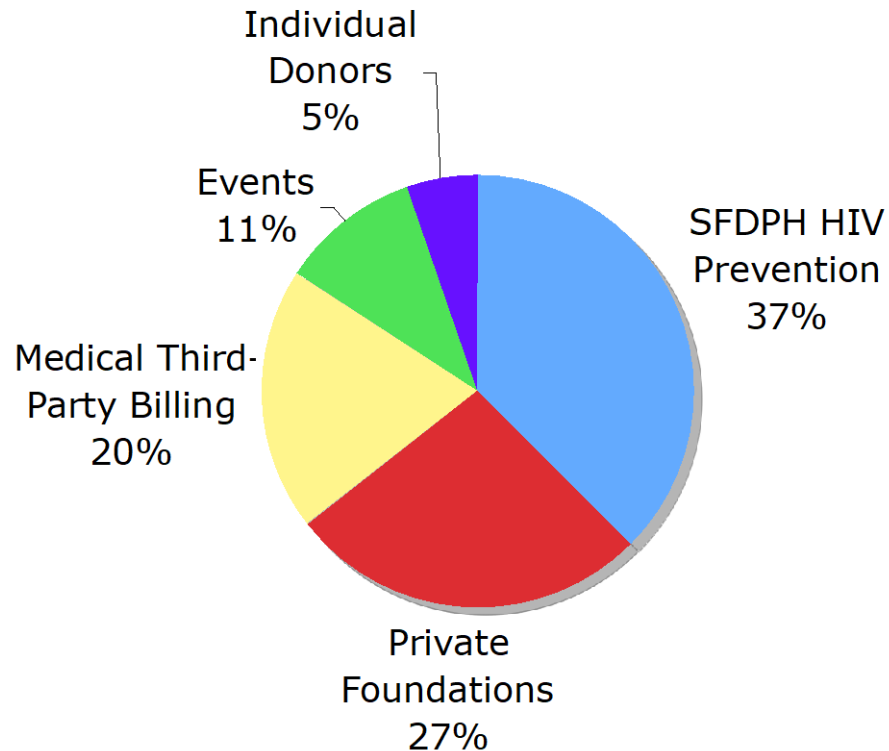
*Lesbian, Gay, Bi-sexual, Transgender, Queer, Questioning.

Work History



Funding (Direct & In-kind)

Funding Breakdown



- 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



ProtestShooter.com

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

Why learn transgender care?

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

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

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

Stigma

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



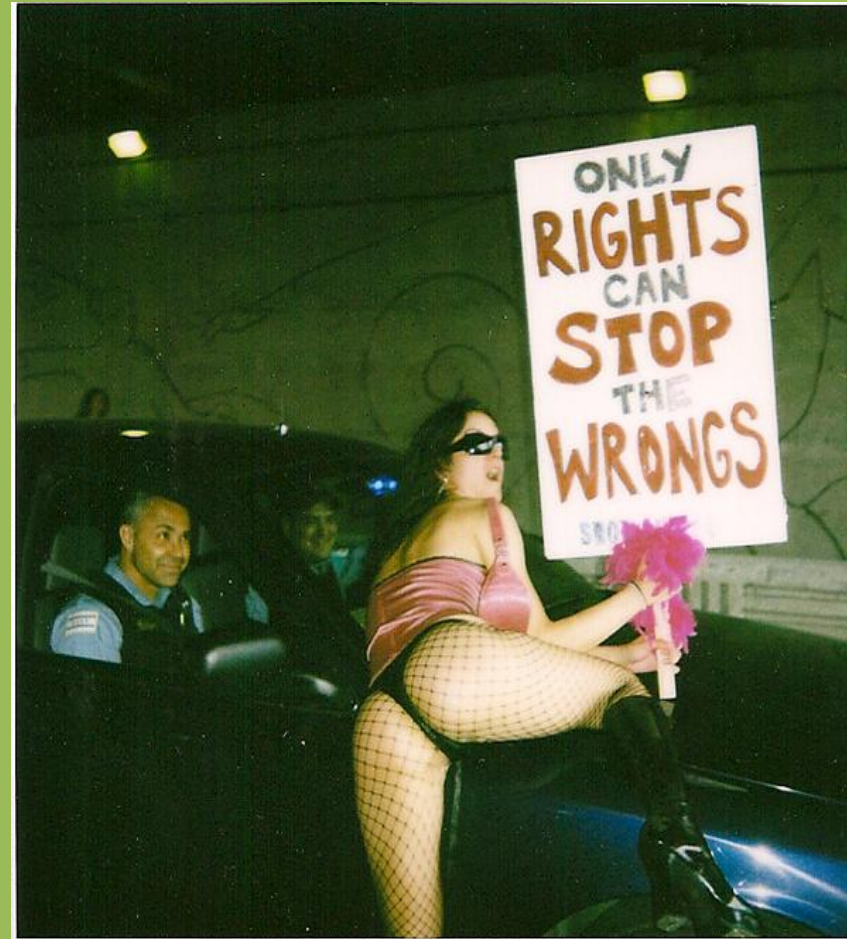
Criminalization

- **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

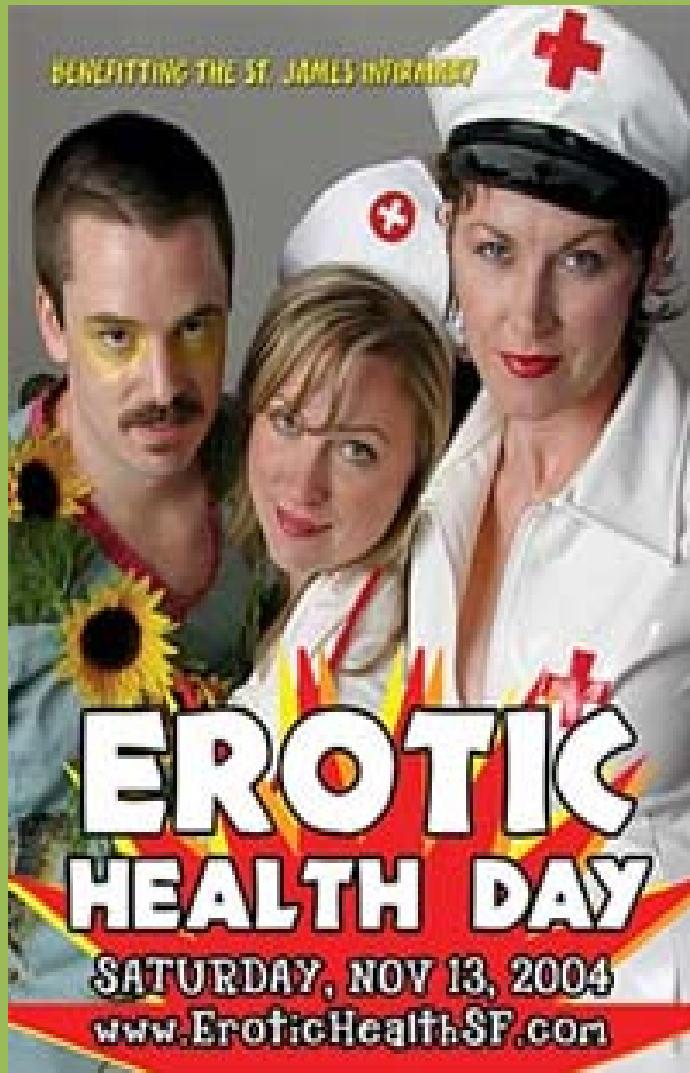
- Family Violence
- Partner Violence
- Occupational Violence
- Criminal Justice System Violence



Economics

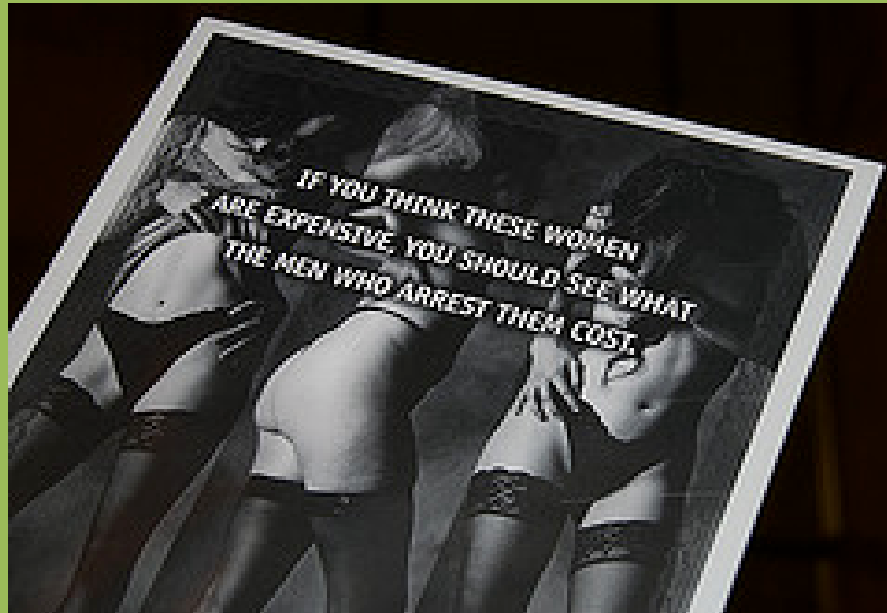
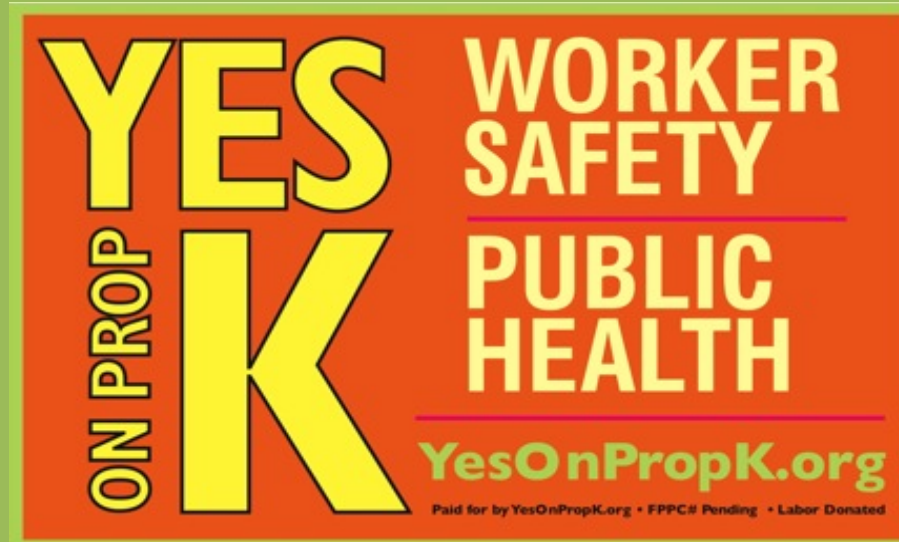
- **Economics** is the social science that studies the production, distribution, and consumption of goods and services
- Sex workers “age-out of their occupation at an early age
- Early “age-out” has ripple effect:
 - Affects economic stability
 - Housing
 - Ability to provide for self and family
 - 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.**



**A free, peer-based health clinic for sex workers,
their partners, and their adolescent children.**

www.stjamesinfirmary.org

Question & Answer Period

THANK YOU!