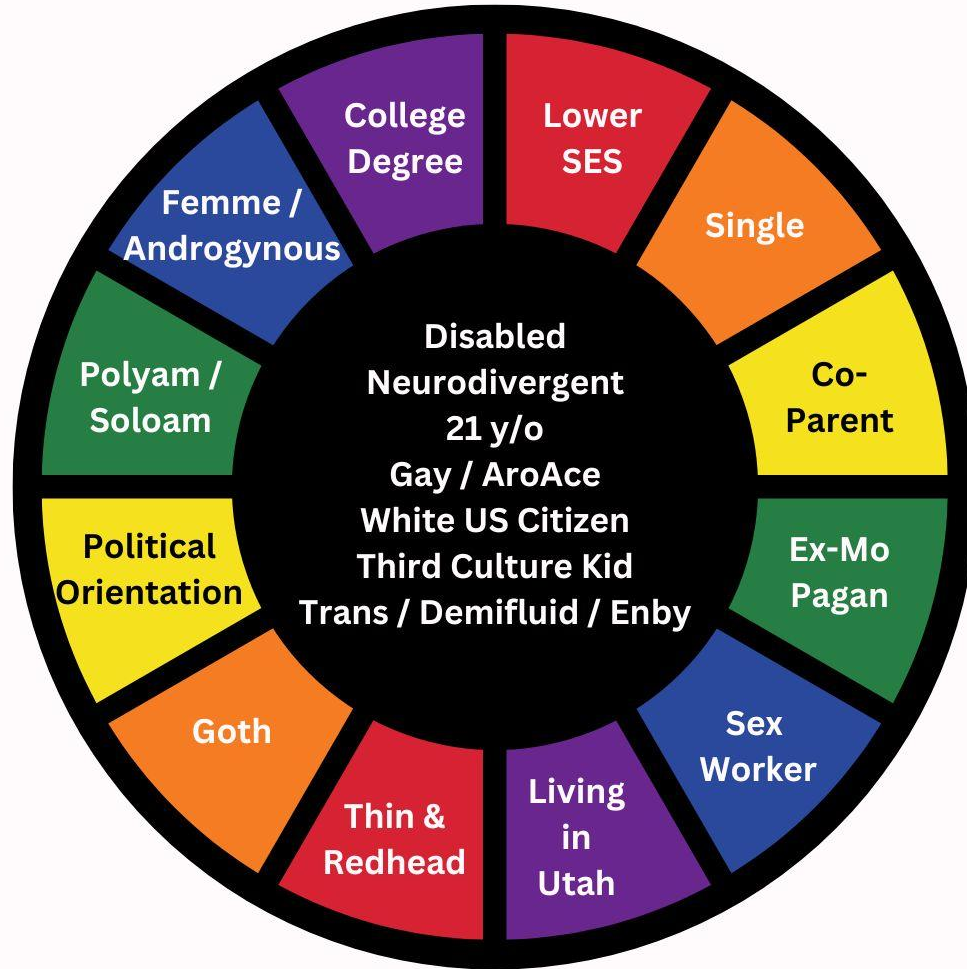




Supporting Trans Sex Workers & Trafficking Survivors in Healthcare

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- My Background
- Transness & Sex Work
- What about me surprised you?
- What didn't surprise you?



Is sex work really that central to
someone's identity?

How often do you talk about what you do for
work? How many times are you asked about
your work?

What would it be like if you couldn't talk
to anyone about your work?



Definitions

Sex Work - the exchange of sexual services
for money or other compensation

Sex Worker - someone who works in
the sex industry consensually

Sex Trafficking - force, fraud, or coercion, to compel someone to
engage in commercial sex acts, or if a minor is
involved (Federal Definition: Every state is different.)



What is Sex Work?

Online Sex Work:

- Sex Phone Operator
- Selling all things used
- Porn Performer
- Cam Performer
- Adult Content Creator

In Person Sex Work:

- Streets-Based SWer
- Brothel Worker
- Escort
- BDSM Worker
- Sugar Baby
- Stripper
- Burlesque Performer
- Asian Spa Workers

Other Sex/Touch Work:

- Surrogate Partners in SPT
- Professional Cuddlers
- Other somatic sex professions



Why do Sex Work?

Sex workers are incredibly varied in their backgrounds, experiences, and needs

Why do sex work?

- Job discrimination
- Needing flexible hours due to a disability
- Extra time with family
- Financial stability
- Enjoy the work
- Survival sex
- Help pay for transition, tuition, etc.
- Supplement income
- Already was doing the work for free
- One time thing
- “Everyone works for money”



Demographics

Limited research on trans sex workers

Estimated 11% of transwomen and 1% of ciswomen engaged in sex work. Lack of research on cismale, trans masc, nonbinary, intersex, and two-spirit sex workers.

Relevance



Barriers to Access

Sex workers struggle to access health care due to:

- Criminalization
- Stigma
- Occupational Hazards
- Financial institutions
- Public services (ex: medicare, snap; no proof of income)



Providers

Healthcare providers are in a unique position to give support

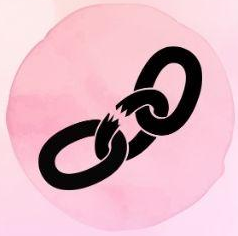


Criminalization

**Criminalization is the legal persecution
for being involved in sex work**

“Criminalization is a political process whereby people who do not fit a dominant societal norms are labels criminals and their circumstances and behavior are labeled as crime.”

- Gwyn Kirk and Margo Okazawa-Rey in *Women's Lives:
Multicultural Perspectives*



Criminalization

How criminalization impacts victims of sex trafficking:

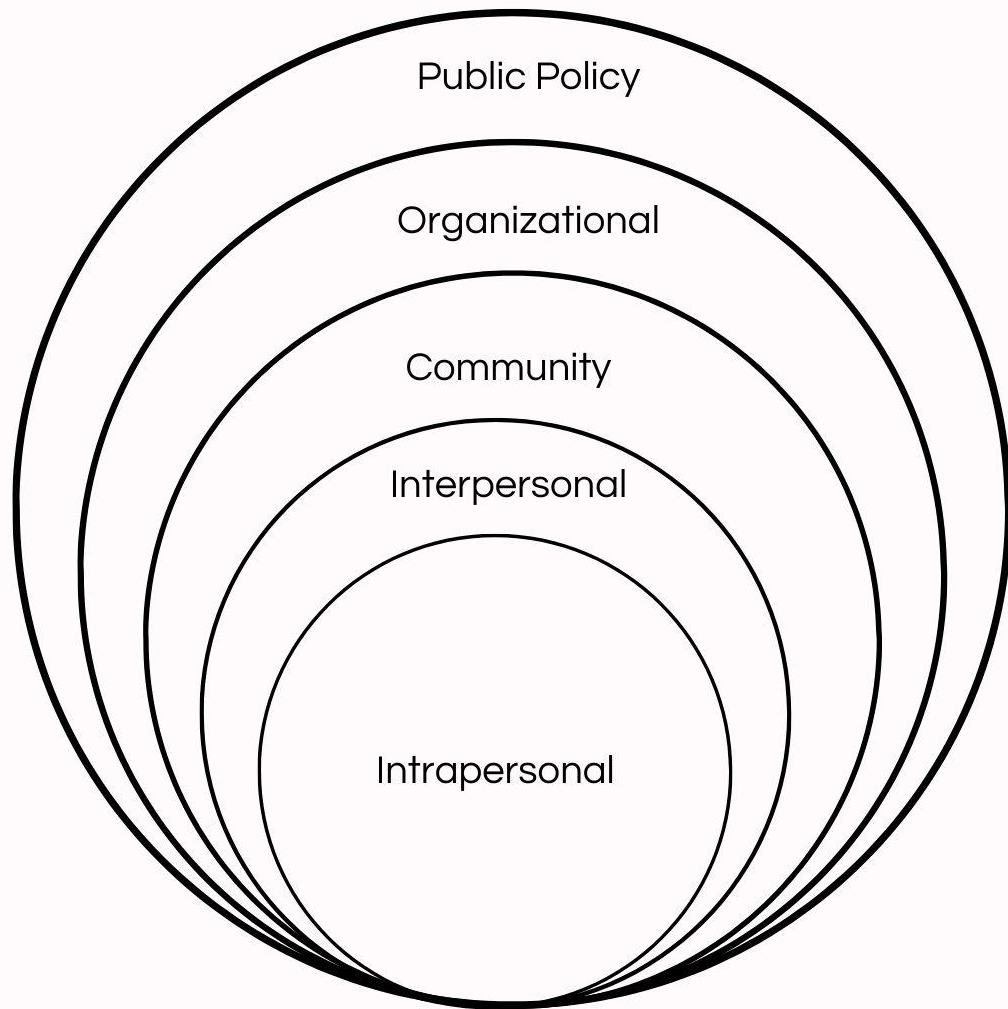
- Trafficking victims can't report exploitation without being arrested themselves.
- Sex workers are the best people to identify and protect trafficking survivors who also cannot report exploitation they become aware of without fear of arrest.



Criminalization

How criminalization impacts consensual sex workers:

- Can't report crime without being arrested themselves
- Lack of workers protections
- Clients utilize criminalization to assert control over sex workers
- Fear of arrest, eviction, de-banking, denial of healthcare, deportation, losing child custody, job discrimination, etc.

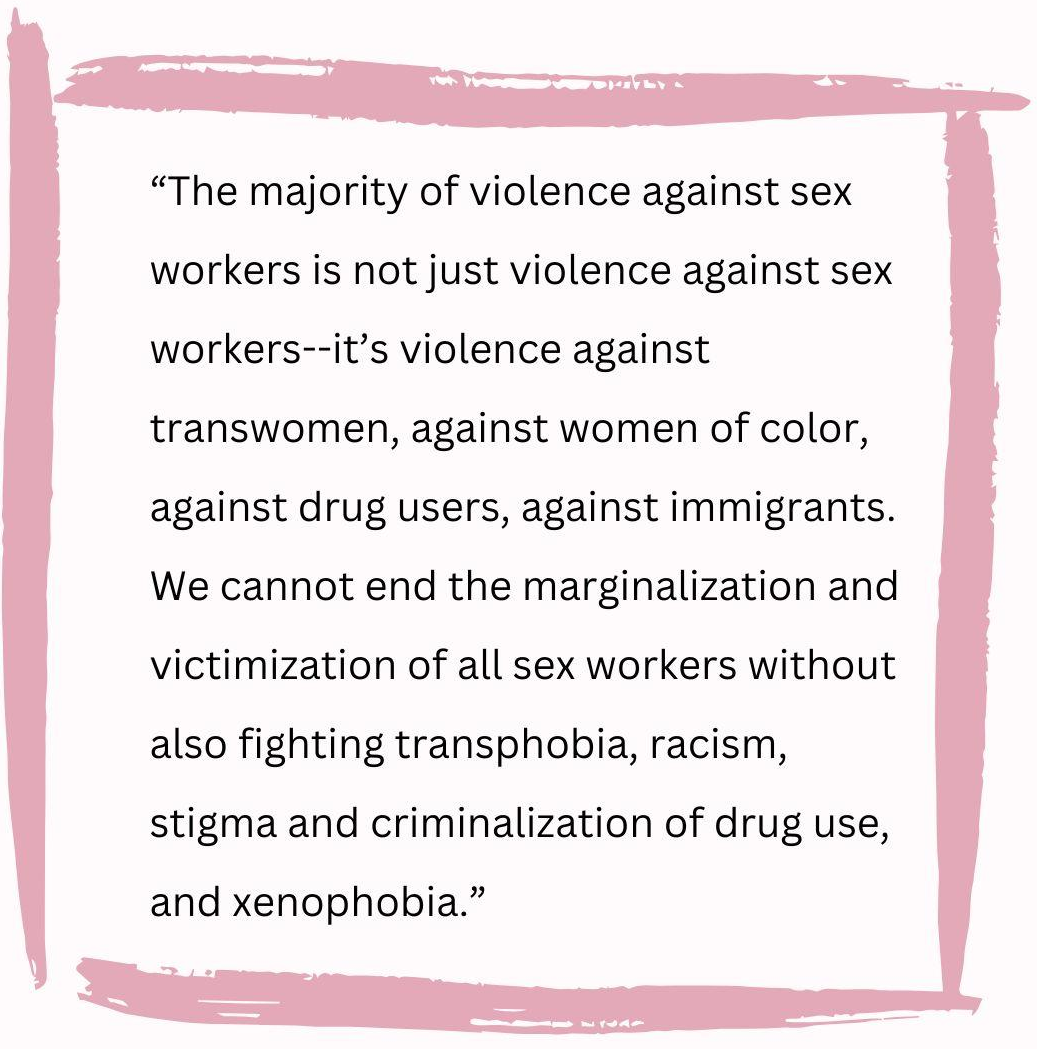


- Criminalization isolates SWers from support from family, friends, and healthcare
- Public policy on both trans and SWer rights impacts them on an intrapersonal (comes into their relationship with themselves) and interpersonal level (their relationships with others)
- People need interpersonal relationships (community support)



Why Decrim?

Decriminalization improves sex workers
access to law enforcement, access to
negotiate with clients, and increased
ability to obtain the resources they need

A thick, hand-painted pink border with a rough, textured edge surrounds the text. It consists of a top horizontal stroke, a bottom horizontal stroke, and two vertical strokes on the left and right sides, all connected at the corners.

“The majority of violence against sex workers is not just violence against sex workers--it’s violence against transwomen, against women of color, against drug users, against immigrants. We cannot end the marginalization and victimization of all sex workers without also fighting transphobia, racism, stigma and criminalization of drug use, and xenophobia.”

Violence

- Sex workers face disproportionately high rates of violence.
- The most vulnerable for experiencing violence are Street-based sex workers, transwomen of color; migrant sex workers, sex workers living with disabilities, mental health problems, or substance abuse problems, and survival sex workers.
- Substance use, mental health issues, and trauma are not inherent to sex work, many sex workers may arrive at their work already facing these challenges. These challenges may be exacerbated by stigma and criminalization.



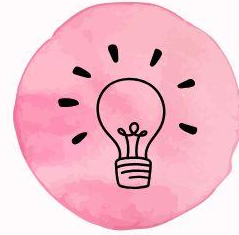
Stigma



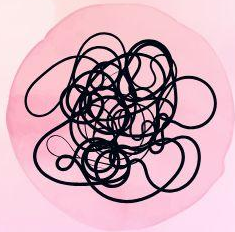
“Bad women
who get what
they deserve”



Idea that sex
workers
spread STIs



Belief that
SWers are
uneducated



Stigma



“Bad women
who get what
they deserve”

Doesn't talk about:

- Housing
- Job discrimination
- Inability to live on
minimum wage



Occupational Hazards

Condom
Breakage

Risk of
transfer of
STIs

Physical
injury due to
violent crime

Safer Sex

Sex workers are much more aware of how to keep themselves and their sexual partners safe

2017 Survey of 1500 SWers in the

US on Condom Use found:

- Condom Use While Working
 - Never: 9%
 - Rarely or Sometimes: 13%
 - Most often or Always: 78%
- Condom Use While Not Working
 - Never: 20%
 - Rarely or Sometimes: 37%
 - Most often or Always: 42%

2017 CDC Survey on Condom Use:

- Condom Use Among Cisgender Men
 - Never: 47%
 - Rarely or Sometimes: 34%
 - Most often or Always: 19%
- Condom Use Among Cisgender Women
 - Never: 60%
 - Rarely or Sometimes: 25%
 - Most often or Always: 15%



Experiences in Healthcare

My Story:

- Disclosing my transgender status to healthcare providers
 - Primary Doctor, Planned Parenthood, Therapist, Personal Life
- Disclosing my sex worker status to healthcare providers
 - Primary Doctor, Planned Parenthood, Therapist, Personal Life
- Negative experiences with disclosure
 - Therapist
- Positive experiences with disclosure
 - Advocate



Experiences in Healthcare

Case Studies

- Paulo's Case
- Maria's Case
- Zoey's Case
- December's Case



Being an Ally

- + Center trans and sex worker voices
- + Promote the end of...
 - discriminatory practices that lead to social exclusion
 - criminalization of sex work that leads to incarceration and social exclusion
 - transphobic rhetoric
 - violence against trans people and sex workers
- + Promote access to quality education, housing, and healthcare for trans sex workers. Promote harm reduction practices and peer engagement (ex: hiring SWers to provide support to patients)

Disclosure

Surveyed 1,500 SWers in the U.S. in 2017

Disclosed SWer status to healthcare provider?

- 42% Yes; 58% NO
- 45% thought disclosing SWer status would improve healthcare
 - 25% said it would not
 - 30% said depends on provider.
 - *Depends said they would like to disclose but only if they knew the provider wouldn't judge them, report them,



Actions You Can Take Now

Reflect on
your bias

Self Educate

Create a
safe space



Reflect on Your Bias

- How might your personal beliefs and values on sex work impact how you treat patients before discussing sex work in clinical interactions?
- Do you have bias that might come up when working with trans patients?
- Explicit & Implicit Bias
- Refer to another provider if needed
- Treat trans sex workers as you would treat other patients



Self Educate

- Engage w/ local SWers and local SWers rights groups as well as local trans rights groups
- Discuss SW and read/listen to materials from SWers about what SWers need from their healthcare providers



Create a Safe Space

- Can post materials in waiting room/office
- Create a safe environment for sex workers
- Display posters or pamphlets in support of sex workers and trans individuals



Opening The Discussion

- Ensure patients will not be reported or judged for involvement in sex work
- Verbally confirming it
- Use direct clear language when asking: “Have you ever supported yourself or supplemented your income through sex work?”
- Could show up during discussion of work/income or sexual history
- Mention that all information remains confidential



Opening The Discussion

- Introduce yourself with your pronouns and ask patients their pronouns
- Ask the patient if the name you have for them is their preferred name or if they'd like to be called something else
- Mention that all information remains confidential



Building Trusting Relationships

- Treat sex workers and trans patients as you would treat other patients
- Ongoing provider patient relationships
 - long term
 - know they can talk about their lives freely and won't be judged
 - know they will receive support they're looking for



Disclosure

- They will not always disclose even if they feel safe doing so
- May choose not to disclose SW or not disclose immediately
- Depends on how safe they feel disclosing their SWer status and/or trans identity to medical professionals and what reaction they are expecting



During a Disclosure

- If someone is disclosing to you, that means they trust you, do not cut them off or take that lightly
- Avoid assumptions about their work (ex: risk factors)
- Listen to why sex workers are accessing your services, it may have nothing to do with their work
 - Discuss all forms of STI testing, not just HIV
 - Discuss comprehensive health needs not just sexual health
 - Prioritize what the patient is most concerned about
 - Provide patient education throughout as relevant



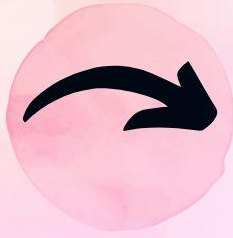
During a Disclosure

- Provide patients with options for their care & meet patients where they're at
- Patient autonomy - let sex workers make informed decisions about their health
- For many patients sex work will continue to be the best or only option for economic stability, do not force patients to exit sex work to receive healthcare
- Patients may not be ready or able to make dramatic changes surrounding their health immediately
- Even if you don't support sex work, communicate that you support the sex worker
- Listen to your patients rather than imposing labels on them



Confidentiality

- Either don't record the disclosure or keep it on a personal note and not an electronic record
- Be transparent about mandated reporting
- Ensure confidentiality
- Ask the patient what they would and would not like on their record
- Personal notes vs. electronic records
- Awareness of how notes will be distributed
- Do not share a patient's disclosure of SW w/ other members of a healthcare team unless you have explicit permission from the patient. Don't out a trans patient w/o their consent



Do's of Exiting/Referrals

- If the patient wants to exit sex work, refer them to other supportive resources (support from orgs, another job)
- Be aware of the biases of the agencies you refer patients
- Don't out a trans patient or SWer w/o their explicit permission
- Try and select agencies that are educated about SWers and trans individuals and will not turn patients away



Don't's of Exiting/Referrals

- Getting police involved or making them self-identify as a victim is harmful
 - They already deal with an unbearable amount of stigma already
 - Patients may have experienced violence from police and may not be safe for them to report to police
- Don't promise if you can't follow through, be upfront if you're not sure
- Don't force them out of economic stability, hard to understand if you've never had to do SW

Resources

- SWOP Behind Bars
- COYOTE RI
- Queens of the Underworld
- Pineapple Support
- The Global Network of Sex Work Projects
- The Lancet Special Series on Sex Work
- SWAID Collective
- WISTLE
- ZEPP Wellness Center
- Tryst.link Blog

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