

Needs of Chicago Indoor Sex Workers

Summary for Medical Professionals

by Katherine Koster for Sex Workers' Outreach Project - Chicago

A survey assessing sex-worker needs and experiences with helping professionals, including law enforcement, was posted on SWOP-Chicago's website in July, 2012. 12 respondents completed the survey. A form where individual adult workers could offer tips for helping professionals was posted on SWOP-Chicago's website in July, 2012. 5 respondents completed the 'tips' form.

Two respondents were male, one respondent was transgender, and fourteen respondents were female. Two identified as bi-racial, three identified as latino/lantina, one identified as black, one identified as Puerto-Rican, seven identifies as white, and three did not specify. 11 respondents lived in the Chicago Metro Area, four respondents lived in other parts of the U.S., and two respondents lived outside the U.S.

Sixteen respondents were indoor workers, while one respondent had also engaged in outdoor work. Two respondents only engaged in domination/fetish work, one respondent only engaged in strip-club work, and one respondent only engaged in massage work. Of the thirteen respondents who engaged in full-service sex work, six also engaged in other forms of adult work (domination/fetish, stripping or adult film), while seven only engaged in escort work and sensual massage.

This report begins by summarizing survey data on disclosure, reasons for nondisclosure, experiences with medical professionals, and self-reported needs. It proceeds to discuss steps health-care professionals can take to make individuals in the sex trade feel comfortable disclosing their status and to better meet the needs of sex workers.

Survey Data

1.) Respondents Desired:

a.) Non-judgemental medical providers they could disclose sex work to (8).

"I need a gynecologist and a lawyer also a therapist who i can be completely open with" (Female Escort/Dancer, 24, Asian, White, Hispanic, Downtown)

"There needs to be more provider friendly services as a whole on Chicago." (Female Escort, 22, Latina, Chicago)

b.) Anonymous testing options (2).

2.) Although many respondents wanted to see a doctor they could disclose involvement in the sex trade to, many did not feel comfortable discussing sex work to medical professionals.

Three respondents never disclosed involvement in the sex trade, five selectively disclosed involvement, and two individuals always disclosed involvement. Even those who did disclose reported occasionally feeling uncomfortable after disclosure. Lack of comfort around disclosure was related to previous bad experiences (3), questions about confidentiality (2), and uncertainty about whether or not providers were sex-work-positive (5):

“You can't trust a gynecologist with what we do, even if you don't tell them they will figure it out.”
(Female Escort, Chicago)

“I think I'd love access to a non-judgmental health care provider who I could tell I was involved in the sex trade under confidentiality (is that even possible)?” (Female Escort, 23, White, Chicago)

“Client/Patient confidentiality only goes so far unless they think somebody is in danger and then they will spill their guts to to the cops.” (Female Escort)

3.) Non-disclosure extends to reporting violence experienced during work to law enforcement or helping professionals. Three of four respondents who reported experiencing sexual violence while working did not report violence to a helping professional or law enforcement.

I did not contact authorities, intact at that time in my life I told no one. I hadn't come out to friends, or family and didn't have a community of sex worker friends at that time, so I had to just sit with it. even if it had been an attack...I would not, possibly still would not go to the cops.

-Female Escort/Massage Provider/Dominatrix, 27, White, Chicago.

I did not contact law enforcement. I don't feel the police are supportive of sex workers. [I told] my significant other. I did not seek medical treatment or counseling.

-Male Dancer/Sex performance, adult video, escort, Western Suburbs

4.) Respondents had mixed experiences disclosing involvement in the sex trade to medical professionals. Three respondents who disclosed reported *negative* experiences, three reported *positive* experiences, and one individual reported *mixed* experiences.

Negative Experiences

The few I have told were not receptive to my profession. I have had the best luck with county medical services though they are always trying to refer me to social workers.

-Male Dancer/Sex performance, adult video, escort, Western Suburbs

And then ask you if you've started drinking already at 3 pm when you are noticeably sober and have spent 20 minutes in the same small exam room, [just because] you tell them you've been

drinking almost every day since you moved to a new city with no friends and a straight job you hated?

-Female Dancer, Erotic Massage, Dominatrix, Escort, Latina, 37, Washington, D.C.

Positive Experiences

"I got lucky I was able to find a great family doctor who...is able to treat my sex work as work..."
(Female Escort, 30s, African-American, Canada).

"I am fortunate that I have never had a bad experience with nurses or doctors." (Female Escort/Massage Provider/Dominatrix, 27, White, Chicago).

Mixed Experiences:

"Those that are provider friendly are very supportive, however it is few and far between." (Female Escort, 22, Latina, Chicago)

5.) Sex Workers reported lack of knowledge about sex-positive resources, or limited sex-work-positive resources in Chicago.

All of these services are really hard to come by. There needs to be more provider friendly services as a whole on Chicago.

-Female Escort, 22, Latina, Chicago

[My experiences have] always [been] negative in Chicago. When I lived and worked in Vegas they are not discriminating at all besides the cops of course.

-Female Escort, Dancer, 24, Asian, White, Hispanic, Downtown

A phone directory of the people who are sensitive and open to caring for sex workers would be ideal! People who particularly provide testing (ala AIM style) for all sex workers would be of benefit and of great use to me personally.

-Female Domination/fetish Provider, White, 37

6.) Self-Reported Occupational Health Risks and Health Care Needs Varied Tremendously Between Adult Industry Sector.

Guidance - Making Sex Workers more Comfortable Disclosing Status

Compiled from Survey Data by Katherine Koster for SWOP-Chicago

1.) Healthcare providers should join a listing/directory of helping professionals who offer non-judgemental services (PROS NETWORK!)

2.) Healthcare providers should advertise non-judgemental, sex-work-supportive services either via websites, through promotional material on-site, or through social networks.

I didn't tell anyone until I went to a clinic that had [specific print-materials for sex workers].

-Male Escort, 26, White, Germany

Advertise that you provide non-judgmental services to individuals in the sex trade. I was really afraid to go see a counselor for months and finally got around to doing so about a half-year after I first started thinking it would be a good idea to talk to someone.

-Female Escort, 23, White, Chicago

3.) Healthcare providers should *not* imply or ask if a patient is involved in the sex trade, unless he/she discloses this information. Many sex workers hide involvement in the sex trade from others and are often quite anxious about whether or not others suspect involvement. Thus, even well-intentioned, indirect statements like “a lot of people who come to this clinic trade sex for money” can cause harm.

4.) Being non-judgemental about other types of stigmatized behavior (drug use, high number of sexual partners), can make clients more comfortable with disclosing.

Advice on Providing Culturally Sensitive Services to Sex Workers

Compiled from Survey Data by Katherine Koster for SWOP-Chicago

- 1.) Health care professionals should explain to clients whether involvement in the sex trade will remain confidential.**

- 2.) Health care professionals should be aware of the sensitive nature of involvement in the sex trade, and they should take steps to ensure sex trade workers can comfortably access resources. Some useful practices include:**
 - a.) Eliminate questions about “number of partners” from intake forms.
 - b.) Offer a brown bag of condoms to sex workers at doctor/testing appointments.
 - c.) Facilitate anonymous, discreet pick-up of condoms and lubricant.
 - d.) Explain how appointment records are kept and how services provided will be listed on insurance records. Offer alternatives if the client is uncomfortable with certain services being recorded on medical records. (For example, a client may want to pay out-of-pocket for STD or pregnancy testing, or post-exposure-counseling, or be referred to an anonymous testing site). If possible, offer services to sex workers that bystep front-desk registration and the creation of permanent, identifying records.
 - e.) Other tips:

A full blood panel and visual examination, if requested, should be offered with no scare tactics, no interrogation, HIV videos in the lobby on repeat, and a warm, caring atmosphere where a lady can feel that she can say anything. I think that often people shy away from frequent testing because the environment of these clinics is one of fear, shame, and often all public (not sex worker specific).

-Female Domination/fetish Provider, White, 37

Reminders and preset monthly appointments would go far in keeping ladies coming back for regular testing.

-Female Domination/fetish Provider, White, 37

- 3.) Health care professionals should react naturally to disclosure of involvement in the sex trade, and should not immediately move from disclosure to questions about sexual behavior or other ‘risky’ behavior associated with involvement in the sex trade.**

3.) Health care professionals should not make assumptions about:

- a.) Mental Health
- b.) Substance Use
- c.) Risky Behavior or Sexual Behavior.

Most *negative experiences* with healthcare professionals were caused by health care provider assumptions. [i.e. - A female respondent reported that a clinic worker administered an anal exam without warning or explanation, even though she did not report engaging in anal sex.]

5.) Health care professionals should employ harm-reduction, client-centric, and non-judgemental approaches to individuals involved in the sex trade.

My family doctor told me that her job is to give me all the medical information i need and she said its up to me to make my own decision and she will support me in my decision of what I choose to do.

I have told my main doctor at planned parenthood that when I contacted Herpes simplex, it was from a client. she had pretty encouraging suggestions for me to continue doing sex work ethically, and threw ideas around on how to make dental dams etc even sexier of an option...so as to protect my clients.

-Female Escort/Massage Provider/Dominatrix, 27, White, Chicago

The first quotation illustrates the importance of explicitly stating support. The second quotation demonstrates that health care professionals should also avoid judgement of sex workers with viral STDs who continue to work, and that they should consider the practicality of harm-reduction solutions in sex work and offer alternatives, if necessary.

6.) Health Care professionals should be aware of occupational health risks and needs across the sex trade, ensure that clients feel comfortable discussing all work-related health concerns and make referrals when needed. Different types of sex work present different health risks. The following quotations represent some of the diverse needs of individuals working in the adult industry.

[Physicians who provide Hep B vaccines would be awesome! Because I work in fetish and my area includes intimate contact and also extreme medical fetish, some additional info about sanitation to prevent illness and blood borne pathogens would be of great!]

-Female Domination/fetish Provider, White, 37, Chicago.

A lot of dancers at my club would get these aches, skeletomuscular stuff, because of repetitive movement and dancing all day. And they were really uncomfortable with going to a chiropractor or they weren't sure what to say about their job or, like, why they had bruises.

-Former Female Dancer, White, 23.

7.) Health Care Professionals should be aware that time constraints and/or fee concerns may limit a sex worker's ability to see a referred specialist.

The primary care doctor I used to go to never really helped me with my issues, but just referred me to specialists. So, for birth control and STD testing, for basic psychological medication management, and a minor thyroid problem. I couldn't afford all of those doctor visits and I didn't have time to do all of that, so I just wouldn't get that taken care of. I finally found a doctor who could handle all of that in one visit, and so I regularly visit her and get all of my needs taken care of.

-Female Escort, White, 22, Chicago.

A healthcare professional should explain why he/she would recommend visiting a specialist, but should also be flexible and work to meet client-needs expressed during an office visit.

Additionally, if a healthcare professional does not know of a specialist who offers sex-work-positive services, he/she should make the referral, disclose that he/she does not know the other doctor's approach to working with people in the sex trade, and if desired, offer advice on how to best comfortably receive services from that specialist.

8.) Health Care Professionals should understand that physical appearance is an important concern for many sex workers. They should not express judgement about past or desired cosmetic surgery, personal grooming, desire to maintain a certain appearance or other treatments. If certain behavior (silicone treatments, surgery, diet pills, extreme exercise or diet regimes, etc.) presents a health risk, health care providers should engage in non-judgemental, non-shaming, honest conversations about these behaviors and offer alternatives.

Health care providers should personally learn about the risks of certain cosmetic treatments (silicone injections, breast augmentation, diet pills etc.) or be prepared to refer clients to web-resources. Health care professionals should also inform individuals of how certain medication or surgeries might affect their appearance (i.e., weight-loss, scarring, weight-gain etc.) and ability to work and take such concerns seriously.

9.) Health Care Professionals should avoid reproducing hierarchies when providing care.

If you want to relate on an even playing ground, do not sit behind a large desk when working with sex workers or any other marginalized population. The power dynamics are thrown off.

-Female Indoor Worker, 40s