

Sex Work Centered Guide for Health/Wellness Professionals

2017 Edition

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Consider this toolkit your resource guide to caring more justly about sex workers, our health and well-being and the trade itself.



photo sourced from Twitter

Intentions

This toolkit is necessary because there exist outdated, harmful, and disrespectful methods of treating and care-providing for current or former Sex Workers.

We ask nurses, doctors, and mental healthcare professionals, to avoid perpetuating negative connotations and humiliation within our diverse profession by challenging preconceived notions about our professions.

In this kit you will find:

- **Gloss of Terms and Preferred Nomenclature**
- **Common Misconceptions**
- **Stigma, Discrimination & Whorephobia in Healthcare**
- **Best Practices**
- **Resources**
- **Research**
- **Journalism & Further Reading**

Preferred Nomenclature:

Sex work/Sex worker

One of, if not the, fundamental premises of such a guide is that sex work is work. Because this is for various reasons difficult for some members of the public to comprehend, it is necessary to use the word “work” in defining the industry. Terms such as prostitute, hooker, lady of the night, streetwalker, sugar baby, whore, etc, are as reductive and potentially pejorative as “pig” for police officer or “hack” for journalist.

Furthermore, sex work/sex worker are terms which serve as unifying umbrella categories which include, but are not limited to exotic dancers/strippers, internet-based cam workers, adult film actor/actress/stars, pro-dommies, phone sex operators, GFE (Girl Friend Experience) workers, escorts, indoor, outdoor, full-service, and street-based workers. On aggregate, this makes for a large number of workers who, though varied in their professional tasks, often face similar stigma and assumptions from media which would not possibly be tolerated in almost any other profession.

Decriminalization

Decriminalization is the sought-after relationship between the state (i.e. law enforcement, legislators, the court system) and sex work. Decriminalization means the repeal of laws which criminalize sex work and the recognition of sex work of all kinds as constituting a profession and an industry like many others, populated by people exchanging their time and services for compensation.

Decriminalization of sex work has nothing to do with trafficking, controlled substances, or status offenses, other than perhaps rendering them easier to prosecute when resources are no longer being wasted on prosecuting the (vast, vast majority) of sex workers who are of age, working voluntarily, and whose greatest job-related threats are police and antique, puritanical laws. See below Amnesty International’s framing of decriminalization of sex work as a human rights issue:

<https://www.amnesty.org/en/qa-policy-to-protect-the-human-rights-of-sex-workers/>

See also the conclusion of UK Home Affairs Committee from July 1, 2016 to decriminalize:

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/home-affairs-committee/news-parliament-2015/prostitution-report-published-16-17/>

Legalization

Legalization is the vastly less desirable result of state paternalism, generally arising from a victimization-based state perspective on sex work. Sometimes shorthanded as the “Nordic Model” due to its adoption in Sweden before spreading to other, predominately European countries (most recently France). The model criminalizes clients rather than sex workers, whom it regards as victims who require rehabilitation and a means of escape. Beyond being utterly infantilizing if not wholesale dehumanizing of sex workers, which is problematic enough, it renders them vastly less safe than without such laws. When only one party in a transaction faces criminal sanction, they are vastly more likely to harm and regard sex workers as victims and less than human. In essence, legalization makes criminals of clients which is dangerous to sex workers in its potentially altering their client base, work spaces, and professional opportunities, as well as too often acting as a self-fulfilling prophecy in committing violence against them. Advocates are most often well-meaning, shortsighted, white, cis-gendered people who rely on skewed statistics which necessarily ignore massive swaths of the sex worker population as they are, by the nature of their professions, hidden. Endemic to the legalization cry is the notion of ending demand, which we can see has had profoundly opposite effects in the US’s “war on drugs,” and is utterly unreasonable, irrational, and of questionable value when it comes to the services of sex workers.

Trafficking

Trafficking is the crime most often conflated with sex work more broadly. Typically, Sex Trafficking includes physical or sexual coercion, rape, deception, abuse of power and bondage incurred through forced

debt. It is a human rights violation that can affect many marginalized communities because it is based in forced, non-consensual stolen sexual labor. Trafficking is not sex work, in any way, shape or form. It is kidnapping, theft, and often rape.

Whorephobia

Though the term itself is fairly self-explanatory, the levels and effects of whorephobia are complex and varied. Whorephobia can be the fear or hate of sex workers. Sex workers would argue that it embraces paternalistic attitudes that deem us a public nuisance, spreaders of disease, offenders against decency, or simple-minded victims who don't know what is good for them and need rescuing. (Definition paraphrased from [Thierry Schaffauser](#)). It is a frame of reference which is all too prevalent both outside and even inside the industry.

Client (vs. john)

Someone who is contracting a sex worker's time and particular services for a fee.

The following definitions sourced from the GLAAD Media Reference Guide:

Sexual Orientation

The scientifically accurate term for an individual's enduring physical, romantic and/ or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual, and heterosexual (straight) orientations. Avoid the offensive term "sexual preference," which is used to suggest that being gay, lesbian, or bisexual is voluntary and therefore "curable." People need not have had specific sexual experiences to know their own sexual orientation; in fact, they need not have had any sexual experience at all.

Gay

The adjective used to describe people whose enduring physical, romantic, and/ or emotional attractions are to people of the same sex (e.g., *gay man, gay people*). Sometimes *lesbian* (n. or adj.) is the preferred term for women. Avoid identifying gay people as "homosexuals" an outdated term considered derogatory and offensive to many lesbian and gay people.

Lesbian

A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. Avoid identifying lesbians as "homosexuals," a derogatory term (*see Offensive Terms to Avoid*).

Bisexual, Bi

A person who has the capacity to form enduring physical, romantic, and/ or emotional attractions to those of the same gender or to those of another gender. People may experience this attraction in differing ways and degrees over their lifetime. Bisexual people need not have had specific sexual experiences to be bisexual; in fact, they need not have had any sexual experience at all to identify as bisexual. Do not use a hyphen in the word "bisexual," and only capitalize bisexual when used at the beginning of a sentence.

Queer

An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual (e.g. queer person, queer woman). Typically, for those who identify as queer, the terms *lesbian, gay, and bisexual* are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them. Some people may use queer, or more commonly genderqueer, to describe their gender identity and/or gender expression (see non-binary and/or genderqueer below). Once considered a pejorative term, queer has been reclaimed by some LGBT people to describe themselves; however, it is not a universally accepted term even within the LGBT community. When Q is seen at the end of LGBT, it typically means queer and, less

often, questioning.

LGBTQ

Acronym for lesbian, gay, bisexual, transgender, and queer. Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. LGBT and/or GLBT are also often used. The term "gay community" should be avoided, as it does not accurately reflect the diversity of the community. Rather, LGBTQ community is preferred.

Intersex

An umbrella term describing people born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female. Those variations are also sometimes referred to as Differences of Sex Development (DSD.) Avoid the outdated and derogatory term "hermaphrodite." While some people can have an intersex condition and also identify as transgender, the two are separate and should not be conflated. (For more information, visit interactyouth.org.)

Asexual

An adjective used to describe people who do not experience sexual attraction (e.g., asexual person). A person can also be aromantic, meaning they do not experience romantic attraction. (For more information, visit asexuality.org.)

Transgender (adj.), trans*

An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms - including *transgender*. Some of those terms are defined below. Use the descriptive term preferred by the person. Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some undergo surgery as well. But not all transgender people can or will take those steps, and a

transgender identity is not dependent upon physical appearance or medical procedures.

Cisgender, cis

A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-." A more widely understood way to describe people who are not transgender is simply to say *non-transgender people*.

Gender Non-Conforming

A term used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity. Please note that not all gender non-conforming people identify as transgender; nor are all transgender people gender non-conforming. Many people have gender expressions that are not entirely conventional – that fact alone does not make them transgender. Many transgender men and women have gender expressions that are conventionally masculine or feminine. Simply being transgender does not make someone gender non-conforming. The term is not a synonym for *transgender* or *transsexual* and should only be used if someone self-identifies as gender non-conforming.

Non-binary and/or genderqueer

Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for *transgender* or *transsexual* and should only be used if someone self-identifies as non-binary and/or genderqueer.

Common Misconceptions:

The general public often believe that sex workers are a monolith. There exist a myriad of social and cultural sources for this myth. The stereotypes and misconceptions about who sex workers are and the work that we do follow the general public into their various vocations, and this can and does include health care professionals. A few of the common misconceptions that affect health and wellness care (that we have experienced first hand), are as follows:

- “All sex workers use drugs/are addicts.”
- “All sex workers have STDs/STIs.”
- “All sex workers are victims of abuse.”
- “All sex workers abuse alcohol and cigarettes.”
- “Most sex workers won’t get screened or tested.”
- “Sex workers must be coerced/forced to do this kind of work.”
- “All sex workers are (cis) women.”

Snap judgments like the ones above can be harmful and prevent sex workers from getting the medical treatment or care that is needed. As with other patients, putting judgments about our lives, habits and bodies aside until you hear from us directly is safest. Realize that as a medical or wellness professional you might still have a lot to learn. The sex worker community is vast and multifaceted in its working styles, methods, and experiences, take the time to learn from us.

Stigma, Discrimination & Whorephobia in Healthcare:

In the above section we outlined several common misconceptions about workers in the commercial sex industry. In this section we'll discuss how those misconceptions can lead to stigma, discrimination against sex workers, or even those perceived to be sex workers, and contribute to toxic whorephobia in the healthcare field.

For instance, sex workers in our society writ large live with **social stigma**, which “refers to extreme disapproval of (or discontent with) a person or group on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society. Stigma may then be affixed to such a person, by the *greater* society, who differs from their cultural norms.”¹

The **discrimination**, or the unjust or prejudicial treatment that sex workers face intersects with their gender identity, ethnicity, class background, substance use, as well as other factors.

“Social judgment of sex work is a significant barrier to sex workers’ access to health services. Not only do sex workers face abusive and disrespectful attitudes from healthcare providers, but these prejudices taint the ability of health professionals to adequately assess the situation and respond appropriately. As a result, sex workers may not receive the health services they require and do not feel that they can be forthright without being the

¹ https://en.wikipedia.org/wiki/Social_stigma

object of discrimination. The police’s informal use of condoms as proof of ‘prostitution’ or to pressure sex workers to self-incriminate creates a powerful disincentive to carrying, and therefore using, the most effective protection available against HIV and other sexually transmitted infections.”²

We’ve already defined **whorephobia** in a previous section, but it bears mentioning again that the stigma and discrimination associated with doing sex work feeds into a general fear, anxiety and hatred of sex workers. This hatred can take the shape of direct or indirect threatening, or harmful behavior or practice. Denying someone care, delaying care, cruel language, endangering someone’s immigration status, are all examples of the result of whorephobia in the healthcare field.



² maggiestoronto.ca/uploads/File/10reasons.pdf

Best Practices:

It may sound simple, but **active listening** is essential. If we've come to you for care, we need it. It might have been a difficult decision to seek out care based on prior negative experiences, please be sensitive to this.

As **Mandated Reporters** by the state, we understand that you are under penalty of law to report when abuse is observed or suspected.

That being said, **talk to us**. Ensure that you are reporting on actual evidence or insight, not reporting on our legitimate work, which you may morally disagree with. Reporting on us, as criminalized workers, to the police, or ICE puts us and our families in danger, often resulting in violence and incarceration, or deportation.

Please **do not assume**. Not all sex workers have histories of trauma or abuse. Not all sex workers are currently experiencing trauma or abuse. If there exist indicators of trauma or abuse, discuss these with us, openly and without automatically tying it to our work. Some sex workers are much more susceptible to violence or abuse than others based on where and how they have to work, this is not their fault. Remember, sex workers are currently criminalized for working, and surviving. While we are criminalized our working conditions are inherently unsafe.

Do not assume we are being trafficked for sex.

Do not assume our gender identity or sexual orientation.

Do not "out" us to the police in the ER.

Do not victim blame. Do not slut shame. Do not whore shame.

If you hear or see your fellow workers participating in any inappropriate, unethical or questionable behavior toward a sex worker while this patient is receiving care do not tolerate it. Speak with your fellow workers and possibly help facilitate a move or transfer to a safer place of care for the patient.

Resources:

The following are resource guides compiled by sex worker activists and advocates from the US, Canada and the UK:

<http://www.prosnetworkchicago.org/faqsforworkers/>

http://stjamesinfirmery.org/wordpress/?page_id=43

<http://www.new.swopusa.org/resources-usa/safety-self-care-resources/>

<http://www.new.swopusa.org/resources-usa/ally-resources-2/>

<http://supportthosechi.tumblr.com/post/155812872760/we-are-excited-to-debut-our-media-guide-on-sex>

<http://www.pace-society.org/resources/>

<http://prostitutescollective.net/why-decriminalisation/>

<http://www.glaad.org/resources>

<http://www.calachicago.org/>

Research:

The following is a mix of both sex worker-led and law, healthcare industry-led writings on research and practices regarding sex workers and our healthcare/wellness:

<https://sexworkresearch.wordpress.com/>

<http://scholarship.law.berkeley.edu/cgi/viewcontent.cgi?article=1111&context=bglj>

<https://academic.oup.com/occmed/article/57/5/322/1406166/Management-of-sex-workers-and-other-high-risk>

<http://www.nswp.org/resource/promoting-sex-worker-led-research-namibia>

Journalism & Further Reading:

The following is a brief collection of topical articles involving healthcare and sex work. These range from global initiatives to personal testimonials about going to see a medical professional (while we may differ with some positions put forward by the articles, these perspectives serve to represent what is currently happening “on the ground.”):

<http://www.aljazeera.com/indepth/features/2017/01/south-africa-plan-tackle-hiv-sex-workers-170114105105465.html>

[http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/Rights-Evidence-Report-2015-final_0.pdf ...](http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/Rights-Evidence-Report-2015-final_0.pdf...)

<https://www.nursingtimes.net/protecting-the-health-of-sex-workers/207739.article>

<https://thedevelopmentset.com/no-nurse-my-health-issues-aren-t-all-rooted-in-my-sex-work-cd0934f71422>

<https://www.theguardian.com/society/2005/apr/27/health.crime>

https://broadly.vice.com/en_us/article/i-was-left-like-a-freak-in-the-corner-visiting-the-doctor-as-a-sex-worker

<http://www.cos-mag.com/ohs-laws-regulations/32364-sex-workers-facing-increased-safety-risks/>

<http://theinfluence.org/junkie-whore-what-its-really-like-for-sex-workers-on-heroin/>

