

TAKING A SEXUAL HISTORY FROM A SEX WORKER



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This information has been prepared by the sex worker outreach program (SWOP ACT) at Meridian to assist sexual health nurses, nurse practitioners, medical students, doctors and other health care providers when taking a sexual history from a sex worker.

IMPORTANT THINGS TO REMEMBER:



TREAT THE SEX WORKER AS A RESPECTED EQUAL WITH DIGNITY AND HUMAN RIGHTS

Ensure privacy and offer and encourage a telephone interpreter if this would be helpful. Privacy is especially difficult in the emergency department or when a sex worker is admitted to the hospital. Be sensitive to this if you need to take a sexual history.

Tell the telephone interpreter that you will be taking a sexual history. Introducing each section of the sexual history will be helpful to everyone.

Example:

Can I ask you some more questions about your symptoms?

Casual conversation and information sharing can yield exchanges valuable to both parties.

Example:

"We have seen people with penises coming in here with chlamydia and gonorrhoea lately. Have you seen an increase in yellow or green penile discharge at work?"

This shows you respect their input and establishes rapport. It gives the sex worker useful information for when they are carrying out a visual sexual health check on their clients at the beginning of their bookings, and they may volunteer new information to you regarding trends in the community.



SEX WORKERS ARE SENSITISED TO STIGMA

The language, style of interaction and vocal tone you use will influence: how much information you receive from the sex worker, if they access your service again, and if so, how regularly. Even micro-expressions of disapproval or disgust can contribute to feelings of being judged or patronised. Examples include but are not limited to eye-rolling, sighing, shifting on your feet, or avoiding eye contact. The longer a person is a sex worker the more well versed they are in reading body language as a safety tool.



RESPECT THE SEX WORKER'S KNOWLEDGE

Sex workers, new to the industry, may have many questions if they feel they can trust you. Sex workers who have been working for more than a few months will have more knowledge of STIs than the general public - and often more than the average GP. Show respect for this by asking about what they know about a particular subject before telling them.

Example:

"You probably already know this, but not everyone does: chlamydia can be transmitted orally. Where you aware of that?"

"Yes, I knew that."

"I thought you would, I just like to check because not everyone who visits here knows that."

This can lead to follow up questions about particular activities, like the difference between transmission rates for oral sex and penises versus oral sex and vulvas. Be prepared to give thorough information, not the short answers that may be more appropriate for people who don't work in this field. And if you're not sure, don't make it up – offer to find out. This also demonstrates that you know they may be interested in more than just superficial answers.



EXPLAIN WHY YOU'RE ASKING QUESTIONS

Sex workers are often asked irrelevant and inappropriate questions by medical professionals. Let the worker know why you are asking about specific activities and how it helps you know what to test for.



SEX AT WORK AND SEX OUTSIDE WORK ARE DISTINCTLY SEPARATE

SEX OUTSIDE WORK:

Always start by taking the outside work sexual activity history, which is more similar to a standard history. Sex workers are less likely to use condoms with their long term partners outside of work, partly due to associating condoms so strongly with work activity. This is the more likely route for STI infection amongst sex workers, contracting STIs from clients is highly unusual. Ask when they last had unprotected sex with their partner(s) as this allows you to calculate window periods

SEX AT WORK

When asking about sex at work history, don't ask a sex worker how many clients they have had because;

- a) They are unlikely to remember or keep a record in some cases;
- b) It is a stigmatising question and often taken as offensive; and
- c) It is completely irrelevant to testing

Do ask, if it's okay to ask some questions about the types of sexual activity they have at work first and then proceed with your questions



NEVER ASSUME THAT A SEX WORKER PERFORMS ALL, OR ANY, PENETRATIVE SEXUAL ACTIVITIES

Ask about each type of sexual activity separately.

Example:

"Do you do oral sex at work?" (If yes) "Do you use condoms or dental dams for oral sex at work?"

"Do you do vaginal sex at work?" (If yes) "Do you use condoms for vaginal sex at work?"

"Do you do anal sex at work?" (If yes) "Do you use condoms for anal sex at work?"

Ask if they have had any breakages or slippages with their condoms at work, or any other problems with clients trying to remove condoms (ie. "stealth") during a booking. This allows the sex worker to mention anything that they may otherwise momentarily forget to raise.



CONTRACEPTION IS MORE THAN BIRTH CONTROL

If the worker is requesting information on contraceptive options, it may be for reasons other than birth control, such as controlling or stopping menstruation to minimise periods while working. Sex workers who do menstruate tend to use sponges (soft tampons) inserted to just in front of the cervix to hide their period while with clients



8 FOCUS ON IMPORTANT INFORMATION REGARDING UNPROTECTED OR BREAKAGE INCIDENTS

If the sex worker does not use condoms for a particular sexual activity, don't lecture them about it; instead, mention that it means you will need to do the xyz test because xyz is transmitted through that type of unprotected sexual activity. If the worker wasn't aware that it was a risky activity - they now are. If they already knew it is risky and chose to take that risk, the lecture may make them feel judged and reluctant to disclose any further information in your appointment. Double-check your understanding and summarise.

Example:

"Have I got this right? You had a condom breakage at work about 3 months ago and unprotected sex with your partner about three days ago. Your tests today will definitely cover off on the condom breakage from 3 months ago, but won't necessarily pick up anything you may just have been exposed to from your partner."



9 SEX WORKERS SHARE SEXUAL HEALTH INFORMATION WITH THEIR CO-WORKERS AND CLIENTS

Providing them with the most accurate and thorough information enables them to be effective community educators. Resist the urge to exaggerate risk or scaremonger to manipulate the worker into behaviour you would prefer them to practice. Discourage this if you see it occurring in your workplaces.



10 CONSIDER THE TIME

Please be considerate of the potential for them to be leading life in a totally different time zone. Many sex workers are night shift workers, and any appointments made during the day are a significant imposition and are a major reason for not scheduling medical appointments in general. Therefore, remember to ask them if they have a preferred time of day for any follow-up appointments, and what time and the best method for contacting them with results etc. It may be that only text messages or email would work well for them. Waking a night shift worker with a call would be like calling anyone else at 3 am to give them results.



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