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CHAPTER 6
LEE



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“I guess the big thing for me was deciding for myself that I needed to find out as much as possible about [sex workers], where they came from and what their stories were.”

Liz James, Street Nurse

CHAPTER OVERVIEW

Chapter 6: *Lee* explores the relationships between sex work and drug use. This Chapter invites participants to examine their knowledge and attitudes regarding sex and drugs.

SUMMARY OF LEARNING OBJECTIVES

1. To understand sex work.
2. To create a non-judgmental atmosphere of safety and openness in providing health care to sex workers who use drugs.
3. To explore the context of sex work in society.
4. To understand the connection between sex work and drugs.

BACKGROUND:

In Chapter 6, street nurses Caroline Brunt and Liz James interact with Lee, a sex worker, as they administer an antibiotic injection for syphilis. Sex workers have higher rates of death from disease, disability and murder than do other women. (Potterat et al. 2004) Harm reduction practices can help to safeguard sex workers in the same way they can reduce health risks for drug users. Successful interventions include peer education, training in condom-negotiating skills, safety

education for street-based sex workers, self-help organizations, distribution of male and female condoms, health and safety guidelines for brothels, and community-based child-protection networks.

(Rekart, 2005)

LEARNING ACTIVITY 1 FOR SEX WORK & HEALTH

Objective

To understand sex work.

Activity

Write the following questions on top of five flip charts, or use the *Sex Work* handout on page 68:

1. Who are sex workers?
2. Where does sex work take place?
3. What kind of sex work takes place?
4. Why do sex workers engage in sex work?
5. Where does the demand for sex work come from?

Ask participants to brainstorm responses to the above questions.

CHAPTER 6: LEE (3:45)

Reflections on Practice:

Sex Work & Health (3:17)

+ Topics:

Sex Work & Drugs (10:08)

Street Drugs 101 (34:58)

NOTE:

Sex, Drugs & Gender explores drug use among people in the gay and transgendered communities. It is not included in any chapter menu, but can be found in the +Topics menu on the DVD and on page 88 in the teaching guide.

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HANDOUT 6.1

SEX WORK

1. Who are sex workers?
2. Where does sex work take place?
3. What kind of sex work takes place?
4. Why do sex workers engage in sex work?
5. Where does the demand for sex work come from?



HINTS FOR FACILITATORS

1. Who are sex workers?

Male/female, transgendered, gay/lesbian/ bisexual/heterosexual, all ethno-cultural backgrounds, all socio-economic statuses, all ages, mothers/daughters/sisters/wives, fathers/brothers/ sons/uncles, children and youth.

2. Where does sex work takeplace?

Many venues, both indoor and outdoor: Massage parlours, brothels, homes, cars, trucks, on street (high track or low track) hotels, bars/clubs, malls, parks, back alleys, highways, Internet/phone.

3. What kind of sex work takes place?

Sex workers may have various roles: escort, masseuse, survival sex worker, on-street worker, body worker, dancer, or provider of Internet/phone sex. Sex workers may also be sexually exploited children and youth, or the victims of enforced slavery of trafficked and exploited persons.

4. Why do people engage in sex work?

Choice, coercion/exploitation, poverty, addiction, housing, food, clothing, recruitment, marginalization (gender, race, class, age), need for extra money.

5. Where does the demand for sex work come from?

Johns/clients, male (very few female), heterosexual/ gay, all ages, fathers/brothers/uncles/ neighbours, all professions and socio-economic statuses.

(Living in Community Balancing Perspectives on Vancouver's Sex Industry Action Plan, 2006)

CHAPTER 6: LEE (3:45)

Reflections on Practice:

Sex Work & Health (3:17)

+ Topics:

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Street Drugs 101 (34:58)

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LEARNING ACTIVITY 2 FOR SEX WORK & HEALTH

Objective

To create a non-judgmental atmosphere of safety and openness in providing health care to sex workers who use drugs.

Before Viewing

Prior to the exercise it is helpful to create an atmosphere of safety and openness by acknowledging to the participants that many of us have not had the opportunity to speak about sexuality and drug use in a professional capacity.

1. Divide the participants into groups of 3 and ask each participant to role-play a nurse, sex worker or observer.
2. Ask the nurse to find what she or he can find out about the sex worker's sexual practices and drug use. The sex worker can choose to be male or female, straight, gay, lesbian, bisexual or transgendered and is welcome to create her/his own story.
3. Ask participants to be mindful of the people in their context, outreach nursing strategies (safety, relationship building), and therapeutic communication strategies.
4. The observer provides feedback and, if necessary, demonstrates how the nurse could have responded differently to effect a better outcome.

5. Circulate and support the small groups.

6. If there is time, switch the roles.

During Viewing

View *Sex Work & Health* (3:17)

After Viewing

Discuss how Liz's comments connect to the role-play experience.

Ask participants the following questions:

- What is the impact on the provision of health care when clients experience shame and stigmatization?
- What issues might sex workers face when seeking health care, and how they might feel disclosing their work to their health care provider?
- What issues might sex customers have when seeking health care, and how they might feel about disclosing to their health care providers that they purchase sexual services?
- How might health care professionals react to these disclosures?



“I need to work to get high and I need to be high in order to work.”

Sex worker

Background

Operating a brothel, communicating for the purposes of prostitution, and living off the earnings of prostitution are illegal in Canada. Both men and women work in the sex industry – some as employees, and some self-employed. They may be working as street-based sex workers, masseuses, escorts or dancers.

(Living in Community, 2006)

Sex work occurs in a range of outdoor and indoor venues, including parks, streets, alleys, highways, cars, trucks, homes, hotels, massage parlours/brothels, and bars/clubs. (Living in Community, 2006) When discussing sex work, it is important to remember that street sex work is estimated to make up only 20% of the multi-faceted sex industry. (Lowman, 2006) Street-based sex work is usually linked to survival, and this work is often in exchange for food, shelter and drugs.

Sexual slavery and the coercion of children and adults into the sex industry are a reality in Canada. Both children and adults have found themselves in situations where they are indentured, owing money to pimps and/or traffickers for travel, food or clothing. For the many who provide services, the sex industry can be a dangerous and frightening experience.

(Dunlap, Golub et al. 2003)

Sex work involving consenting adults remains highly contested in our society. Some members of society see prostitution as legitimate work and as a service-based industry; others see sex work as utter exploitation enmeshed in a complex web of power and control between men and women. The majority of sex workers in Canada are women; the majority of pimps and customers in Canada are men, and sex work is economically driven.

(Plamondon G, 2002)

LEARNING ACTIVITY 1 FOR SEX WORK & DRUGS

Objective

To explore the context of sex work in society.

Activity

Ask participants if the statements in the *Sex Work Quiz* on page 72 are true or false.

Why?

How does this inform your nursing practice.

CHAPTER 6: LEE (3:45)

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+ Topics:

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SEX WORKQUIZ**CIRCLE T (TRUE) OR F (FALSE) FOR EACH OF THE FOLLOWING STATEMENTS.**

1. T F Street-based sex work makes up 50-70% of all sex work.

2. T F The chances of a street sex worker being beaten, raped, murdered, kidnapped or mutilated are 120 times higher than for any other demographic.

3. T F Most sex workers report to police, hospitals, battered women's services or rape crisis centres when they are assaulted.

4. T F Most people who commit acts of violence against sex workers are criminally charged.

5. T F Street sex workers come from all walks of life, families and diverse backgrounds.

6. T F Pimps control all sex workers.

7. T F For the worker, sex work is about sexual experiences.

SEX WORK QUIZ ANSWER KEY

1. FALSE

- Street-based sex work makes up 10-20% of all sex work.
- 80% of sex work is estimated to be off-street (independent escort agencies, massage parlours, brothels, bars/clubs, trick pads and bath houses)

2. TRUE

- The chances of a street sex worker being beaten, raped, murdered, kidnapped or mutilated are 120 times higher than for any other demographic.

3. FALSE

- Most sex workers do not report to police, hospitals, battered women's services or rape crisis centres when they are assaulted.

4. FALSE

- Few people who commit acts of violence against sex workers are criminally charged. Many acts of violence are unreported and therefore it is difficult to collect data.

5. TRUE

- Street sex workers come from all walks of life, families and diverse backgrounds, but most are from low socio-economic groups.

6. FALSE

- Pimps do not control all sex workers.

7. FALSE

- For the worker, sex work is about economics.

(Living in Community, 2006)

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LEARNING ACTIVITY 2 FOR SEX WORK & DRUGS

Objective

To understand the connection between sex work and drugs.

Before Viewing

Ask the participants:

- How might being high on drugs influence a sex worker's thinking and behaviour?
- How might being in drug withdrawal influence a sex worker's thinking and behaviour?

During Viewing

View *Sex Work & Drugs* (10:08)

After Viewing

Ask participants the following questions:

- How do Sherri, "Mum", Dee and Tina explain the influences of drugs and withdrawal on sex workers' thinking and behaviour?
- What important issues did you identify in *Sex Work & Drugs*?
- How might this information influence a nurse's attitude and communication skills?

STREET DRUGS 101

+Topics: *Street Drugs 101* is included in the Chapter 6 DVD menu.

The +Topics: *Street Drugs 101* Learning Activity is on page 21.