

Primary Care for People Engaged in Sex Work

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Disclaimer

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SHE Clinic





Photo by Tess Riski



Qualitative interviews of exchange sex workers on North Aurora, 2014

- All surveyed were opiate dependent
- Nearly all did not have medical home/PCP
- Prior interactions with healthcare system were felt to be judgmental and stigmatizing



Data from Laura Hamman, DNP, 2014

Women of North Aurora

Medical needs assessment performed in 2017

- Most of the women surveyed wanted full primary care
 - Contraception
 - Vaccines
 - Cancer screening
 - Mental health care
 - Buprenorphine-naloxone
 - STI testing/treatment
 - HIV testing
 - HCV testing and treatment
- Most had not heard of PrEP



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• July 2018, walk-in low barrier care

Harm Reduction, Trauma Informed

- STI testing/treatment
- Rapid HIV testing
- PrEP/PEP
- GYN care/contraception
- MAT for OUD
- HCV treatment
- Wound care
- Referral to specialty care
- Referral for prenatal care
- Companionship



Things they wish we did/didn't do...

- Provide a warm and inviting approach. Treat each encounter as a potential step toward improving their health.
- Give patients space to tell their story. Don't press for information and try to minimize the need for them to repeat what is already in the medical record.
- Offer care that is individualized, supportive, non-judgmental. Focus on risk reduction. Avoid adding labels like "sex worker" to the chart.
- Emphasize the patient's control over any examination and care. Offer options. Only touch when needed for an exam with clear and ongoing consent.
- Don't appear shocked or disgusted.
- Learn to recognize trauma responses. Attend to person's safety throughout the encounter.







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