



Safety and solidarity:

Using collective documents to share sex workers' insider knowledges

by Julia Sharp



Julia Sharp is a social worker and counsellor based on Gadigal Land in Sydney, Australia. She currently works as a counsellor for people engaging with the Royal Commission into Defence and Veteran Suicide, and for cast and crew in the film and television industry. Julia is interested in ways narrative practice can counterbalance problem-saturated stories and in exploring creative ways of deconstructing the social norms and expectations that can often leave people feeling shame and isolation. Julia.ac.sharp@outlook.com

Abstract

Western culture and Western health care systems have created places of sexual health care that are highly individualised, privatised and professionalised. For people engaged in sex work, this reduces the possibilities for sharing skills and knowledges and instead leaves people with internalised feelings of shame, guilt and isolation. This paper describes collective therapeutic work that elicited insider knowledges, skills and sparkling moments from sex workers. These accounts sidestepped negative identity conclusions and fostered mutual support among the workers, even though the participants never met each other. The work was guided by narrative practice concepts including externalising, double listening, re-authoring, privileging insider knowledges and developing collective documents.

Key words: *sex work; collective document; insider knowledge; narrative practice*

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Author pronouns: she/her

At the time of writing, I was a sexual health social worker in a multicultural low-socioeconomic-status area of Sydney, Australia. In this paper, I discuss ways I sought to create relationships of respect (Reynolds, 2019) with the persons I met, through using externalising, re-authoring, the privileging of insider knowledge, collaboration and the written word. I attempted to use and adapt these concepts to expand people's understandings of the problems in their lives and as a way to address the presence of isolation and stigma, which many people experienced.

It is important to me to highlight that this paper is written from a subjective position, influenced by my specific cultural, racial and gendered position. I am writing on the beautiful unceded land of the Gadigal people of the Eora Nation. I am from settler coloniser heritage. I am a cisgender woman from a middle-class family and was raised in a single-parent LGBTQIA+ household. My upbringing was strongly shaped by the feminist movement, including strong values of activism, solidarity and social work. When I began practising social work six years ago, I realised the influence my upbringing had on my practice; for example, I was always curious about the discourses behind decisions and judgements, and I saw privilege and power as present in people's daily experiences. However, it was not until I began studying narrative therapy that my work expanded to become more creative, collaborative and collective.

A sexual health context

This paper describes work in a free sexual health service that aimed to educate and serve "priority populations" including people living with HIV/AIDS, people who sex work, trans and gender diverse people, gay men and other men who have sex with men, and people who inject drugs.

During my conversations with our clients, I began to notice common themes including isolation, stigma, shame and guilt. It was a busy service, and I was rarely able to make prompt follow-up meetings – sometimes it would be four or five weeks until another appointment was available. The long periods of time between conversations left people without support, and also limited the opportunities to make connections among people experiencing similar problems. Opportunities for connection were further inhibited by the individual, confidential and privatised approach (Reynolds,

2019) to health care taken by the service. I began to feel discomfort about these limitations on my work, particularly in relation to people who sex work.

People who sex work

Anyone working as a sex worker could attend the service for free sexually transmitted infection (STI) testing, and sex workers were encouraged to see a social worker if they were new to the sex industry. This was offered because working in the sex industry can come with social stigma, which in turn can isolate workers from talking to others about their work. People could decline the referral to a social worker and also had the option to attend the clinic and provide a name that differed from the name on their identification documents. The referral to speak to a social worker was also encouraged to provide a safe space to talk about the legalities of sex work in the jurisdiction and about sex workers' rights. If the person wished, we could also talk about sexually transmitted infections and how to practice safer sex. I always intended these conversations to be empowering and sought to create safe and comfortable conversations about all things sex work. This was often not something a sex worker had experienced before, especially in the health care arena.

During conversations with people new to sex work, I was frequently asked similar questions: about difficult clients, drug use in the workplace and safety. For people for whom English was not their most fluent language, we had conversations about how to speak with clients about condom use and practiced phrases to use.

I would often refer people to sex-work organisations for peer support; however, I noticed these referrals were rarely taken up. I began to wonder about why this was and how I could better support and work alongside people who sex work if it was their choice or preference to continue to attend our clinic. I also wondered how I could build my skills to support people therapeutically within the short time frames that were available.

The written word

The first time I heard about using the written word as a political act was in a paper by Nylund and Thomas (1994). They spoke about their hope to use the written

word as a way to “strengthen the development of a new story” or for “thickening the counterplot” (1994, p. 38). These ideas resonated with me because of the ethics I hold close about not being neutral in moments of oppression or injustice, and at the same time, practising in a decentred yet influential way. I began a personal and professional connection with using the written word in my practice.

I was also inspired by Mann (2002), who invited therapists to reflect on practices of respect. I hoped that including written documents in my work could be a part of this, opening up space for continuing exploration of unique moments, and mapping out an “alternative territory of identity” in which people might stand to “give voice to their experiences of trauma” (White, 2005, pp. 20). I found that having this dual focus helped elicit “accounts which richly describe the effects of the hardship that is being endured and also richly describe the ways in which the community has been responding to this hardship” (Denborough et al., 2006, p. 21). I held on to the idea that this process might anchor people’s sparkling moments and moments in which they had sidestepped the problem’s influence.

Insider knowledge and collective documents

I noticed that many of the female-identifying sex workers asked me for advice about the issues they faced. Having never done sex work, I knew I was not the right person to answer their questions.

I found myself reflecting on ways I might invite and share insider knowledge about issues faced by sex workers. Narrative therapy acknowledges, privileges and seeks to share local knowledge and the skills that people in a community use and practice (Denborough, 2008; Denborough et al., 2008; Epston, 1999). I started to see the ways narrative practice could be useful, offering ways to bring people together without forming a face-to-face group. Groupwork was unfortunately not viable in this organisational context, despite people voicing a need for connection and peer support. I was drawn to the idea that collective documents could be used to start a process of mutual contribution between people and communities without them coming together in face-to-face meetings (Denborough, 2008).

A conversation with a young woman, Barbara¹, who was new to sex work, supported me to try out archiving insider knowledges in collective documents. Barbara was referred to see a social worker because she had disclosed to a nurse that she was new to sex work. Barbara agreed to this referral, and we met in my office. As we started to discuss her work, Barbara spoke about choosing sex work to help build up her savings after COVID-19. She said that she mostly enjoyed sex work and liked how it made her feel overall, describing fun, empowerment and the sexy things she felt when the work was going well for her. She noted the stigma around the sex industry and how this meant she couldn’t tell her friends or family about her work. Often people who sex work are judged as “dirty” or promiscuous, and their work is seen as defining of their identity. There is a belief that they are selling their bodies in a way that differs to a factory worker or tradesperson. Despite sex work being legal in the state where Barbara worked, social discourses kept Barbara from speaking openly to friends and family about her work.

Barbara said that she didn’t know many of the other women at her parlour and didn’t really want to ask them for advice, so she asked me. I recognised the issues she raised as being common workplace experiences for people (mainly women) who sex work. Specifically, she asked:

- what to say to men who don’t want to use condoms
- how to respond to men who get violent and refuse to pay
- how to say no to men who want me to use drugs with them, and how to avoid ruining the flirty mood while doing so.

Barbara spoke about values of safety, respect and fun, and these questions were a way of staying close to these values and her intentions for engaging in sex work. I asked Barbara if it would be okay if I didn’t respond to these questions straight away, but instead contacted other women who sex work and asked them for their answers to her questions. Barbara agreed, and I went off to start my first collective document of local insider knowledge.

I approached six women who did sex work, all of whom had been meeting with me over a period of time. Some I had only chatted with over the phone, others I had met face to face over the years I had been at the clinic. I called each woman and explained Barbara’s

situation and the questions she had asked me. I asked if they would be open to responding to her questions, and I offered to call them back if they wanted time to think, to send questions in a text or email, or to meet face to face. I really wanted to offer choice and invite collaboration in relation to the ways they might participate. Each person was happy to answer the questions then and there on the phone.

Barbara and I had come up with a set of questions to ask:

- How do you manage clients who don't want to use condoms?
- What do you say when clients don't want to have a shower or an STI check?
- How do you manage clients who say other girls at the parlour don't make them use condoms?
- What do you do when clients try to force you to do "extras" without paying?
- What do you say when a client wants you to use drugs?

- Do you have any other skills or knowledge that you would like to share with people new to sex work?

I hoped these questions might elicit specific stories and skills each of them used to manage and respond to the safety issues they experienced. I wanted the document to be able to sustain collective resistance and to travel in all the different contexts of sex work – private work, parlour work and so on. In addition, Barbara agreed to including some questions about the person's experience answering the questions above:

- Would you like a copy of this list?
- What was it like taking part in this?
- What motivated you to participate?

Each woman had a string of answers, like they were on the tip of her tongue, which highlighted to me the commonality of these issues in their work places. The document (below) is comprised of their words.

SKILLS AND KNOWLEDGES FOR NEW SEX WORKERS IN THE INDUSTRY

When clients try to not use a condom or don't want to have a shower/ STI check

- You can say, "I like a clean boy but with a dirty mind".
- Try dropping your tone of voice when setting your boundaries/rules. You can try to be playful at first, but if the client still tries to push you to do something you're not meant to or not comfortable with, drop your tone of voice to a more serious and direct tone.
- You can say, "I don't think you have anything, but I don't want to get HIV".
- You can say, "Hey, well, STI checks are mandatory and so is having a shower. If you're not willing to do this then I'm happy to give you a refund".
- If they disagree, you can walk out of the room and wait for them outside of the room.

If the client keeps saying that "other girls at the parlour don't use condoms"

- You can say, "Other girls can do what they want, but I always use condoms".
- You can say, "I haven't met anyone here who doesn't use condoms".
- You can say, "No-one I know does that. If you want to book in with someone else then you can do that because I always use condoms".
- If you don't use condoms, get PrEP² and go for regular STI/HIV screens.
- If they say they didn't have to do it last time, you can say, "Well, you booked me, and this is part of my service".

When a client tries to get “extras” without paying

- Figure out what extras you do, and if you're not comfortable with other extras then explain what you will do. If they try to get you to do other stuff you are not comfortable with, then explain what you are comfortable doing and reframe it in a positive way.
- Try “playing dumb” saying “Oh, you did not know? Well, I will get a receptionist and you can pay them for the extras you want”.
- Try saying, “I love your energy; can we slow down and talk about what you want? This is my service, if you want extras you can go to another girl or pay extra at reception”.
- It's best to ask for the payment up front before you start.
- Get out of the room and find someone you trust to help you get the client out of the room.
- Try to remember their faces so that you can let the other girls know so that everyone is safe.

When a client tries to pressure you to use drugs

- You can say, “I want to have fun with you but I'm not a party girl”.
- “I just had some, so I am happy to watch you party.”
- Tell them you don't do that or don't use drugs, and tell them to leave if they try to insist.

General advice

- Do not be afraid to figure out your boundaries.
- One unhappy client does not mean all clients will be unhappy with your service.
- If you feel scared of the manager or receptionist, then you could be working in an environment that is toxic and does not look after the girls. Find somewhere that does put the girls first.
- Don't fight or argue with clients if you don't have someone to support you or help you stay safe. Just let them take your things because you may get hurt and it's not worth it. (girls who work privately).
- It's important that you find balance and look after your body. If you overwork, you may get sick.
- If the work is impacting your mental health, leave the job. It's not worth it.
- Don't feel guilty when you look at the piece of paper at the end of the night (how many people you have slept with).
- Don't suppress your feelings with drugs and alcohol. Instead, get a social worker or talk to someone. Talking helps you get the support you need.

Each woman told me she was really interested in sharing her knowledge and the things she does in these situations. When I asked the women the final questions, each stated that she had been in the same or similar situations and would have loved this advice when starting out in the sex industry:

It is important we look after each other and don't always see each other as competition.

It's hard to have confidence when you start out, and I hope that this helps other girls new to sex work feel comfortable and stick to their boundaries.

When I asked each woman if she would like a copy of the collective document, three women said yes and two asked if they could share it with other women at their parlours. When I showed Barbara the responses to her questions, she said: “I love these ideas. I would never have thought about some of them, and it's nice to know that other girls are supporting me through this list”.

I asked Barbara if she wanted to add anything, as by this time she had been sex working for almost two months. Barbara stated she felt she didn't want to add anything at this stage but may do so in the future.

I hope this document lives on and is shared with other people who sex work. Before I left the service,

I presented the document to the clinic and sent all the staff a copy to share with people who are new to sex work. My hope is that the document will be provided to people who are engaged in sex work when they meet with a social worker at this service, and that it will contribute to bridging the gap that remains between “expert” knowledge and insider knowledge. Through working alongside the women who contributed to this document, I have been able to see how these insider knowledges are very different from the advice given by “experts”. The advice given in this document is specific, tried, tested and contextual. I have never heard other staff at the clinic share such relevant, contextually specific suggestions, and I could not have made them myself. The advice was shared from a place of understanding and experience, with the purpose of supporting other women’s safety. The words connected through a sense of solidarity and collectivity – something no advice from a doctor, nurse or social worker carries.

I hope that this document can be a step towards the privileging of insider knowledge within this sexual health centre. I hope the document will continue to be used and offered by social workers, doctors and nurses to help reduce stigma and increase sex workers’ voices, skills and knowledges where they are so greatly needed.

Conclusion

In this paper I have presented my use of a collective document to elicit and share the insider knowledge of sex workers attending a sexual health centre. I found the collaborative use of the written word to be creative and fun, often resulting in laughter even when talking about serious and tender issues. My intention was to provide space for people to continue to address the issues they are facing in their lives, to highlight their insider skills and knowledges, and to connect people in a situation in which face-to-face group work was not an option. I hope I have been able to provide space for precious themes (White, 2007) to become more richly known. I also hope that this example of a collective document presents a small challenge to some powerfully isolating understandings of sex workers’ identities.

Notes

- ¹ Barbara is a pseudonym.
- ² PrEP stands for pre-exposure prophylaxis: antiretroviral medication taken by HIV-negative persons to protect them against HIV infection.

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