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## A Visit to the Doctor: Preparation for Activism

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### Keywords

Australia, prostitution, violence, trauma, medical profession, activism, complex post-traumatic stress disorder, medication, doctor

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### Acknowledgements

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## A VISIT TO THE DOCTOR: PREPARATION FOR ACTIVISM

Simone Watson

*Nordic Model in Australia Coalition*

### KEYWORDS

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I WROTE THIS PIECE to describe what I—a prostitution survivor with complex post-traumatic stress disorder (CPTSD)—go through to be a sex-trade abolitionist.

The traumatized survivor and the abolitionist activist inside me create an internal push and pull relationship with the world. After years of living with CPTSD I often don't leave the cabin I rent in a small town for weeks or months out of fear of having to interact with people. Then I switch to prostitution abolitionist and travel, sometimes thousands of miles, to highly-populated cities to speak publicly.

Mental health professionals confirm that the practice of living one's values is essential to one's mental health and overall well-being. I am a firm believer in grassroots activism and the principle of acting locally but thinking globally. And yet, I probably won't be at the local bake sale raising funds to fight for that forest I so desperately want to save.

I live my life with this constant tension between my values and my capacity to act on them. While my way of balancing personal integrity and the work I do, with leading a “normal” life, may be imperfect to some, it is the way I live, and my life is important to me.

Despite the fact that I like people very much, my interactions with them are difficult because many don't believe in the work that I do, and this work is pretty much the only thing I do. This tension includes my relationships with medical professionals and is aggravated by their, sometimes, cavalier attitude or disapproval of my work. They also want me to adjust my attitude or find other ways to cope with the anxiety of activism, or conversely, to give it up and live a life of least resistance. Their solutions are not possible. Although I live with the difficulty of CPTSD, it is the activism that nourishes me. I cannot give it up.

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I enter the doctor's office. She turns to me and smiles, indicating where to take a seat. We introduce ourselves for the first time. She pulls up my medical record on the computer and says, “Smoking cessation? By the sound of that cough and the *smell* of you I see that hasn't happened.”

I cringe, embarrassed. “True. I did stop for fifteen months, but I gave in after I reported a pedophile to the police here. Small town. Lots of dirty looks from everyone...I should have been stronger...I have PTSD.” I am now just two feet tall, as expected. My words sound like pathetic excuses.

“What can I do for you today?” She asks.

“I am traveling for work and need Valium. I will be flying. Going to lobby a parliament. I find Valium more helpful than alcohol. I'm always battling alcohol because it increases my panic attacks.”

“Valium is not useful for panic attacks. It doesn't work. Have you tried...” the doctor lists anti-depressants, (even though they are already listed in my file, which is open) and adds cognitive behavioral therapy, CBT, to the options she prefers for me.

I explain, “I've been on almost all types of anti-depressants. They do not stop panic attacks for me. It is almost ironic: CBT is only useful for getting me out of the house to visit a doctor for anti-anxiety medication. CBT doesn't work for trauma. Valium is not perfect but since I don't abuse them....”

“Valium is not the solution,” she interrupts.

“I know, but it works for me especially when I am flying, and when I know I am going to be facing hostility. Often just knowing I have it allows me to calm down without taking it.”

“There are much better ways,” she insists, and I am in the same circular discussion I have with most doctors, although she thinks it's the first time I'm hearing it. I want to scream. Instead, I breathe deeply trying to calm myself.

I focus my mind on why I am sitting here and make a mental list of the reality of my life and what I am about to do. I live in regional Australia. I am agoraphobic and about to embark on a long journey by bus, train, plane, and taxi. I am on my way to a city I don't know my way around. I am going to give evidence at a national parliamentary hearing as a prostitution survivor who opposes a bill that would decriminalize ‘johns’ and pimps. I am delivering this testimony to, mainly, hostile ears and eyes. I repeat a mantra in my head: *I am valid. My work is valid. My reason for being here in this doctor's room is valid.*

Memories come back to me: Jeers and slurs slung at me during an Amnesty International Human Rights Conference in Melbourne's Parliament House. Vomiting outside and being helped off the grounds by a stranger. Other experiences flash before me. Being interrogated by piercing politician's eyes as I deliver testimony about my time in prostitution. Being laughed at for describing the facts of what happened to me or dismissed as being a unique individual who has had a singularly difficult time. Being informed I am not representative of “sex workers.” Being called a bigot and a “whorephobe” for speaking the reality of being bought by men over and over. Seeing other survivors emotionally shredded.

I close my eyes. The doctor has already told me I stink, I better not tell her I know myself better than she does. (OR I better not tell her I know the worst of myself better than she does.)

As always, I put myself in the doctor's shoes. I know that Benzodiazepines are over-prescribed and doctors are discouraged from handing them out. A doctor doesn't want the reputation of encouraging addiction. But the doctor's needs are not my priority; doing this activist work is my priority. The alternative is taking heavy antipsychotics (like Seroquel, against the advice of an excellent psychiatrist), which cause me sit on the couch, gain 20 kilos, and do *nothing*—but at least the doctors look better. Apparently.

“What work do you do?” she asks.

I don't want to get into it, so I give her the broader aim—fighting sex trafficking rather than describing myself as a prostitution abolition activist. People support advocacy against sex trafficking while they aren't sure about advocacy against prostitution. I also don't want to run the risk that she's one of the woefully uninformed who may have read a column or two from *Daily Life* and thus, calls me a “former sex worker.” If that happens, I'll have to tell a supremely educated person that she is not an expert in my field. Explaining the difference between prohibition and abolition would be antagonistic, and we all know I don't have a degree...

“Are you with the police?” she asks.

“No, I'm a survivor of prostitution,” I reply. She shifts in her chair but carries on.

“When was your last pap smear?”

“Seven years ago, and I am not having any more. I would need more than Valium to endure that.”

“But you of all people should have them!” She exclaims.

“Why?”

“Given the number of sexual partners you've had, you are more at risk of...,”

I forcefully interject, “They were NOT sexual partners they were fucking paying rapists. I've had more sexual health tests than people who have never been prostituted but have unprotected sex every bloody weekend after the pub. Something I don't do.” I laugh at my own anger, and she laughs, which relieves me because she really could have thrown me out for swearing and defying her like that.

“Of course, you call them what you will, but you should have a pap smear,” the doctor presses.

In my mind is the image of a speculum, then the various fingers, penises, hands, and objects that have been thrust inside me. Re-living men shooting at me—after or before—up to twelve of them raped me—a game of “aim-to-miss” they played when I was trafficked on a farm. I still feel like an idiot years later, every time the motorcycle clubs come through town to support a charity for kids or men

with depression. The noise of motorbikes makes me panic. I recognize Harley Davidsons. I used to have a doctor who rode a Harley, but he also had a beautiful dog and let me walk her. So, I trusted him. Mixed feelings are part of the contradictory nature of CPTSD. Deciding whether a man with a motorcycle is safe or not based on minutiae, or trusting him because he placed me in a position of trust.

The nature of CPTSD also means people don't understand why I can tolerate the sound of one motorbike and not another. Such stupid, stupid things create such electric spasms in my brain. The same brain, that is rational, hurts. This appointment is not a therapy session. I know those men are not "*those men*," but they might be: it is the noise, the noise of the bikes...

I explain in defense, "I'm not hurting anyone by not having a pap smear, but I *am* facing another hostile group of pimp supporters, superior men in suits. I'm traveling out of state and staying with strangers. I barely leave my cabin when I am at home. Even going to the local shops is a nightmare. Even coming here to see you! I know what I need and it is exhausting to go through this every time I ask for Valium. I'm exhausted. I'm exhausted of being frightened. I'm exhausted by this conversation."

Then, I apologize. Sincerely. Why should she know this world?

I make disingenuous promises to never ask for Valium again like the junkie she thinks I am. In telling the truth, I also lie. Am I a junkie? The last time I pulled my back out it took my doctor a long time to convince me to accept a morphine injection...

She writes me a script with the clear indication that I will have to suck dirt to get another one.

She says with a sigh as I'm leaving, "You seem a bright girl too..." I'm nearly fifty years old, and she calls me a girl. Another patronizing doctor is all I can think. Another doctor with so much power and no clue about survivors' lives.

My ability to work depends on me not being a panicked mess on the floor of an airport. I could give up the work. I could die. Is that better than the occasional Valium? Going through this (and she was one of the better ones), I wonder how ethical these doctors really are. My hostility isn't helpful, I know, but neither is the down-pat speech I hear from those who live in their bubble of denial.

By telling the truth about my experience in prostitution, the trauma and CPTSD, I am in danger of being cut off, not just in the doctor's surgery, but everywhere. Perhaps I should feign back injury next time. I never do. Perhaps I should be a man with a disability claiming I need "sex." I wonder if that would change her mind.

I tell the truth, but not all of it—who has the time—about my past, which frankly is more than these doctor's do. They don't admit they don't want to be a Valium prescriber, and that means my needs don't really matter.

Much has been in the media about accidental deaths from prescription medications. If I were to commit suicide, though or die accidentally, they would put it down to me being a drug addict, not because of the day-in-day-out hostility I face

just surviving what I do. Or the fact that each time a survivor speaks out against a multi-billion-dollar organized crime industry we can be added to its death list.

The doctor isn't going to understand my reality. For her, it is about not taking Valium as opposed to the truth: it's about me trying to stop men paying to rape.

The fact that I am incredibly careful with Valium and alcohol use, that I value my life and my work, is irrelevant. The fact that I am brave even going to the shop, that I can laugh at the same jokes as 'normal' people, that I am so attuned to surviving, is not acknowledged.

Least of all, the fact that I face active hostility to speak out in parliaments against pimps.

I want to say, "One day in my shoes. My marvelous, desperate, dangerous, psychologically-scary activist shoes..."

But I feel I am giving myself too much credit.

I am the nearly 50-year-old "quite bright girl" who needs to suck dirt until the next time I face a politician who I know has been a "john," or confront the sex industry's political attack dogs who treat me like a nut-case for even suggesting men may not have a right to buy women.

I wonder how she would cope in these shoes and if she could "CBT" her way out of such debilitating trauma. If she would acquiesce to using Seroquel and live her life on a couch. If she would use anti-depressants that do not work just because a doctor advised her to take them.

Out on the sidewalk in the fresh air, holding my script, I look above the local supermarket straight ahead up to the green hill enclosing the valley of this town. A visit to the doctor is just one obstacle I've faced and survived with much more to face in the days ahead. I breathe an exhausted sigh of relief and begin my walk back to the cabin. I'm ready to pack my suitcase for the journey, frightened of what awaits me, and determined to keep going.

## **ACKNOWLEDGMENTS**

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