Reviewing the occupational risks of sex workers in comparison to other ‘risky’ professions. July 2017

Professor Teela Sanders; Stewart Cunningham; Dr Lucy Platt; Pippa Grenfell; Dr PG Macioti

Sex Work and Mental Health

Dr PG Macioti; Pippa Grenfell and Dr Lucy Platt

This briefing paper is based on a scoping literature review of existing research on mental health and sex work. It is part of a wider Wellcome Trust Seed Award project, which aims to understand how occupational health and safety differs between sex workers and other professions which are established as ‘risky’ because of the elevated prevalence of violence in the workplace and poor mental health.

This document is directed to practitioners and service providers who work with sex workers and to researchers in the fields of sex work and mental health. Whilst this synthesis is by no means exhaustive, it intends to:

• introduce the main discourses and frameworks of analysis on sex work and mental health
• identify the main factors that influence sex workers’ mental well being
• recommend best practice and policies to improve sex workers’ mental health
• suggest new directions for practice-oriented research on sex work and mental health

Methods

We conducted a literature search in six academic databases (Ovid Medline, Psych Info, Web of Science, Embase, CINAHL Plus, Global Health) and Google Scholar for quantitative and qualitative studies related to mental health and sex work. We also searched grey literature, documents written by sex workers, NGO and government reports. Aiming to critically address dominant discourses, we scoped all relevant literature, regardless of its methodological or ethical flaws. We also included research on mental health and trafficking into the sex industry, to contextualise the sex work literature and because the definition of trafficking is often unclear and/or not clearly differentiated from sex work in research. We anticipated that labour exploitation and coercion along with the overlap between trafficking and sex work would be highly influential on mental health. Overall, we retrieved 160 documents. We conducted similar literature searches to identify research on nursing and police as comparator ‘risky’ professions.

Research approaches

We identified three main approaches to mental health and sex work in the research literature:

1. Research assuming and assessing the inherent harm of sex work to sex workers’ mental health
2. Research assessing sex workers’ mental health for its wider implications for public health
3. Research studying sex workers’ mental health in order to improve it

The mental health of female sex workers

Most existing quantitative studies on mental health and sex work are with female sex workers (FSW). Depression, post-traumatic stress disorder (PTSD) and suicide are the most frequently studied mental health issues in FSW. Although generally high, the prevalence of mental health problems among FSW varies considerably (e.g. prevalence of depression varies from 10% to 100%) (Krumrei-Mancuso, 2012).

Most of these studies take place among particularly vulnerable sub-groups of FSW, such as street workers, drug users, undocumented migrants, detainees, low-income workers from poorer countries and those who have been trafficked, where the distinction between those who are trafficked and non-trafficked is at times ill-defined.

This research tends to use high incidence of mental ill-health among specific samples of FSW to prove the harmfulness of all sex work (e.g. Farley, 1998).
Conversely, existing research studying different sections of the sex industry shows diverging mental health among different groups of FSW. Most of these studies take place in countries where sex work is partly legalised and access to different sectors of the sex industry is easier, for both sex workers and researchers.

According to these studies, FSW with documented migration status, who have better working conditions, who are autonomous and more satisfied with their jobs, enjoy considerably better mental health than other groups of sex workers (Rössler et al., 2010).

The factors most associated with mental ill-health among FSW are: exposure to violence and trauma; being forced into sex work by social disadvantage; trafficking and exploitation; bad working conditions; stigma; low autonomy; and lack of social support (Rössler et al., 2010; Krumrei-Mancuso, 2016).

The mental health of male sex workers

Studies on mental ill-health among male sex workers (MSW) are scarce. The most frequently studied mental health issues in MSW correspond to those studied among FSW. High prevalence of mental ill-health among MSW is identified (Mimiaga et al., 2009). However, mental health outcomes vary between subgroups of workers and depending on the sectors of the industry they work in. Quantitative research with MSW typically focusses on assessing the influence of mental ill-health on HIV risk behaviours. Correlations between mental health problems and increased risky behaviours (e.g. unprotected sex) were found among more vulnerable, drug-using and street-based MSW, whereas no correlation between high prevalence of depression and risky behaviours was found among escorts (Smith and Seal, 2008). Comparative research found history of psychiatric treatment to be more frequent among male street workers than among internet escorts (Mimiaga et al., 2009).

Among the factors associated with mental ill-health for MSW are: stigma; homophobia; racism/ belonging to an ethnic minority; less coping skills; sexual identity (Koken, 2014 et al.; Bar-Johnson et al, 2014).

The mental health of transgender sex workers

Studies on mental health and trans(gender) female sex workers (TFSW) are very scarce, while studies on trans(gender) male sex workers are practically non-existent. High prevalence of mental health problems among TFSW has been found, with 64% reporting having attempted suicide (Nemoto et al., 2011). Studies relate how TFSW are affected by transphobic stigma and violence in this and other work settings and by exposure to violence and racism in sex work.

Among the factors associated with mental ill-health among for TFSW are: stigma; transphobia; racism; isolation; less or passive coping skills (Nemoto et al, 2011 and 2015).

The role of violence

The high prevalence of violence and of PTSD among samples of sex workers has sometimes been used by researchers as proof that violence is intrinsic to sex work, and that psychological damages to sex workers are inevitable. (e.g. Farley, 1998, Chudakov et al, 2002). Such research characterises sex work as inherently harmful, but has been criticised methodologically for selecting specific vulnerable samples and ignoring data that do not comply with authors’ assumptions (Weitzer, 2005). In this research, comparison groups are either missing or largely inappropriate and other possible determinants of mental health problems, such as homelessness or exposure to violence, are not considered.

In turn, research that concentrates on assessing links between sex work and mental health, for public health or sex workers’ health concerns, finds that mental ill-health is closely linked to structural and social factors such as violence and social disadvantage. Experience of violence is, for instance, a strong mediator of PTSD and other mental health problems. Exposure to violence in turn strongly depends on work settings, on the level of independence from third parties (e.g. managers or agents), and on legal status (Sanders, 2016).

Typically, this research has used methodologies to ensure findings are more representative, including diverse samples, transparency in the research
questions it poses, and not starting from a position that assumes all sex work to be harmful.

**Stigma**

In the past two decades, there has been a turn in sex work research from focussing on the harms of sex work to analysing the effects of negative perceptions on sex work in society; that is, on stigma.

At the same time, public health researchers and practitioners are paying increasing attention to structural factors, including the role of criminalisation and working conditions, rather than solely focusing on individuals' behaviours.

There has also been an important shift in how stigma is understood as a concept, as something that occurs not only in interactions between individual people, but that is based on and reinforces broader inequalities and power hierarchies in institutions and society (e.g. Parker and Aggleton, 2003). According to several empirical studies, stigma is strongly correlated with sex workers’ mental health problems (e.g. Benoit, 2015). Stigma has also been found to prevent sex workers from accessing care and support, because of fears and experiences of being judged or reported to the authorities (e.g. Scorgie et al., 2013).

Longitudinal qualitative research has looked at the long-term effects of stigma among female indoor and street-based sex workers. Internalised sex-work stigma was found to have re-emerged among sex workers at a later stage of their lives, and authors interpreted this to have worsened their mental health (Day and Ward, 2004). However, it is important not to generalise such findings, as this would risk over-simplifying the situation by inferring that all sex workers will at some point have mental health issues because of the stigma they face.

Stigma must, rather, be understood as a social as well as a psychological process, which strongly depends on and reinforces intersecting, structural inequalities, such as those relating to poverty, gender, sexuality and race (Weitzer, 2017).

Stigma can be challenged by addressing the structural factors upon which it depends and the negative perceptions of sex work in society. Sex worker rights activism, by representing positive images of sex workers as subjects and workers, rather than criminal or victims, plays an important role in this challenge (Weitzer, 2017). Furthermore, sex workers’ own agency and skills in resisting stigma caution against postulating stigma, and its mental health effects, as inevitable (Burnes et al., 2012).

Crucially, research maintains that the criminalisation of sex work is a central factor in exacerbating the stigma against sex workers (e.g. Krüsi et al, 2014).

**Coping and resilience**

Although still scarce, studies concentrating on sex workers’ coping strategies and resilience are increasing. Qualitative and participatory studies reveal how stigma and the emotional challenges of sex work are dealt with by sex workers (e.g. Garofalo and Macioti, 2016). Among such strategies deployed by sex workers are: selective outing (disclosing to certain people in certain circumstances); identity management; peer support; pursuing increased autonomy at work; finding economic alternatives; self-care.

Qualitative studies on expressions of resilience among FSW, found that protective factors such as education, social support and access to health care increase resilience which was in turn linked to better mental health. Conversely, higher levels of mental ill-health, homelessness, drug use, experience of victimisation were found to be negatively related to resilience (Buttram et al, 2014).

Such studies point at the importance of valuing and building on sex workers’ agency and resources for effectively supporting the improvement of their mental health. They also show how coping skills and resilience depend on structural and situational factors (such as access to education and social support). Therefore, while recognising agency, they do not place the responsibility for healing and care solely on the individual sex worker.
A recent literature review on sex work and mental health warns that preconceptions about sex work may lead practitioners to further stigmatise sex workers and do more damage rather than help. The authors argue that, to be effective, psychological practice and research on sex work should adopt a “resilience based lens”, which sees sex workers as agents and avoids reproducing notions of sex work as inherently damaging (Burnes et al, 2012).

**Working conditions**

Even if existing research has not primarily focussed on occupational health and working conditions, its evidence indirectly indicates that working conditions as well as situational and organisational factors in sex work are important determinants of sex workers’ mental health. Several factors strongly linked to mental ill-health among sex workers relate, in turn, to working conditions. These are:

- **Coercion**

  Trafficking, forced labour and labour exploitation have been linked to worse mental health among sex workers as well as among people forced into other labour (Kiss et al., 2015).

- **Violence**

  Safer working conditions are fundamental to decreasing incidence of violence. It is now widely recognised that criminalisation and enforcement exacerbate sex workers’ vulnerability to violence, and certain sub groups of sex workers are particularly exposed to violence. This, in turn, can have highly negative consequences for sex workers’ physical and mental health (Deering et al., 2014; Amnesty International, 2015).

- **Autonomy**

  Studies have showed that sex workers who have more autonomy over decisions at work have better mental health outcomes (e.g. Rössler et al, 2010). Autonomy at work is also influenced by sex work legislation, as criminalisation and lack of labour rights protections leave sex workers susceptible to exploitative relations (Sanders and Campbell, 2007).

- **Social and peer support**

  Social and peer support are closely linked to good mental health and are influenced by working conditions. The criminalisation of sex work leads to more isolation at and outside work, by increasing stigma and often preventing workers from legally working together (Sanders, 2016).

- **Financial security**

  Sufficient earnings and financial security are fundamental for workers to be less dependent on taking on unwanted, dangerous work. Financial pressure leads to less autonomy and more exposure to violence, factors both closely linked to mental ill-health. Fines and confiscations of proceeds by police contribute to financial pressures.

While each of these factors are interrelated, stigma and the criminalisation of sex work are particularly cross-cutting.

**Recommendations for policy and practice**

Following our scoping review of evidence on mental health and sex work, we have identified the following recommendations for policy:

- policies must address structural factors, such as poverty and other inequalities (including immigration restrictions) – in order to minimise the effects of social disadvantage on sex workers’ decisions and well being

- policies must aim at increasing safety by decriminalising sex work and improving access to justice – in order to decrease violence and stigma and to foster autonomy among sex workers

- policies should promote access to free and non-judgemental mental health services and peer-to-peer support
We recommend the following to mental health services for sex workers:

- providers should deliver non-judgemental and integrative support that does not assume sex work is inherently traumatic, which could lead to failing to identify the specific problems faced by individual sex workers, prevent them from talking openly about their needs and further stigmatise them
- practitioners should receive specific, anti-stigma training on sex work issues
- peer support, peer education and training should be promoted

**Recommendations for research**

Future research on sex work and mental health needs to:

- identify which mental health and sex work policies are most beneficial to diverse groups of sex workers
- identify best practices for mental health support to sex workers and which legal framework supports these best
- identify the best ways to support sex workers in the job-related emotional demands of sex work
- explore in more depth the structural, community and work-environment-level determinants of sex workers’ mental health
- explore sex workers’ own and collective coping strategies, stigma resistance and knowledge production on mental health and well-being

In order to pursue the above, we call on researchers to adopt the following methodological approaches:

- deploy participatory methods that involve sex workers in research to reflect sex workers’ priorities and own experience of mental health
- recruit diverse samples (especially in terms of gender, ethnicity, sector, migration status)
- be transparent about research questions and methods
- do not assume sex workers are necessarily victims or that sex work is inherently harmful but acknowledge the diversity in sex workers’ lives and experiences

Specifically, we call for:

- Cross-national comparative research assessing the impact of specific work settings and conditions under different sex work legal systems on the mental health of diverse groups of sex workers (e.g. by gender, sector, migration status)
- Comparative, cross-national research on mental health provision under different sex work legal systems and state policies on financing mental health care, to assess both quality of and access to mental health care for sex workers
- Further research on sex workers’ own and collective coping strategies, stigma resistance and knowledge production on mental health and well-being
References


Koken, J. and Bimbi, D. (2014). Mental health aspects of male sex work Male sex work and society (pp. 223).


For more information please contact:

Professor Teela Sanders
teela.sanderstlms1@leicester.ac.uk