

Rethinking the Relationship between Sex Work, Mental Health and Stigma: A Qualitative Study of Sex Workers in Australia

Community Report



UNSW
SYDNEY



Background

Research on sex work and mental health often makes a lot of assumptions. Previous research has attempted to draw causal links between sex work and mental health, by assuming that sex work is a symptom of trauma or that sex work itself is inherently traumatic. These lenses often take a pathological approach to sex work rather than one that recognises the resilience of sex workers or understands stigma as shaped by social, legal, political and economic structures. We wanted to find out more about how sex workers navigate stigma and manage mental health, including sex worker experiences of accessing mental health services and seeking peer support.

Methods

Together, CSRH and Scarlet Alliance undertook a qualitative study to invite sex workers from across Australia to participate in focus groups to discuss their experiences of stigma. These groups were run together by a staff member of Scarlet Alliance and a CSRH researcher. The intention was to obtain contemporary data on experiences of sex work stigma to inform the development of a quantitative survey on stigma that we could roll out annually.

Six focus groups and two interviews were conducted with 31 sex workers. Sex workers in the groups were asked to discuss issues such as: decision-making around disclosure or concealment of sex work; access to employment, education, healthcare and social services; engaging with institutions (e.g. banking and insurance); experiences with policing, legal services and justice mechanisms; responses to portrayals of sex work in the media; relationships with families and parenting; as well as issues related to general health, drug use and sexual health. The focus group topic areas were collaboratively designed when Scarlet Alliance held a national consultation at the annual National Forum to brainstorm, workshop and identify contemporary areas of stigma and discrimination facing sex workers. The conversation was prompted by a presentation of previous research into the experiences of stigma and discrimination among sex workers in Australia.

Journal article

The first paper of this collaboration focused on mental health, sex work and stigma. We published our findings in the *Journal of Social Science and Medicine* in October 2020.

The citation for the paper is: Treloar, C., Stardust, Z., Cama, E., & Kim, J. (2020). Rethinking the relationship between sex work, mental health and stigma: a qualitative study of sex workers in Australia. *Social Science & Medicine*, 113468.

You can see the abstract of the paper here:

<https://doi.org/10.1016/j.socscimed.2020.113468>

For a full copy of the paper for personal use please email:

research@scarletalliance.org.au

The findings are summarised below.

Summary of Findings

Sex work stigma is a heavy burden upon mental health

“I think my mental health would be a hell of a lot better, because it’s definitely been the lies that affects mental health rather than the actual job”

The sheer weight and incessancy of stigma associated with sex work had a significant impact on mental health. Sex workers feared anticipated stigma and negative judgements from most people if they disclosed their work. Sex workers told us that they had to lie, re-frame or omit details of their lives to avoid disclosure of sex work. This meant that sex workers were undertaking constant risk mitigation, selective disclosure and maintaining hypervigilance about their

privacy in order to keep safe and/or avoid stigma. Sex workers told us that their mental health would significantly improve if they were able to tell others about their sex work without fears of experiencing stigma and discrimination. This would also reduce the emotional and educated labour involved in unpacking and deflecting stigma. However sex workers often felt that governments were reluctant to see sex workers as 'worthy' of protection.

Experiences of = mental health providers as pathological or voyeuristic

"I just had to sack a very sweet mental health professional who was supposed to be helping me with my mental health, because they were too interested in my life as a sex worker and our sessions were more discussing my history and stuff like that than about helping me and I'm thinking this is a voyeuristic trip and he wouldn't stop it, so I stopped seeing him"

Sex workers described how they managed their mental health and the impacts of stigma primarily through self-care activities and occasionally via access to mental health services. This was because typically the experience of seeking mental health support was negative. Sex workers described that in these interactions the stigma associated with both mental health and sex work became entangled. Sex workers reported that mental health practitioners often framed them as victims, saw sex work as the root cause of their mental health issues, fixated on their sex work and ignored other presenting issues, such as by taking overly detailed histories and keeping the exchange focused on sex work. This framing resulted in poor quality of care and obscured the resilience of sex workers and their efforts to proactively manage their mental health.

Flexible workplaces and peer support assist sex workers to manage mental health and build resilience

"Sex work is something that [sex workers] can pick up and put down, they don't have to walk into an office and work with people nine-to-five. They find that the people are more sort of amenable to their times of being more unwell than other times and if they need to take time out or they feel they get a bit more support. So those people who live with mental ill health, but sex work is something that they feel has provided for them like no other job could"

The flexibility of sex work was described as an asset by sex workers and a strategy to manage their mental health issues. In this way, participants described sex work as relatively safe and accommodating for people living with mental

health issues. The skills of negotiation, boundary-making and self-containment were described as emerging from the experience of sex work and as having positive aspects in other parts of their life, beyond work. These aspects of the industry might be less visible to those who take a deliberate stance not to see sex work as legitimate work and obscure aspects of the industry that can support workers to build resilience. Access to peer support networks was identified as a key factor that could ameliorate the effects of stigma and help sex workers to find a sense of belonging. Sex worker-only spaces were often spaces of solace for sex workers to debrief, recover and recoup within a context of sex worker value systems.

Conclusions

Sex work stigma (rather than sex work itself) has a significant impact on sex workers' mental health. However, sex workers use the skills that they have developed through sex work to cope with and manage these risks. What remains missing or fragmented is a professional mental health sector that can see beyond the sex in sex work to engage with clients and their mental health in respectful and helpful ways.

There is a continuing need for funded, resourced and facilitated sex worker peer support. Such support is necessary: to support individuals who are isolated and cannot find support in other ways; to build awareness and capacity among the mental health workforce; and to conduct high level advocacy for law reform, decriminalisation and anti-discrimination protections.

Further information

For more information about the Stigma Indicators Monitoring Project please visit:

bit.ly/stigma-indicators

If the results presented here have upset you in any way, we encourage you to seek support from Lifeline (13 11 44) or your local sex worker organisation (redbook.scarletalliance.org.au/home/sex-worker-orgs/)

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