

Stigma and Sex Work

Tackling the stigma associated with the sex industry is of fundamental importance because it impacts all aspects of the sex industry, from what laws are created to regulate the industry, to how those laws are enforced by police, to the reason why some sex workers have poorer health than the general population. Stigma impacts the types of interactions sex workers have with the people who can have a profound effect on their general well-being, including police officers, doctors, nurses, outreach workers, welfare agents, landlords, people purchasing sex, family, friends, romantic partners, and managers. Yet most people only have a vague sense of what stigma is, and how it directly and indirectly shapes the lives of stigmatized individuals and groups.

What is Stigma?

Stigma is a complex concept, closely linked to the idea of prejudice – that is, how people in positions of relative power and influence treat those who hold less power and influence⁹⁰. Goffman³⁰, the Canadian sociologist who is perhaps best known for his work on stigma, defines it as a “deeply discrediting” attribute that reduces an individual “from a whole and usual person to a tainted, discounted one.” Stigma arises in the “language of relationships,” in the sense that people tend to judge, condemn, stereotype, and fault others for having certain attributes (e.g., skin colour, weight, physical disability) or engaging in behaviours (e.g., illicit drug use, smoking, sex work) that are considered socially and/or culturally disreputable. Stigma involves “blaming, shaming and status loss for the stigmatised person or group”^{26,8}, and are often related to social anxieties and fears and a related need to maintain social control and order.

This definition is made clearer by Link and Phelan⁴⁵ who have identified the five interrelated phases through which a person goes through in the process of becoming stigmatized:

- 1) A person or group is identified or labeled as “different,” based on a single, or combined set of characteristics. For example:
 - a. Appearance: skin colour, height (too short, too tall), weight (too thin, too fat), a remarkable feature (birthmark), or some physical disability;
 - b. Cultural values or beliefs: religious views or cultural customs;
 - c. Social identity or behaviour: citizenship, sexual orientation, or occupation.
- 2) Dominant social norms and values link “being different” with “being undesirable,” and this leads to negative stereotypes. For example, there are taboos in many societies against mixing money and sex; because sex workers get paid to perform sexual acts, they are seen as deviant, and consequently, labeled immoral, unclean, dangerous, and/or diseased¹.
- 3) People who are negatively stereotyped tend to be identified primarily in terms of a single characteristic that becomes their sole defining characteristic. For example, while sex workers might be many things, they are reduced to a single thing, their occupation. This kind of labeling or pigeon-holing allows others to place sex

workers and other marginalized groups into distinct social categories (e.g., “prostitute,” “drug addict,” “schizophrenic”).

- 4) Labeled persons experience a loss of status within their communities, are often unjustly blamed for social problems, and become the subjects of discrimination.
- 5) Labeling and discrimination influence a person’s access to important social resources such as money, power, prestige, and social networks/institutions (e.g., jobs, education, and healthcare) which in turn determines their ability to resist stigma labels.

Understanding the difference between “felt” stigma and “enacted” stigma

While the above describes how a person becomes stigmatized, it is important to also understand how this process might translate into a disadvantage for stigmatized persons. One way is through what is called “perceived” stigma. This is the process in which persons who fear others will discriminate against them begin to consciously or unconsciously change how they think and how they act³⁰. Thus, some sex workers will avoid certain social interactions out of fear that people will treat them differently if they find out they work in the sex industry (most commonly family members or people in positions of authority). On a practical level, this means they might not seek out the kind of care and support they may need. Alternatively they might turn to substance use to help cope with the societal shame they feel directed toward them⁸. Some sex workers may not disclose pertinent health information about themselves, or seek any health care, because they anticipate negative treatment from doctors and/or nurses⁵⁸.

Another way that stigma can affect individuals or groups is through what is called “enacted stigma” or discrimination, which is when persons or groups are actively treated poorly because of negative societal beliefs held about them. Thus, sex workers may seek out police protection or health services, but find they do not always receive appropriate care. An example of enacted stigma that has received considerable media attention, after the fact, is in the context of the Robert Pickton investigation in British Columbia. Social critics suggested that if the victims had not been sex workers, and if the majority had not been Indigenous women, an investigation would have been launched earlier, and many deaths may have been prevented.

Why is stigma so prevalent in the sex industry?

Some researchers^{33,64} state that sex workers are easy targets for discrimination because they are blamed for such things as the breakdown of the traditional family, sexually transmitted infections (but especially HIV/AIDS), escalating crime in urban areas (especially crimes related to drugs), and the subversion of youth. While the origins of sex work stigmas may relate to deeply held beliefs regarding appropriate sexuality, the sex industry has become entangled with other stigmas, partly because many people working in the sex industry are stigmatized for other reasons as well. Specifically, the sex industry is disproportionately made up of groups of people who have been historically scapegoated for social problems³⁵, including women, Aboriginals, visible minorities, immigrants, those with sexually transmitted illnesses, illicit drug users, disabled persons,

single parents, as well as, lesbian, gay, bisexual, transgendered, and/or transsexual individuals. Those who face multiple stigmas by virtue of their occupation, gender, sexual orientation, race, ethnicity, or socioeconomic background are less able to access key resources, and as a result, are less able to buffer themselves against the damaging impact of interacting stigmas⁹³.

Resisting stigma

Stigma does not impact everyone in the same way. There are differences in its impact, both within and between targeted groups. These differences can be explained by the fact that stigma is resource- and context-specific, which means that the people who become stigmatized vary according to their access to key resources (e.g., money, education, prestige, and power), as well as to the time period, geographic location, political climate, and social values^{33,38}. Thus, while one's ethnicity or sexual orientation might make them the target of stigmatization at a certain time and in a particular cultural and geographical environment, this may not consistently be the case.

At the same time, some individuals simply appear better able to resist stigma. Research shows, for example, that instead of internalizing stigma, many sex workers, especially those with access to different kinds of social supports, view stereotypes and discrimination about the sex industry as ignorance on the part of the general public. Rather than internalizing shame, many sex workers feel they play an important role in society, either as legitimate artistic performers⁵ or emotional and/or sexual health counsellors⁸¹, or by providing an important service for disabled persons and by deflecting violence away from women in the general public^{1,65}.

The legal environment can also aid some in resisting stigma. For example, when prostitution was decriminalized in New Zealand in 2003, many sex workers reported experiencing felt stigma differently. While they still could do little about how others discriminated against them, they were less likely to internalize shame, and instead reported feeling angry at the perceived injustice and contravention of their human rights by social and legal policies¹. Regardless, even those who can actively resist stigma are likely to conceal the fact that they work in the sex industry from certain family members, service providers, and people in the general public¹.

Not just sex workers

Stigmas not only affect sex workers, but many of the people they interact with on a day-to-day basis. This is called "stigma by association" or "courtesy stigma"³⁰. A smaller body of research suggests stigma may affect all sorts of groups who have contact with targeted individuals. Family members, friends, and health and social service providers may all be negatively affected by the stigma that surrounds the sex industry. Research with people who provide social services to sex workers shows that they report less social recognition and support for their work from community members, family, and friends⁵⁹. Other research on family members and members of the care and support networks of people with HIV/AIDS suggests that courtesy stigma is a source of stress and discrimination, and reduces support opportunities. People who have other roles in the sex

industry or work in sex industry related establishments - managers, booking agents, drivers - are also likely affected by stigma by association. Taking into account those who experience stigma and those who are exposed to courtesy stigma, it would appear that stigma is a significant public health consideration affecting many groups, their families, and their support networks. As such, one important facet of our national study is to consider this relatively unstudied subject of stigma by association.