

Sex Work and Health

This document covers some of the misconceptions surrounding sex workers health, what sex workers consider to be their most pressing health concerns, and what barriers they encounter when seeking health care. Because this topic is so broad, we have divided this section into three categories: sexual health, physical health, and mental and emotional health. This is not to suggest that these are distinct issues, but rather that we have created these categories to make it easier to navigate through the information.

Sexual Health

While sexual health is an important issue for many sex workers, it is not always their primary health concern⁶⁸. This is important to note because of the intense preoccupation with the sexual health of sex workers among researchers and the general public. This narrow focus tends to overlook some of the other, potentially more serious health problems sex workers can have; it also deepens the stigma many sex workers experience. This is because a singular focus on sex and sexual health promotes the misguided belief that sex workers are somehow “vectors of disease”^{2,19}. According to recent research, however, there is no **direct** correlation between sex work and sexually transmitted infections (STIs)⁸⁵. Instead, some sex workers are at an increased risk of contracting STI’s due to certain mitigating factors^{25,64}. These factors are closely associated with street-level sex work – those who primarily advertise for clients and/or deliver their services outdoors (e.g., parks or alley ways) or in cars – and helps explain why this group of sex workers may be especially vulnerable to STIs. These factors includes:

1. Intravenous drug use and/or a drug dependency^{73,85};
 - a. People who inject drugs, regardless of whether or not they are engaged in sex work, are at an increased risk of contracting STI’s because injection drug users are more likely to share needles and/or have unprotected sex while under the influence of drugs^{64,66,85};
 - b. Street level sex workers who inject drugs and work in an outlying or industrial area of a city or town and are more likely to share needles (because there is nowhere to purchase or exchange for clean needles) and/or are pressured to have unprotected sex. Together these factors put these streetlevel workers at a greater risk of contracting STIs^{66,73};
2. Engaging in unprotected sex with their intimate partners;
 - a. Research shows that condom use between sex workers and the people who pay for their services is high^{1,9,50,85}. Most sex workers pride themselves on their safe sex practices and their role as safe sex educators to the people who pay for their services^{17,61};
 - b. However, sex workers, along with the rest of the population, are much less likely to practice safe sex with their intimate/romantic partners^{73,85,94}. This is because, emotionally, one way that some sex workers maintain the division between their work and personal lives is to use condoms with clients but not with their intimate partners²⁴. This practice had been correlated with a threefold increase in HIV infection among some groups of sex workers^{74,85};
3. Identifying as either a visible minority or as a First Nations, Métis, or Inuit person in Canada^{21,73,85};

- a. As mentioned elsewhere, “ethnicity” – or a group’s shared cultural heritage based on some combination of ancestry, language, customs, religious and spiritual beliefs, music, food, etc.¹¹ – and “race” – a socially constructed identity category that categorizes people based on biologically shared traits such as skin colour, facial features, hair texture, and body shape¹¹ – can place some sex workers in a position of “cumulative disadvantage,” which means they are more likely to contract an STI (and have poorer health outcomes generally) because they have fewer personal and social resources at their disposal¹¹. For example, given structural violence, which are the social, economic, and historical factors that influence the way that specific populations of people are treated, First Nations, Métis, and Inuit women in Canada are more likely to work in the sex industry than other women in Canada. They are especially likely to work as streetlevel sex workers⁷. As discussed above and below, this places these individuals at heightened risk of contracting STIs and having diminished health outcomes overall;
 - b. First Nations, Métis, or Inuit women are overrepresented in the sex industry in Canada. A recent survey conducted in Vancouver by P.A.C.E. (Prostitution Alternatives Counseling and Education Society), for example, indicates that 30% of the 183 sex workers they interviewed identified as First Nations, Métis, or Inuit . This is despite the fact that these people make up less than two percent of the city’s population. This is coupled with the high rates of HIV seroconversion, which refers to a change in a serologic test from negative to positive as antibodies develop in reaction to an infection or vaccine, among First Nations, Métis, or Inuit women. As Dara Culhane reports, “Aboriginal women are seroconverting at higher rates than any other designated population in Canada in general, and in Vancouver in particular”^{23,56}. Though specific data about rates of seroconversion among these groups of women are unavailable, the intersection between these two facts may indicate that these women are at an elevated risk for HIV.
4. Being coerced into having unprotected sex and/or being the victim of sexual violence^{21,73};
 - a. A high number of clients report offering more money for unprotected sex, placing both themselves and the sex worker at an increased risk of contracting an STI⁷³. While it might be argued that sex workers have the choice to refuse this extra cash, those in extreme poverty or those who have an addictive drug habit, may feel they have no choice but to accept the money⁷³. This issue goes hand-in-hand with the lack of social services, such as low-income housing and drug and alcohol treatment programs, which would reduce the need for accepting the additional money associated with unprotected sex;
 - b. When someone is the victim of physical and sexual assault they have little opportunity to negotiate safe sexual practices⁶⁶;
5. A high number of sexual partners within a limited time period is associated with vaginal or anal tearing. This kind of physical trauma has been associated with a greater vulnerability to STIs such as hepatitis, chlamydia, gonorrhea, and HIV/AIDS⁶⁴. Of course, the more dependent a person is on sex work for money, drugs, or shelter, the more sexual acts and partners they are likely to have;

6. While not usually focused on by researchers, there are other sexual health problems associated with sex work. Specifically, Day and Ward²⁵ looking at the long-term health impacts of working in the sex industry found that there are a large number of gynecological problems, including pelvic inflammatory disease, precancerous growths on the cervix, and ectopic pregnancies common among some sex workers⁶⁴. These health concerns, along with some STIs, can lead to infertility and/or cervical cancer over the long-term.

Physical Health

There is little research that looks at the physical health problems common among sex workers apart from those linked to sexual and mental health as mentioned above and below. However, sex workers, like others working in personal service and manual jobs (e.g., hair stylists or roofers) can suffer from chronic body pain⁸². Musculoskeletal problems, for example, can be a real concern for sex workers (Day and Ward, 2008). Karen Messing⁵³ asked sex workers to “map” the body pain they experienced from working in the sex industry, and found a clear pattern of muscle and joint pain; many reported chronic pain in their upper backs and shoulders, feet and ankles, jaws, as well as vaginal pain. While such problems may appear insignificant, especially in contrast to STIs and illnesses such as HIV/AIDS, musculoskeletal problems can have a profound negative impact on the lives of affected sex workers. This is especially true when you consider that these workers do not have the same access to employee health and wellness benefits as many other workers⁸². While many sex workers would like to access alternative health care such as registered massage therapists, chiropractors, or naturopaths, few have access to the extended health benefits that help offset the costs of such services (although some do through their partners) or can afford the out-of-pocket costs to pay for such services^{3,82}.

Some of the physical health concerns that go along with long-term substance use and addiction must also be considered, including depressed immune systems, unhealthy weight loss or weight gain, liver, respiratory, and heart disease, seizures, and the like, as well as many mental health problems including depression and anxiety, psychosis, paranoia, cognitive impairment, and memory loss.

Other physical health problems, such as arthritis, fibromyalgia, and gastrointestinal illnesses appear to be common among women working in the sex industry⁸¹. One way to interpret the preponderance of chronic health conditions among any vulnerable group, but especially sex workers, is as the embodiment –experiencing all aspects of our life (mental, emotional, social) through our bodies – of “social suffering”^{81,82}. Social suffering refers to the pain and distress that can result from what is done to and by people through their involvement with processes of political, economic and institutional power. As many medical anthropologists and sociologists have noted, vulnerable individuals who lack the power to communicate about their distress through direct means may experience things like stigma and discrimination as physical pain and illness^{40,41,42,46,72}.

Emotional and Mental Health

Despite the sexual health risks and violence associated with sex work, as well as the physical health concerns mentioned above, many sex workers consider their mental and

emotional health to be the most important and the hardest to maintain^{25,68}. Post-traumatic stress disorder, depression, anxiety, psychosis, and eating disorders have been reported by sex workers involved in street level and off-street work^{25,68}. The reason why these health problems are especially troublesome is because while the fear of physical harm stops once a person leaves their place of work, many mental and emotional risks have to be constantly managed outside of the workplace. Furthermore, while STIs can be prevented with safe sex practices, and violence can be minimized through safety precaution, sex workers have less control over the factors that affect their mental and emotional health⁶⁸. This may be why a recent European study found that despite variability among sex workers based on work setting and nationality, rates of depression, mood and anxiety disorders were “very high” among sex workers compared to the general population⁶⁷. The main mental and emotional stressors are linked to the following:

1. Stigma

- a. Because of the intense stigma associated with selling sex, the majority of sex workers keep their occupation a secret. The anxiety and fear of being discovered as a sex worker can be emotionally taxing. This is especially true when one considers that the vigilance required to keep one’s occupation a secret is constant, often enduring for years after a person has exited the sex industry^{43,68};
- b. Leading a “double life” can lead to social isolation and fewer social supports. Social isolation from friends, family, and the community can lead to loneliness and depression. The barriers to disclosing ones occupation may negatively impact the health and other social services a sex worker receives⁴³;
- c. This intense stigma associated with sex work has been linked with “less socially acceptable” drugs like cocaine and/or heroin among sex workers, a finding that emerged from comparing sex work and other kinds of front-line service work (e.g., food and beverage industry workers)^{8,66,85};
- d. While the stigma many sex workers encounter can make it challenging to maintain a healthy sense of self-worth, others take considerable pride in being found desirable and/or financially compensated for their sexual services⁶¹;

2. Emotional Labour

- a. Similar to other kinds of jobs where workers are required to “manage” their emotions when working with the general public^{32,81}, sex workers can experience high rates of “burn-out”. The result is often emotional and physical exhaustion and depersonalization^{1,54}. However, burn-out is most prevalent among sex workers who experience significant stigma (negative reactions from the family, friends, and the general public), and have “stigma-related experiences (such as role conflict, experiences with violence, and lack of a worker-supportive organizational context)”⁹⁹. On the other hand, sex workers with a “professional attitude, who started sex work at a relatively older age, and who were well supported by colleagues and management” fared better in regards to the negative effects of burn-out⁹⁹;
- b. On the flip side, working with the general public can be a source of job satisfaction and good mental health, in part because there is considerable skill that goes into managing one’s emotions, and consequently, those of the

clients⁷⁷. Research shows that many sex workers view the emotional labour they perform as being similar to what a counselor does; sex work is understood in these instances as providing an emotional and psychological benefit for clients⁶¹;

- c. Strong negative emotions can result when a worker fails to keep their work and personal lives separate. For example, if a worker forms a personal attachment to a client, or finds that they enjoy sex while at work, the dissonance for the worker can lead to such things as substance misuse and low self-esteem⁶⁸.

It should be stressed that while the above are some of the sexual, physical, and mental and emotional health concerns that can be found within sex work communities, many sex workers consider themselves in excellent health. Just like the general population, the incidence of these health problems varies considerably and is determined by genetic inheritance, life style, as well as the “social determinants of health”. These “are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a whole. Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members (Raphael 2004:2).”