

# A Resilience-Based Lens of Sex Work: Implications for Professional Psychologists



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An analysis of recent empirical and theoretical literature in psychology investigating sex work highlights the field's focus of pathology and stigma. We offer an **alternative understanding of sex work by using a resilience-based lens** and apply it to three areas of research with sex work. Specifically, we critique research investigating sex work-related phenomena in psychology and related fields that focus on pathology, stigma, and psychological sequelae using a resilience-based perspective about sex work language, location and practice environment, involvement with drugs and alcohol, and trauma. Implications for future practice and scholarship in professional psychology are also discussed, to help psychologists **consider strength-based and empowerment-focused approaches for work** with this population.

*Keywords:* sex work, sexuality, resilience, prostitution, trauma

The **practice** of sex work is a topic of increased visibility in the psychology literature. Recent writers have identified individuals working in the sex industry as “sex workers” (Brode, 2004; Wolffers & van Beelen, 2003), although earlier literature mentions “prostitutes,” “street-walkers,” and “hookers” (Gandy & Deisher, 1970; Benjamin & Masters, 1964). Weatherall and Priestley (2001) defined sex work as one or several services in which sex is exchanged for money or goods. Specifically, they conceptualized sex work as specific jobs of “street work, ship work, parlor work, escort work, working independently, mistressing, peep show work, stripping, telephone work and topless dancing” (p. 324).

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Researchers have expanded this definition to encompass other work-related activities, including “models and actors in pornography (movie, magazine, Internet) and professional domination” (Brode, 2004, p. 6). Hughes (2003) emphasized the consideration of technological advances to sex work, noting that moving sex work from the street to the Internet has allowed for prostitution to enter people's homes and therefore has allowed for the purchase of sex work to be more anonymous. Such a definition helps to **move away from value-laden terms such as “prostitute,”** as many sex workers would deny that they are prostitutes: “Whatever the individual motivation for adopting one term over another, one effect it has is to take those in question out of **the ‘moral arena’ of judgments**” (McMullen, 1987, p. 35). When examining value-laden terms, scholars (e.g., Dalla, 2002) have noted that referencing women as “girls” (e.g., call girls) can further exacerbate the exploitation of female sex workers. In this article, we will use the term **“sex worker” as an all-inclusive term** to incorporate all of these occupations.

In addition to differing language, there are also differing views of prevalence rates of sex workers that often do not account for cultural variables. Ward et al. (2005) report that the proportion of men who pay women for sex more than doubled from 2.0% to 4.2% between 1990 and 2000. Kissil and Davey (2010) note that prevalence rates are often underestimated because they are **based on arrest figures** due to legal issues, change with police response and public opinion, and fluctuate by regions and attitudes. Many of these documented prevalence rates apply to female sex workers and do not include **prevalence rates of male sex workers** (Browne & Minichiello, 1996). Nemoto, Luke, Mamo, Ching, and Patria (1999) note that discrimination in traditional job markets leads a high proportion of transgender individuals to engage in sex work, and little is known about the disproportionate number of both those individuals assigned female at birth and those who have transi-

tioned their gender and/or sex to female (Weitzer, 2009). Further, scholars have highlighted how women of color are disproportionately represented in sex work (Carter, 2003), demonstrating how **race intersects with gender and gender identity** to further skew understandings of prevalence rates of sex workers.

Fields outside of psychology (e.g., social work, sociology, nursing) have highlighted complex mental health and social problems for sex workers, along with **difficulty accessing mainstream health services** (Bush, Moss, & Wallis, 2006). Problems such as stigma, work-related stress, and financial concerns often result in an increasing need for competent mental health services (Beasley, Thomson, & Davidson, 2003). The need for such services is made more complex because **sex workers are stigmatized, discriminated against, prosecuted, and harassed, often resulting in traumatic experiences based on their identities as sex workers** (Wolffers & van Beelen, 2003).

The current psychology literature often uses a psychopathology-based perspective that focuses on understanding human behavior from a model of mental illness, stress, and abnormal or maladaptive behavior (Maddux, Gosselin, & Winstead, 2008). When using the lens of psychopathology in clinical practice, psychologists and other mental health professionals may fail to assess and support **sex workers' coping skills**. Using such a model (commonly called the **oppressive paradigm**) creates an understanding of sex work as inherently exploitative and harmful to workers (Farley, 2004). Such an understanding also portrays sex workers as mentally sick, unable to keep other jobs, and abnormal in their routine behavior. This paradigm also creates an adversarial relationship between sex workers and legal bodies, mandating that sex work should be illegal because of its perceived detriment to and deviance within society. A **resilience-based model** of sex work can provide alternative ways of understanding sex workers. Thus, we propose a resilience-based lens for conceptualizing sex workers that can be used for research, scholarship, advocacy, and clinical practice in psychology.

Newman (2005) defined resilience as "the human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors" (p. 227). Everall, Altrows, and Paulson (2006) expanded this definition, articulating resilience as an adaptive process in which an individual willingly overcomes adversity or threats to development by making use of internal and external resources. Examples of such resilience include positive coping mechanisms (e.g., spirituality, physical exercise), optimally functioning in the face of stress, and adapting to adverse environmental conditions. Resiliency-focused approaches to research and practice in psychology help conceptualizations of human functioning (Lopez & Edwards, 2008). For example, researchers have documented that resilience factors such as **positive emotions** are directly linked with the ability to recover from stressful life events (Tugade & Fredrickson, 2004). Psychologists using a **strengths-based model** use a collectivist, community-based perspective, looking at ways in which one's community serves as a protective lens rather than focusing on the individual's innate pathology.

To identify current perspectives on psychological research and scholarship with sex workers, we **reviewed relevant literature from 1950 to 2011**. The review was restricted to articles, book chapters, and books catalogued in CSA Social Sciences Database and PsychInfo. We conducted six literature searches using combinations of the terms *sex work*\*, *strength*\*, *prostitute*\*, *sex*\*, *money*,

*resilience*\*, *illness*\*, and *pathology*\*. From these searches, we identified articles written in English that focused on factors of both psychopathology and resilience among sex worker populations. This review of the literature resulted in a resilience-focused understanding of psychological constructs impacting sex workers and how their individual and community strengths help them to function despite adverse environments and conditions. We also provide recommendations for scholarship with sex workers and examples of best practices for clinical work with this population using a resilience lens.

### An Alternative, Resilience-Based Lens of Sex Work

A resilience focused lens that examines scholarship on the sex work industry has at its core a series of **conceptual critiques** (e.g., Glennon, n.d.; Brents & Hausbeck, 2005) of the numerous studies that focus on sex worker pathology but leave out strengths and resilience factors, such as their ability to seek and receive both **formal (i.e., medical and legal assistance) and informal (i.e., emotional support from family and friends) assistance** (O'Neill, 2010). In one of the only resilience-based research studies investigating sex work, the **Sex Worker Education and Advocacy Taskforce (SWEAT; 2005)** conducted a study of 17 workers to understand their functioning and coping. Participants articulated the value of taking regular breaks, going for a walk, personal religious beliefs, and engaging in leisure activities outside of work to help them **cope with the stigma and isolation** of their work environments.

Such a lens also has at its core a resilience-based understanding of sex work as an inevitable market exchange and an expression of **women's own sexual agency**. Overall (1992) noted that some feminist psychologists have opposed this understanding, resulting in some psychologists advocating for sex worker's sexual freedom and pleasure that views women exclusively as **agents** while others see sex work as sexual danger and degradation that sees women exclusively as **victims**. Weatherall and Priestley (2001) noted that there are those feminist psychology perspectives that are against sex work, viewing it as "coercion and sexual subordination"; and those that are more focused on resilience, arguing that "sex is a job, much like any other, and can be a form of self-determination for women" (pp. 324–325).

In addition to conceptual critiques, this lens also contains methodological critiques of existing research on sex workers. Many research studies in psychology and related fields often used **flawed methodologies**. For example, studies investigating the human functioning and behavior of sex workers have not used **control groups** or comparison samples to evaluate the psychological distress of sex workers and those symptoms found in the overall population (Shaver, 2005). Such implications **inherently pathologize sex workers** and provide an inaccurate understanding of sex worker functioning, career choice, and self-efficacy. Weitzer (2010) notes that, "Data collection procedures in studies based on the oppression paradigm are often either invisible or problematic" (p. 20). Exner, Wylie, Leura, and Parrill (1977) and Brode (2004) have reported instances of convenience sampling in many different studies, illuminating a **lack of rigor in recruitment and selection processes**. Spice (2007) noted that the heterogeneity of commercial sex workers may **cause limitations in generalizing studies' results** that investigate adherence to safe sex and/or drug use because there may be sex workers whom researchers cannot access for fear

of stigma or arrest. These critiques have helped us to form this lens from which an understanding of resilience in sex workers was solidified. In the following sections, we identify overarching themes found in the sex worker literature and discuss alternative ways of understanding these themes from a resilience lens.

### Social Location and Work Environment of Sex Work

In addition to language and hierarchies within sex worker communities, a resilience-based lens of sex work should be informed by the role of location of work in creating protective factors for this population, as familiar location brings with it comfort, knowledge of resources, and outlets for help in cases of crisis or assaults. Psychological literature (e.g., Exner, Wylie, Leura, & Parrill, 1977; Surratt, Kurtz, Weaver, & Inciardi, 2005) has a documented history of a hierarchy of sex workers in which classes are differentiated by location of services and number of clients in a given time period. For example, Exner, Wylie, Leura, and Parrill (1977) identified five classes of female sex workers: *class I*, the *upper class* of the profession, consisted of *call girls*; *class II* as the *middle class*, consisted of “*in-house girls*” who typically work in an establishment on a commission basis; *class III*, the *lower middle class*, were “*street-walkers*” whose fees and place of work fluctuate considerably. *Class IV* sex workers have been known as “*commuter housewives*,” who typically engaged in sex work to supplement family income; *class V* consisted of “*street-walker addicts*” or “*drugs-for-sex street walkers*” (Surratt, Kurtz, Weaver, & Inciardi, 2005) and were considered the *lower class* of the profession.

Current literature defines “outdoor sex workers” as those who conduct their work on the street (Murphy & Venkatesh, 2006). These workers are often referred to as *street-walkers*, with drugs-for-sex street walkers depicted as having severe psychopathology (Lippel, Vaolies, & Shaver, 2002). Indoor sex work includes working as escorts, call girls, exotic dancers, telephone sex providers, brothel workers, independent contractors, peep show workers, parlor workers, crack den workers, dungeon workers, and massage parlor workers. Independent contractors involved in sex work recruit their clients in bars, nightclubs, via the Internet, or print media (Murphy & Venkatesh, 2006). They may also choose to work in their own homes or in the homes of their clients.

Many scholars (e.g., Benoit & Millar, 2001; Lewis, Maticka-Tyndale, Shaver, & Schramm, 2005; Lippel et al., 2002) identify escort work as having the highest status of sex work based on location. The work of escorts as compared to other forms of sex work is considered to be safer (Benoit & Millar, 2001), more profitable (Highcrest, 1997), and more discreet (Cusick, Martin, & May, 2007). One factor regarding work conditions is whether escorts work independently or for an agency (Lewis, Maticka-Tyndale, Shaver, & Schramm, 2005). Independent sex workers have been found to be in the best relative position to determine their working conditions, including clientele, cost of labor, work pace, sexual activities performed while working, and net earnings (Benoit & Millar, 2001; Lewis et al., 2005). Although independent escorts’ work may provide more autonomy, independent sex work contractors are not protected by labor codes or occupational health and safety regulations regarding employer responsibility (Lippel et al., 2002).

In addition to location, professional organization of sex work is an important facet of understanding protective factors for sex work. Research indicates that management regulations significantly impact the work environment of off-street workers (Lewis et al., 2005) and consequently make hierarchies more prevalent. In contrast, women who work in peep shows frequently have a glass barrier that separates them from their audience and have more control over the performer-client relationship (as opposed to dancers who work without a physical barrier). For peep show workers, management disciplines clientele while exotic dancers depend on tips from customers and often are solely responsible for enforcing boundaries between legal and illegal touching (Brode, 2004).

These location and organizational aspects of sex work have critical implications for understanding the psychology of sex work in terms of encountering and coping with work environment and having organizational management to buffer unwanted, work-related harassment. The limited studies addressing such environmental and organizational facets have focused on small case studies of high-end workers, such as escorts or call girls serving elite, high-paying clientele (Whelehan, 2001). These studies suggest that street-based sex work is a form of survival while high-end sex work is a potential profession and career (Murphy & Venkatesh, 2006; Whelehan, 2001).

This dearth of research studies address the individual and community protective factors of sex work’s various forms (Erickson, Butters, McGillicuddy, & Hallgren, 2000). For example, the exploration of the wide range of interpersonal skills and street smarts that facilitate sex workers’ survival in an environment that may be violent and strenuous is an area of needed research. When studying these factors, researchers focusing on resilience of sex workers need to include the entire gamut of sex workers in their research rather than focusing solely on the participants who are most convenient or accessible in order to understand how location can help to nurture strengths of sex workers and protect them from job-related stress and hazards.

### Reasons for Entering Sex Work

Although researchers have investigated individuals’ entry into the sex work industry, researchers have assumed such entry as psychopathology-driven. Benjamin and Masters (1964) wrote an early, psychopathology-based conceptualization that addressed individuals’ reasoning to enter the sex work industry. They categorized female sex workers into two broad groups: (a) *voluntary*: women who have voluntarily entered into “the life” by free choice, and (b) *compulsive*: women who are compelled to do so by their own psychoneurotic needs. Valera, Sawyer, and Schiraldi (2001) commented on predisposing factors that they believed led women into sex work, including: separation from caretakers, parental promiscuity, and domestic violence, substance abuse, and loss of life. Within psychology, scholars have suggested other reasons why sex workers enter the field, including ability to fund existing drug use (Erickson et al., 2000), access to basic needs such as shelter (PRE/San Francisco Women’s Center, 1998), introduction by a friend or family member involved in sex work to the sex work industry (Rickard, 2001; Thukral & Ditmore, 2003), and lack of knowledge surrounding other career and/or vocational options that may better suit their interests (Snell, 1991). Almost all scholars (e.g., Silbert & Pines, 1983) noted a young age of entry into sex

work, many finding that individuals entered the industry prior to the age of 15.

Several biased assumptions and methodological flaws characterize the literature on entry into sex work. Many of the scholars noted above use convenience sampling that often results in a lack of representation across the sex worker hierarchy and various locations of sex work; further, sampling limitations are often not mentioned. Weitzer (2010) noted that young age of entry into prostitution is a myth that scholars have disputed for many years. Carpenter (2000) refutes documented notions of entry into sex work, noting that the entrance into prostitution can be spurred by a combination of social and economic factors and not because of familial discord or an individual's possible traumatic history. These authors also found a lack of attention to the differences between men and women who hire sex workers. McIntosh (1981) noted that the existence of female and not male prostitution bolsters the capitalist idea that women do not need sex enough to demand it and that men need it enough to be willing to pay for it; "prostitution contributes to the casting of woman as object and man as subject, and thus to the prevailing ideology" (pp. 63–64). Scholars have noted how the majority of those who hire sex workers are disproportionately white, male, and middle class (Monroe, 2005) due to constructed notions that men "need" sex at a higher level than women, illustrating the objectification and anthologizing of women by men. Society then equates the object of these male needs as female sex workers whose purpose is to service the male.

Such skewed conceptualizations may lead to increased bias. Psychologists may see the sex worker as a psychopathological, female prostitute, rendering male and transgender sex workers as "inaccessible populations" (Browne & Minichiello, 1996, p. 48) that cannot be studied or have competent services provided for them. Such biases allow psychologists to reject the notions that men can enter sex work, be in positions of subordination, or hire other men for sexual services. Understanding gendered notions of sex work can help psychologists to identify shame and stigma for nonfemale sex workers that overshadow their strengths and empowerment. The small body of literature focusing on male sex workers (e.g., McMullen, 1987) suggests that there are often conflicting ideas about why these male youth entered into sex work, including a poorly experienced and underdeveloped sense of personal and economic power.

Instead of a psychopathology-based understanding of sex work, a resilience lens might focus on an economic framework by which individuals attempt to gain employment and support themselves. This lens encourages strength-based understandings. For example, increasing numbers of female university students are seeking alternative means of employment in response to the increasing costs of tuition and fees and the reduction of government financial support (MacWilliams, 2002). Traditional means of employment typically consist of long hours and low wages, often failing to compensate for tuition alone or for living expenses. Consequently, some students are resorting to legal or illegal jobs requiring fewer hours and offer considerably higher wages, allowing them time for classes and studying as well as the ability to support themselves financially. For many women, these factors make entering the sex work industry a viable option (MacWilliams, 2002; Roberts, Bergstrom, & La Rooy, 2007).

There is literature that suggests individuals enter the sex work industry for social support of various kinds. Psychologists have noted the importance of social support as an aspect of resilience (McClure, Chavez, Agars, Peacock, & Matosian, 2008), and therefore social support is an important part of a resilience lens through which to view the sex work industry. Many sex workers may lack social support on a variety of ecological and systemic levels (Wolffers & van Beelen, 2003) and may enter sex work to gain such social support. Scholars have found that a lack of social support generally correlated with discrimination against sex workers based on sex (McIntosh, 1981), gender (McIntosh, 1981), race (Campbell & Mzaidume, 2001), ethnicity (Young, Boyd, & Hubbell, 2000), and socioeconomic status (Inciardi, Surratt, Kurtz, & Weaver, 2006).

In addition, the need to access social support from other sex workers raises the question why sex workers are not accessing outside resources. Scholars have noted that sex workers rarely access social support beyond other sex workers, and therefore may be initially attracted to sex work for the safety and community that it provides, particularly if the individual experiences isolation or discrimination in other areas. Snell (1991) noted that sex workers viewed medical and legal services as the formal systems of social support that are most accessible; however, police, social services, and mental health services were viewed as much less available or useful.

A resilience-based lens highlights that there continues to be little known about why individuals tend to enter sex work and that there are many perceived reasons for individuals to enter sex work. This area is in critical need of investigation by researchers inside and outside of psychology. Further, future research on social support in sex work communities should investigate how resilience factors (e.g., availability of social support, ability to ask for help) impact entry into sex work.

## Drug and Alcohol Use

Much of the literature (e.g., Romans, Potter, Martin, & Herbison, 2001; Ward et al., 2005; Young, Boyd, & Hubbell, 2000) has shown high positive correlations between involvement in sex work and use of alcohol and other drugs. Psychopathology-focused frameworks have held the view that cocaine helped reduce the sexual inhibitions of sex workers (interestingly, only women were referenced; Feucht, 1993). Scholars (e.g., Erickson et al., 2000) have argued that the increase in availability and consumption of specific illegal drugs, in particular crack cocaine, has had serious negative repercussions on low SES women who were involved in sex work. These authors note that addicted sex workers work in the sex trade to get money and/or crack to support their own usage when few other sources of income are available to them (Erickson et al., 2000). Studies that investigated drug use among sex workers have found that sex workers, in contrast to nonsex workers, were found to have a significantly higher severity of drug use and were more likely to use drugs: (a) to increase confidence, control, and closeness to others; and (b) to decrease feelings of guilt (Young et al., 2000).

Although there is a common myth that sex workers may enter prostitution in order to fund their drug use, some studies suggest that sex workers likely start or increase their drug use in order to





deal with distress caused by activities associated with their occupation. McClanahan, McClelland, Abram, and Teplin (1999) studied pathways into prostitution among 1,272 women. After they controlled for early sexual abuse and runaway behaviors among young women, they found that drug abuse alone was not a risk factor for entering into sex work. This finding was supported by Dalla (2002), who noted that sex workers who use drugs also experienced trauma at a young age. These findings highlight that **trauma may act as a mediating variable between drug use and participation in sex work** and that sex workers may be using substances to cope with their history of trauma rather than involvement in the sex work industry.

Scholars have noted that sex workers used drugs and alcohol to cope with their work-related stress. Dalla (2004) notes that female sex workers **may feel stigma and shame from the way that their children view their work**, and therefore use substances to cope. Further, persons engaged in sex work are often blamed for social problems or perceived as victims (Erickson et al., 2000). Such negative experiences often result in sex workers avoiding disclosure of what they do for work and referring to sex work as “working” without mentioning sexual aspects of their job (Dalla, 2004). Further, sex workers often **keep their work identity separate from their nonwork identity**, resulting in worry that someone they know will find out what they do, thus contributing to the need for substance use to cope. However, an articulation of positive coping mechanisms to deal with these issues is absent from the sex work literature.

The literature examining correlations between sex work and drug and/or alcohol abuse neglects the resilient efforts of sex workers to get and/or remain sober. Further, the need to investigate the drug abuse patterns of sex workers who have not been survivors of trauma is crucial to determine whether trauma is a predictor of such drug and alcohol abuse. Psychologists using a resilience-focused lens should investigate sex workers’ ability to stay sober and/or factors that help sex workers to stay free from drugs (e.g., prevention services from community agencies, social support from colleagues in the industry, fear of unemployment, zero-tolerance drug policy from brothels and/or pimps).

### Trauma and Posttraumatic Stress

Studies investigating psychopathology of female sex workers have documented that, on average, approximately **two-thirds of their sample of sex workers suffered from posttraumatic stress disorder (PTSD)**. Researchers compared these women’s symptoms, including flashbacks, depression, anxiety, nightmares, and an inability to focus and/or concentrate for periods of time, with those of **Vietnam veterans**. Silbert and Pines (1983) noted that women in prostitution often experience a form of “psychological paralysis” that prevents them from taking an active role in their lives. These authors noted that women in their study often traced this paralysis back to abuse (both sexual and emotional) and witnessing domestic violence. Participants in one study (PRE/San Francisco Women’s Center) reported that many of these symptoms were exacerbated or reinforced by conditions in their current work environments, including rape (reported by 62%); assault (reported by 73%); and being threatened with a weapon (reported by 68%). The Prostitution and Research Education Project of San Francis-

co’s Women’s Center surveyed 475 sex workers in the United States, South Africa, Thailand, Turkey, and Zambia and found that about two-thirds suffered from PTSD; these rates were similar across the five respective countries.

Other studies have examined how location of sex work impacts trauma-related symptom presentations for sex workers. Chudakov, Ilan, Belmakler, and Cwikel (2002) interviewed 55 organized brothel workers (all but two were engaged voluntarily in sex work) and found that 17% met criteria for PTSD, despite the fact that this sample consisted exclusively of brothel workers whose working conditions have been found to be more protected than street sex workers. A follow-up study was conducted by Cwikel, Chudakov, Paikin, Agmon, and Belmaker (2004) included 49 trafficked female sex workers awaiting **deportation**. The prison sample was similar to the brothel worker sample in terms of demographic features and working conditions. This study also reported a 17% prevalence rate for PTSD. El-Bassel et al. (1997) found that after statistical adjustments were made for cultural variables (e.g., race, regular drug use), sex trade workers still scored higher on levels of psychological trauma than nonsex-trade workers.

Scholars (e.g., Cwikel et al., 2004) have also noted that location of sex work may impact trauma-related symptoms, finding that there was significantly more physical violence for sex workers who seek employment on the streets (as opposed to brothel work or prostitution). SWEAT (2005) noted that the sex workers in their study experienced high levels of violence and noted that the **criminalized context in which they worked made them exceptionally vulnerable to violence and violence-related trauma**. However, the investigation of how individuals transcend and/or cope with these symptoms is absent from the psychological literature.

Weitzer (2010) notes that **scholars often cast the worst-case scenarios in the sex trade as the norm** and ignore those sex workers who do not suffer psychopathological symptoms. From a resilience-focused lens, those sex workers who present free of pathology are a critical resource for uncovering possible protective factors for psychological well-being in the sex industry. For example, in an analysis of 50 male and 50 female street-based sex workers in comparison with matched control groups, Earls and David (1990) found that, on average, their sample of street-based sex workers were **obliged to “fend for themselves” at an earlier age** than nonsex workers in terms of self-care, self-monitoring, and overall developmental support. Such “fending for oneself” should be studied by psychologists to understand how such resilience factors continue to promote psychological well-being.

Brown (2008) notes that the daily existence for survivors of trauma is full of reminders that there is an absence of safety and a potential for retraumatization. Brown reiterates the importance of finding what helps people cope with this daily existence. Though there is little research specifically on resiliency in sex work trauma, scholars have noted certain protective factors that can increase psychological health in the face of various sorts of trauma more generally, such as social support, **practicing mindfulness, and validation of one’s various cultural and relational identities** (Brown, 2008). It is important to understand that how sex workers use social support, regardless of the social location and work environment of their sex work, is a construct in need of further investigation.

## Recommendations for Psychological Research and Practice With Sex Workers

The resilience-focused lens introduced above has important implications for psychological research and practice with sex workers. From a practice-focused standpoint, **psychologists must be competent and knowledgeable about sex workers before treating them**. Such knowledge should include language and hierarchies used to refer to sex worker communities, sequelae and psychological symptoms presented by sex workers, and strengths and resilience qualities of sex workers. Psychologists engaged in the provision of mental health services should continually engage in self-education, self-reflection, overall self-knowledge of attitudes, knowledge, and skills surrounding sex work (Long, 2009). Psychologists should know themselves and their **own biases regarding sexuality, sexual practice, and the selling of sex** for money. Sex workers have noted that they experience stigma and isolation related to the moral judgments people make about their work (SWEAT, 2005). They may experience low self-esteem, feelings of shame, despair, and powerlessness as a result of such **internalized stigma** (Moane, 2003). If unchecked, pathology-focused bias will influence the therapeutic process and sex workers may internalize these opinions and exhibit these symptoms.

When working with sex workers in the therapeutic context, a resilience lens highlights the **importance of therapists not assuming the sex worker's occupation is the reason for entering therapy**. Psychologists should not try to convince clients to change careers but rather help them to explore different **career choices** only if they want to enter into a new occupation. For those who are satisfied with their occupation, psychologists can instead **develop interventions to prevent work-related mental health risks and coping mechanisms to handle stigma and oppression** rather than assume pathology. Such affirmation of a client's identity as a sex worker can be particularly problematic given the various feminist debates surrounding the issue of sex work. If a discussion produces client feelings of not wanting to be in the sex work industry despite a nonpathological lens, appropriate career counseling and resources may be a good way to help the client entertain other professional options. Exploring client strengths and attributes are an important part of finding clients satisfying career, as well as helping them to shed shame about their current career choice.

Psychologists working with sex workers should be ready to incorporate techniques that are used in work with survivors of trauma and not assume that the trauma caused or precipitated their entry into the sex work industry. Such work should begin at the initial intake by assessing for childhood and/or adolescent trauma in the forms of physical abuse, sexual abuse, or the witnessing of either. Further, assessment of strengths, empowerment, and knowledge and connection with self are also important when working from a resilience-based lens. When providing services to clients who have survived trauma, Brown (2008) recommends techniques that allow trauma survivors to **begin the healing process by connecting with their traumatized self**. For example, she recommends that therapists acknowledge patterns in clients' lives in which they do **not trust themselves** and explore why the clients do not trust themselves. Therapists can work with either referral agencies or community-based clinics that help to lessen sex workers' drugs use and subsequent psychological symptoms (Penfold, Hunter, & Barham, 2004).

Further, a resilience-focused lens highlights the need to investigate the association between social support and sex work. Understanding the role of sex workers' social support for each other is a critical area for practice and research. Researchers need to describe the meaning of community and support for individuals within the sex work industry. Practitioners can begin to explore such community with clients and help them value their own contributions to such as a community as well.

The **oppressive paradigm** (Weitzer, 2010) used in research with sex workers that focuses on psychopathology results in generalizing worst cases to the entire sex worker population. Related problems in the research literature include the lack of control groups in quantitative studies, convenience sampling that often results in a lack of representation across the sex worker hierarchy and various locations of sex work, unmentioned sampling limitations, and poorly developed constructs of investigation. Resilience-focused research with sex workers should interview participants in various locations and across the hierarchy of sex work practices (Coy, 2006) and qualify conclusions without making inaccurate generalizations (Weitzer, 2010). Scholars (e.g., Coy, 2006; O'Neill, 2010) have noted the importance of involving participants in the research process through designs such as **participatory action research (PAR)**, which can empower sex workers, enhance their self-esteem, help sex workers connect with resources, and combat stigma by service providers and the general public (Mahlstedt, 1999).

In addition to microlevel interventions, the authors' lens advocates for conducting both psychological research and practice in group modalities to sex worker communities and in the field, where sex workers live and work. For example, providing outreach presentations on the consequences of intravenous drug abuse (especially when collaborating with other agencies to give comprehensive information), trauma-related symptoms, and so forth that are tailored to sex worker communities will provide a space that is free of shame and guilt. Combining outreach programs with a focus on self-empowerment incorporates the feminist perspective of the **individual as the expert on him- or herself** and the importance of **forming relationships in order to self-nurture**.

A resilience-based perspective can serve as a catalyst to think about how psychologists conceptualize research and practice with sex workers. Such a lens calls for research and practice that **explore the conditions rather than the nature** of sex work as a holistic perspective (Wolffers & van Beelen, 2003). One of the most glaring absences is the need for **longitudinal studies** of sex worker resilience. Research addressing sex workers' mental health risks and resilience over the life course (Cwikel et al., 2004) is an area that is in critical need. Without a methodologically rigorous body of research from a resilience lens, psychologists may not be able to make accurate inferences and hypotheses and develop effective treatment services for this population. We hope that the proposed lens has identified research and intervention issues and strategies that will advance psychologists' understanding of the sex work industry and **diminish the construction of "deviance"**.

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Received July 6, 2010

Revision received September 8, 2011

Accepted September 14, 2011 ■

