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ABSTRACT

This study asked the following question: What are the mental health help seeking behaviors of female sex workers? The study examined: (1) the mental health help seeking behaviors of female sex workers; (2) sex workers perception of the efficacy of talking to professionals (counselors, psychologists, social workers) and non-professionals about emotional issues and; (3) experiences and feelings related to the disclosure of their sex work status to their therapist. Fifty-eight women who were currently sex workers or had worked within the last year responded to a mixed methods survey questionnaire. The survey covered a range of issues in regards to the experience of seeking help for emotional issues. The issues included their reasons for seeking professional and non-professional help and their perceptions of the efficacy of talking to professionals or non-professionals. Those who had been in therapy were asked if they disclosed their sex work status to therapists, how comfortable they felt doing so, their perceptions of the impact this disclosure had on their treatment, and what they would suggest to clinicians working with sex workers. The major findings were that most sex workers had been in therapy, found it to be a helpful experience, and felt comfortable disclosing their sex work status to their therapists. Suggestions to clinicians working with sex workers can be grouped into the following themes: (1) Practice non-judgment (2) Respect a client's right to self-determination in regards to her sex work, and (3) Increase their sensitivity and competence working with sex workers through self-reflection and education.

WHAT ARE THE MENTAL HEALTH SEEKING BEHAVIORS OF FEMALE SEX WORKERS?

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
LIST OF TABLES.....	iv
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	3
III METHODOLOGY.....	22
IV FINDINGS.....	25
V DISCUSSION.....	44
REFERENCES.....	49
APPENDICES	
Appendix A: Human Subjects Review Board Approval Letter.....	52
Appendix B: Consent Forms.....	53
Appendix C: Recruitment Materials.....	56
Appendix D: Survey Questions.....	58

LIST OF TABLES

Table

1. Perceived Efficacy of Non-Professional Support.....	29
2. Perceived Efficacy of Therapy	32

CHAPTER I

INTRODUCTION

This study asked the following question: What are the mental health seeking behaviors of female sex workers? The study examined: (1) the mental health help seeking behavior of female sex workers, (2) sex workers perception of the efficacy of talking to professionals (counselors, psychologists, social workers) and non-professionals about emotional issues and (3) experiences and feelings related to the disclosure of their sex work status to their therapist.

Sex workers represent a marginalized population that faces many occupational hazards. They are at high risk for violence, contracting sexually transmitted diseases, including HIV, stigmatization, legal ramifications, and mental health and substance abuse issues. Health services, including mental health services, are needed for this community. The public health research on sex workers has focused on factors pertaining to HIV infection and STI risk rates versus examining the general health and well-being of sex workers themselves (Alexander, 1998; Cohen & Alexander, 1995; Weiner, 1996). The mental health of this stigmatized population has largely been ignored as exemplified by the lack of research specific to the area of mental health and counseling services for sex workers. This study will serve to fill a gap in the research regarding mental health treatment of sex workers.

Sex work has particular risks due to the illegal aspect of the work and creates additional risks for women that include arrest and inadequate use of health services due to

fear of legal consequences. In addition, the underground nature of the work along with the negative societal attitudes towards this occupation can add additional pressures, psychologically. Sex workers and other stigmatized people often hide aspects of their identity that is 'socially undesirable'. As a stigmatized group, it may be difficult for the sex worker to create, develop and maintain a positive sense of a self. The hidden nature of the work and the tendency to hide socially unaccepted parts of their identity may make it particularly difficult to reach out for emotional support. It is for these reasons that it is important to examine their mental health needs in order to develop appropriate strategies for providing support to this community. The mental health needs of this stigmatized population have generally been ignored. Two key questions in this study ask, what are the mental health seeking behaviors of sex workers and how does their sex work status impact their experience in therapy?

CHAPTER II

LITERATURE REVIEW

This study asked the following question: What are the mental health seeking behaviors of female sex workers? Public health research has informed the public of some of the physical health issues that women working in the sex industry encounter. These include the need for STD testing, HIV risk reduction counseling, and regular medical check-ups. However, sex workers are often hesitant to disclose their sex work status to medical professionals (Cohen et al, 2006). Few studies have examined the psychosocial needs of female sex workers and their experiences in therapy.

This paper examines sex workers' experiences seeking mental health help, their perception of the efficacy of therapy and willingness and feelings of comfort disclosing their sex work status with their therapists. Much of the literature and research examining sex workers has focused on certain risk factors and issues found amongst sex workers, including substance abuse, HIV risk behaviors, coping skills, emotional issues, violence, and barriers to treatment. This literature review will focus on research more specific to sex workers' mental health. Specifically, this review of the literature of sex workers is grouped into the following categories: defining sex work and related demographics; attitudes towards sex work; stigma; psychological aspects of sex work; access to support services; sex workers and psychotherapy; and therapist bias.

Sex Work

Defining sex work

Sex work is defined as work completed by any person who exchanges sexual services for economic compensation, such as money, drugs or alcohol. Bernstein (2007)

acknowledges Carol Leigh, the founder of a sex worker advocacy group, *Call Off Your Old Tired Ethics* (COYOTE) as the creator of the term “sex work”. Delacoste and Alexander’s (1987 p.342) explain the etymology of the term as described by Bernstein (2007):

“Unlike the word ‘prostitute’, with its connotations of shame, unworthiness, or wrongdoing, the term ‘sex worker’ tries to suggest an alternative framing that is ironically both a radical sexual identity (in the fashion of queer activist politics) and a normalization of prostitutes as ‘service workers’ and ‘care-giving professionals’. (p.78)

Sex work includes high risks, including legal liability and expose those who work in it to violations and vulnerabilities that are specific to sex work and place this work outside the mainstream labor market (Sanders, 2005). According to Sanders (2005), occupational risks in sex work include violence, criminalization, marginalization, exposure to health-related concerns, exclusion from civil and labor rights, and ostracism from local communities. Davies (1936) also argues that sex work cannot be seen through the same economic lens as mainstream business because of the global moral condemnation of women who sell sex. In addition to being condemned morally, the illegal status (in most states) and the continued presence of sex work, creates a quasi-legal and semi-tolerated environment for sex work. Not only does the illegal status of the work increase risk associated with the work, but also creates a need for sex workers to hide their status, reducing their access to health and social services. Vanwesenbeeck (2001) views sex work as legitimate work and acknowledges that the illegal status creates consequences that often violate the civil and workers’ rights and integrity of sex workers.

Sex worker demographics

Sex workers vary in age, gender, age of entry into the field, race, and education levels. Chudakov et al (2002) advised researchers to realize the tremendous heterogeneity of commercial sex workers as evidenced in their presentation of case histories. The preceding authors noted that sex workers experiences vary due to the type of sex work, reason for engaging in sex work, and other factors. Koken et al (2004) also stressed the wide array of sexual and sensual activities that can be characterized as ‘sex work,’ including people who sell pornography, exotic dancers, massage parlor workers, and street prostitutes. Sex work at times involves little or no direct contact with clients. Examples of such non-contact include porn film actors, phone sex operators, adult magazine models and exotic dancers.

There is an economic hierarchical structure among sex workers according to the type of work they perform. One such distinction includes the differences among indoor and street level sex workers. Indoor sex workers are generally paid more for their services. Such workers include escorts (in call and out call), massage parlor workers and sensual masseuses. At the other end of the spectrum are street-level prostitutes who are often paid less and face higher rates of poverty, violence, substance abuse, and HIV rates. Bernstein’s (2007) fieldwork shows a further distinction between “career prostitutes” and “crack prostitutes”. “Career prostitutes” work for cash-for-sex, whereas “crack prostitutes” trade sex for drugs. To address the needs of street-level prostitutes, much of the literature focuses on violence, limited material resources, HIV, and substance abuse among street-level sex workers (Kurtz et al, 2005; Smith & Marshall, 2007; El-Bassel et al, 1997). Bernstein (2007) comments on the trend of commentators who fail to

distinguish between markets in sexual labor and the failure to differentiate meanings, practices, and regulatory strategies that each market entails.

Attitudes Towards Prostitution

As summarized in the Encyclopedia of Sex Work (2006) sex workers are often viewed in the popular culture with a wide range of reactions ranging from celebration, sympathy, contempt, disgust, and anger (Giner-Sorolla, 2006). There is a debate whether prostitution is harmless and voluntary or harmful and involuntary. This is especially so amongst a number of feminist writers. For example, Ann Cotton, Melissa Farley, and Robert Baron (2002) stated that the belief that prostitutes enjoy their work is simply a myth. On the one hand, to assume that prostitutes choose their work and wish to maintain their work can be described as de-stigmatizing and normalizing. On the contrary, advocacy groups that oppose prostitution state that this idealizes prostitution and ignores the negative side of prostitution. Giner-Sorolla (2006) comments on the tendency for any marginalized group to get out of being stigmatized by taking a polarized stance: to be cast as unwilling victims, or to be the subject of rosy celebrations that ignore the difficulties related to this work.

Phoenix (2000) summarizes what she considers as the two polarized stances in sex work literature and research characterized as:

“(i) the stance that highlights women’s agency and primarily argues that women freely enter into prostitution because the economic rewards of prostitution far outweigh those to be had in other economic activities; (ii) and those explanations that focus on the structural forces determining women’s lives and that coerce or compel them into prostitution either through a form of poverty that is created by and within a social structure that places women at an economic disadvantage relative to men and/or through men’s violence”

Stigma

The Greeks originated the term stigma (Goffman, 1963) and defined it as “a brand marked on a slave or a criminal, a stain on one’s character, a mark of shame or discredit and/or a definite characteristic of some disease,” (Pheterson, 2006). The modern meaning of the word generally refers to persons or groups that violate the norms and expectations of society in some way (Koken et al., 2004). Gail Pheterson (2006) defined the ‘whore stigma’ that can apply to any women, but especially sex workers, who are seen as “unchaste” as defined as “indulging in unlawful or immoral sexual intercourse”. Giner-Sorolla (2006) discusses the origins of attitudes, including stigma towards prostitution from the perspective of evolutionary psychology. He suggests that the negative attitudes toward prostitution start from a baseline for the same reason that promiscuous sex is seen negatively. That is, people unconsciously use stigma to protect themselves against a trait like promiscuous sex that might lead to or signal a risk of infectious disease.

Erving Goffman (1963), a noted sociologist, defined stigma and the resulting identities that are created to cope with stigma. Goffman identified three types of conditions that stigmatize the individual: physical deformities or handicaps, membership in a minority racial or ethnic group, or ‘blemishes of character’, which refer to an individual’s perceived moral deficits. Sex workers fall into the last category by engaging in acts that are perceived by the general population as immoral. Goffman proposes that individual identity is made up of a virtual and actual social identity. The virtual identity is made up of qualities that conform to the norms and expectations of society. The person’s actual social identity is described as being comprised of characteristics they feel they

possess. This author believes that stigmatized individuals often struggle to maintain a positive identity regardless of the negative assumptions society makes about them. As such, he suggests that stigmatized groups undergo a lifelong endeavor to reconcile the discrepancy between their virtual identity and their actual identity through 'identity management'.

Goffman's (1963) writings on stigma provided the framework for a study that examined the experience of stigma in the lives of male internet escorts. Goffman (1963) described 'information management' techniques as a variety of strategies employed by stigmatized persons, such as passing and covering, that allows individuals with invisible 'blemishes of character' to minimize their association with the negative associations with their virtual identity.

Koken et al's (2004) study is among the few studies examining the effects of stigma on sex worker populations. These researchers conducted 46 semi-structured interviews with gay and bisexual male escorts who advertised on the internet. The sample was identified through advertisements in local publications, on the internet, and was recruited through emails. Participants were asked about their level of disclosure about their work in relation to friends, lovers and family and the ways in which sex work had impacted their life.

To examine their experience in relation to stigma, researchers asked about participants' behaviors of 'passing' or 'covering'. For example, sex workers who reported 'passing', kept their membership as a sex worker secret except to clients in order to pass as a 'normal' (non-sex worker) member of society. Similarly, but to a lesser degree, a sex workers' 'covering' carefully monitors who and how much sensitive

information they share with others, allowing them to call on people ‘in the know’ for support, while still protecting themselves from exposure to the public, and thus greater degrees of stigma (Koken et al, 2004). These researchers found that gay and bisexual escorts reported work related stigma in their lives, as noted by their reports of hiding their sex work status. According to this research study, 11 out of the 46 participants (24%) received a code of ‘passing’ in that they reported telling virtually no one about their work. Most of these men expressed the emotional stress related to hiding their work. In other words, nearly one third of participants may have been fearful of seeking adequate support due to a fear of being stigmatized. Three quarters of participants were categorized as being in the process of ‘covering’ in that they were currently deciding whom to tell, how much to reveal, and when to disclose, in regards to their sex work. Interestingly, in this group, most of the men told other sex workers about their work. Some participants reported that other sex workers had become a valuable resource for support and understanding. The findings by Koken et al (2004) are important in that it provides empirical evidence for the possible relationship between stigma, hiding one’s identity, and the impact upon whether or not to obtain emotional support.

El-Bassel et. al (1997)’s study compared non-sex working female drug users with sex worker female drug users in Harlem. El Bassel found that after adjusting for differences in age, ethnicity, pregnancy, perceived AIDS risk, rape and crack and alcohol use, sex workers were more likely to exhibit psychological distress as measured by the General Severity Index and Brief Symptom Inventory. The researchers suggest that psychological distress can be attributed to the feelings associated with stigma and the illegal nature of the work (El-Bassel et. al, 1997)

It is important to understand the impact of stigma upon sex workers, such as the tendency to hide their status as sex workers and the resulting social isolation and psychological distress. Sex workers who are afraid to disclose their status as sex workers may also be at a higher risk for not accessing medical or mental health services or receiving proper treatment.

Psychological Aspects of Sex Work

Psychological Distress and Burnout amongst sex workers

Psychological issues pertaining to sex workers has been addressed in the literature (Vanwesenbeeck, 2005; Chapkis, 1997); burnout amongst sex workers (Vanwesenbeeck, 2005); psychological distress (El- Bassel et. al, 1997); coping strategies (Sanders, 2005; Sanders, 2004); and identity issues (Sanders, 2005; Brewis & Linstead, 2000; Phoenix, 1997).

Hochschild's (1983) theory of emotional labor can be used to understand psychological distress and burnout in sex workers. Sex work has been seen in the context of a type of emotional labor, a concept developed by Hochschild (1983). Emotional labor is a type of work where feelings are managed to create a publicly observable facial and bodily display. It requires one to suppress feeling in order to sustain the outward appearance that produces a certain state of mind in others. Hochschild (1983) describes three stances that workers take towards this work. The first stance is one in which the worker identifies too wholeheartedly with the work; the second stance is one in which the worker clearly distinguishes herself from the job, yet blames herself for making the distinction, and sees herself as insincere; the third stance is when a worker distinguishes herself from the job, does not blame herself, and sees the job as positively requiring the

capacity to act. The author sees the first stance as the most harmful, in that a person is too much present in the role and most likely to experience burnout. Burnout occurs when workers over-identify with their work and are unable to depersonalize; they stop caring and become detached from those whom they service. Burnout has been described as a syndrome of emotional exhaustion and symptoms that include depersonalization, cynicism towards clients, emotional deadness, and reduced personal competence. (Horschild, 1983; Schaufeli, Maslach & Marek, 1993; Vanwesenbeeck, 2004). Horschild (1983) purports that in all three stances, the essential problem is how to adjust one's self to their work role in a way that allows some flow of self into the role, but minimizes the stress the role puts on the self. Additionally, Horschild (1983) hypothesizes that emotional workers may prevent burnout by a "healthy" estrangement of self from the role, if they clearly define when they are acting and when they are not, thus making them less vulnerable to burnout.

Coping Strategies and Identity Issues

Literature on sex worker describes the many ways workers create this estrangement of self from the role through boundary maintenance (Chapkis, 1997) and through emotional management (Sanders, 2005). Chapkis (1997) discusses that sex workers create pragmatic, symbolic, and psychological defenses to manage the tensions of selling sex. Sanders (2005) summarized popular emotion management strategies such as body exclusion zones, the condom as a psychological barrier, domination services, and meaning attached to sex as work. She describes the common practices of determining personal boundaries that are separate from work practices, such as not performing certain sex acts with clients in order to reserve them for personal activities. Chapkis (1997)

summarizes other literature that disputes usefulness of controlling those emotions, in that denies an individual's internal experience. Chapkis (1997) sees that the management of emotion may be a useful tool in boundary management to preserve one's self, rather than a loss of self. Understanding sex worker's boundary management as a healthy coping strategy and not a pathology that prevents burnout and preserves one's self, could be helpful for therapists working with sex workers.

Access to Support Services

Several studies of female sex workers and their need for health and social supports, have examined the barriers to services for sex workers, mostly targeting street based workers (Weiner, 1996; Romans, Portter, Martin, & Herbison, 2000; Kurtz, Surratt, Kiley, & Inciardi, 2005; Smith & Marshall, 2007). A study that examined the social needs of street walking prostitutes was conducted among 1,963 street walking prostitutes who were receiving services through a mobile outreach van in New York City and the five surrounding boroughs (Weiner. 1996). Implication from this study suggests that there are barriers to treatment due to a woman's status as a sex worker. Certain drug treatment facilities exclude sex workers from entering into programs, believing that the women will continue to trade sex for money or drugs and undermine the program. Weiner (1996) also identifies the vulnerability of sex workers loss of social services due to disclosing their status as sex workers. Women who disclose their sex work status risk the removal of their children from their homes, loss of parental rights, expulsion from social support systems, such as their families or church. Weiner (1996) advises social workers to be sensitive to the difficulty prostitutes have in trusting workers and revealing information related to their sex work status.

Mental and physical health of female sex workers

Similarly, a study conducted in New Zealand examined the mental and physical health of female sex workers. Findings describe mental health seeking behaviors of female sex workers. This study points to the difficult issues sex workers face in disclosing their status as sex workers to health professionals, arising as a result of the marginalized position of sex work in society (Romans, Potter, Martin, & Herbison, 2000). The study looked at the participants' professional mental health help seeking behaviors as well as their social support seeking behaviors. Of the 29 participants interviewed, in relation to their lifetime experiences in therapy, almost half of participants (n=14) had seen a counselor, one third had seen a psychologist (n=9), and one fifth (n=6) had seen a psychiatrist at least once (Romans, Potter, Martin, & Herbison, 2000). In regards to non-professional emotional support, over 90% (n=27) of participants said that they had someone to talk to if something was troubling them. Participants named a partner or a female friend (28%), a fellow sex worker (17%) another person (17%), and parent (n=1) as people they talked to when something was troubling them (Romans, Potter, Martin, & Herbison, 2000).

Findings from this study exemplify the difficulty sex workers have in relation to revealing their sex worker status. One-third of women (n=9) said that their doctors did not know of their involvement in the sex industry (Romans, Potter, Martin, & Herbison, 2000). Fear of attitudes towards prostitution, fear of legal ramifications, lack of trust, and stigma are likely to be contributing factors to sex workers not disclosing to health care professionals. Most of the sex workers in this study thought there were difficulties associated with working in the sex industry (n=24). Seven of twenty-nine participants

reported that negative attitudes or ignorance from the general public as a problem with sex work (Romans, Potter, Martin, & Herbison, 2000).

These studies exemplify the way stigma, negative attitudes, and public judgment impacts the ability for sex workers to obtain access to health care and mental health services.

Sex Workers and Psychotherapy

There is a dearth of literature related to the provision of psychotherapy and counseling services to sex workers. As discussed by Carter and Dalla's (2006) review of the literature, limited research has been done on exploring the impact of counseling or psychotherapy on the well being of sex workers.

Yahen et al (2002) discuss their findings from the Magdalena Pilot Project, an outreach program using motivational interviewing (MI) with 27 substance abusing female sex workers. The pilot project found motivational interviewing to be a potentially effective outreach treatment for substance abusing sex workers. MI uses a dialogue with a non-punitive tone and directive and respective listening to help people resolve their ambivalence about changing their health behavior. Yahen et al (2002) proposed this type of interaction differed from the women's usual interpersonal interactions, as the women expressed much gratitude for having people listen to them.

Carter and Dalla (2006) discuss the use of transactional analysis in a case report of therapy with an ex street-level female prostitute. Carter and Dalla (2006) offer some suggestions to therapists working with sex workers. They suggest clinicians can expect the client to be suspicious of professionals due to past experiences in illegal work; that clinicians attempt to elicit a history of precipitating events prior to entry into sex work;

and that they employ a transactional approach in examining the clients' level of engagement with society; and that they develop an awareness of the deep emotions that are experienced in the context of this occupation (Carter & Dalla, 2006).

Yahen et al (2000) discusses the use of non-judgmental technique of motivational interviewing and concludes that it is a useful approach when working with sex workers. Other studies offer similar conclusions for working with sex workers in psychotherapy or mental health treatment.

Hutto and Faulk's (2000) psychodynamic case study discusses 'Ms. A's' four years of psycho-analytically oriented psychotherapy that included a total of over 300 psychotherapy sessions with a psychiatric resident, at a low-fee clinic. Ms. A was a divorced graduate student who resumed work as a prostitute after her daughter was born. Ms. A stated early in treatment that she did not want to be a prostitute any longer, but that she could not make a decision about what she did want to do. This case study discussed themes of the treatment including the conflict about her work, along with other themes such as her relationship with her family and daughter, her view of men and that of her therapist. At the end of treatment the client's stance on leaving prostitution was that she wouldn't stop even if she won the lottery. She also said that she felt "free" to stop prostituting if she wanted to do so. At the termination of therapy, Ms. A reviewed what she considered to be the benefits of treatment. She noted that others had noticed a difference in her since treatment, she had more true friends, her daughter was doing well in school, and her belief that each person must find their own way. The therapist's view of the outcome was that Ms. A's risky activities related to her work diminished significantly and her needs were more directly met in relationships outside of sex work.

In discussing his techniques, the therapist consistently took a neutral, non-moralizing stance regarding her decision to continue prostitution. Ms. A's moral belief was that prostitution empowers women. The therapist believed that she would have left therapy if the he showed disapproval. The treatment goal was to get Ms. A to gain awareness of her conflict regarding prostitution, not by eliciting feelings of guilt, but by exploring hidden gratifications of the work. The approach throughout the treatment course was to enhance insight rather than to focus on behavioral change. Instead of trying to have Ms. A leave prostitution, the therapist hoped to create greater awareness so she could make her own decisions. For some therapists however, the treatment goal is for the client to stop working as a sex worker (Hardman, 1997; Hollender, 1961), despite the clients' very different and even contradictory self reported goals.

Hardman (1997) conducted a 10-week social work group for 23 female prostitutes with children in London. The 10-week group met weekly and had a psycho-educational curriculum that addressed specific welfare benefits, parenting skills, health care, housing, education, counseling and therapy resources. The author, also the group facilitator, had a strong bias towards getting her clients to leave prostitution. Hardman's treatment goals were for the women to leave sex work. Regardless of the women's thoughts, the author wanted to empower the women to leave prostitution and provide them with alternatives to sex work (Hardman, 1997). While the researcher was aware that these women were at different stages in considering to leave prostitution, the author's conclusions at the end of the 10 week group was that she felt "disappointed" to learn that less than half of the women were no longer working as prostitutes (Hardman, 1997). While the majority continued to work as prostitutes at the end of the 10 week group, all of the women had

registered with the local health clinic and 20 of the 23 women had a regular income through social service welfare benefits (Hardman, 1997). The most outstanding finding of this study was the importance the women assigned to the mental health and emotional support these women described receiving from both professionals and peers. Due to participants' requests, an extra week was added to the group in order to focus on counseling and therapy resources. Moreover, women were highly committed to the group and participants reported the group being a positive experience in that they were able to give and receive emotional support. (Hardman, 1997)

Therapist bias

Strong attitudes and opinions surrounding sex work is widely discussed in the literature (Phoenix, 2000). Sex workers are a marginalized population, generally apart from the mainstream population, due to the illegal nature of their work and strong public attitudes towards sex work. Sex workers are often viewed as different from the dominant culture. Like other marginalized populations, sex workers often suffer from intense criticism and bias based on the values, assumptions, and beliefs of the dominant culture that permeates into the clinical setting. Therapist bias is a widely studied topic that examines how therapists' values, judgments, and assumptions can negatively affect treatment outcomes (Kemp & Mallinckrodt, 1996; Mohr, Chopp, Wong, & Weiner, 2009; Bermudez, 1997). Literature pertaining to therapists working with clients of a different race and ethnicity suggests that all therapists have values, assumption, and beliefs about groups of people who are different from the dominant culture (Bermudez, 1997). There is little doubt those therapists' attitudes and assumptions towards sex workers impacts the therapeutic process. No literature was found discussing therapist bias towards sex

workers. Many discussions regarding therapists' bias focus on race, culture, and ethnicity (Bermudez, 1997), sexual orientation (Mohr & Weiner, 2009), or disability (Kemp & Mallinckrodt, 1996).

Two studies on the impact of therapist bias on the treatment of disabled (Kemp & Mallinckrodt, 1996) and bisexual clients (Mohr, Chopp, Wong, & Weiner, 2009), found that therapists' biased judgments and assumptions affects assessment, case conceptualization, and treatment planning. Similarly, in a study that examined therapist bias when working with bisexual clients, researchers examined the impact of therapists' stereotypes toward bisexuality on case formulation (Mohr, Chopp, Wong, & Weiner, 2009). In this study 108 therapists were given clinical scenarios, identically written, with the exception that the identified client was bisexual, gay, or heterosexual and randomly assigned. This study compared the therapists' responses and case formulations to examine their bias towards bisexual clients. Results were consistent to past findings, in that client bisexuality had a strong effect on therapists' judgments regarding the relevance of clinical issues that were related to bisexual stereotypes, but not directly related to the presenting problems. For example, the perceived relevance of sexual dysfunction was significantly higher in the bisexual condition than in relation to heterosexual and gay conditions and identity issues were viewed as more relevant among bisexuals than among gays (Mohr, Chopp, Wong, & Weiner, 2009). The researchers suggest that clinical training programs and supervisors could reduce the potential for such bias by helping therapists understand the potential for unconscious bias, even among individuals who believe they are able to prevent their values from influencing their professional work (Mohr, Chopp, Wong, & Weiner, 2009).

Similarly, Kemp and Mallinckrodt (1996) discuss the impact of therapists' judgments of disabled persons on treatment where therapists enacted *errors of omission* and/or *errors of commission* in their case conceptualizations. The researchers measured the therapists' bias by their *errors of omission* in the avoidance of sexuality and intimate relationship issues. This *error of omission* can occur because persons with disabilities are incorrectly assumed to have lost the ability and interest for pursuing these intimacies. The researchers also examined *errors of commission*, occurring when therapists assume without justification that an issue should be important for a client because of a disability when in fact it is not. This research compared the case conceptualization of a disabled client by clinicians who have had some training related to issues of disability with those who had none. Their findings suggests that even a small amount of training on disability may be associated with significantly less bias in case conceptualization and treatment planning (Kemp & Mallinckrodt, 1996).

These studies seem to point to a belief that therapist bias is seen to effect clinical case formulations by inaccurately assessing a client's needs based on the inclusion of irrelevant issues or the exclusion or oversight of important issues. These errors appear to stem from the therapist's lack of attunement resulting from therapist bias, stereotypes, and judgment.

Bermudez (1997) emphasized the importance of family therapists learning how to assess their own biases in order to be clinically effective, especially when working with people who are ethnically and culturally different. This assessment is imperative to prevent pathologizing a client who has a different worldview and value system.

Therapists' values and assumptions about what is considered normative, is communicated

in various ways, sometimes without their awareness (Bermudez, 1997). Furthermore, Bermudez (1997) asserts that being aware of one's biases is not enough to assure therapeutic effectiveness. Bermudez (1997) cites Hardy and Laszloffy (1995) who state that training programs devoted to preparing culturally competent therapists must confront the difference between awareness and sensitivity and should facilitate both enhancing both skills.

Bermudez (1997, p.255) points to experiential tasks in order for therapists to be better able to 'transport their selves into the culturally different client's world,' by exploring themselves. The article reports on experiential tasks for therapists in a family therapy training program. The tasks included visualization, role playing, and role reversal exercises. The therapist was asked to visualize a client and examine their values and assumptions based on the limited information provided before meeting a client. The group was asked to act out a character based on one's assumptions or opposite of the way they believe a person to be like. The group reported that by experientially being a person from a different background, they were able to experience a visceral reaction to their own bias and assumptions which helped to create a newfound sensitivity toward the people portrayed (Bermudez, 1997). Possibly, therapists could use similar techniques to self-reflect on their values and bias and increase understanding and sensitivity towards sex worker in treatment.

Summary

The vast majority of research related to sex workers addresses the physical health and safety of sex workers, but does not discuss their psychosocial needs. Research has

shown that such workers maintain high rates of HIV risk behaviors, substance abuse, and are often victims of violence. (Nemoto et al, 2005; Nemoto et al, 2003). Much of the research has been derived from a public health perspective with less of an emphasis on psychological factors. Literature pertaining to the psychological impact of sex work has centered on the notion that sex work is seen as a form of emotional labor (Horschild, 1983) with the use of such techniques as identity boundaries and disassociation (Chapkis, 1997) to cope with work related stress and prevent burnout (Vanwesenbeeck, 2004). It appears that it is important that therapists often need to better understand the issues that may be particular to sex workers, including the multitude of attitudes towards sex work, impact of stigma, and methods to cope with work related stress. In addition to increasing knowledge about sex workers, therapists often need to examine their own bias, values, and assumptions in order to provide more competent services to sex workers.

CHAPTER III

METHODOLOGY

The purpose of this study is to examine the mental health seeking behaviors of female sex workers and their experiences in seeking emotional help from professionals (counselors, psychologists, social workers). The researcher sought to explore female sex worker's experiences in therapy, including their perceptions of the efficacy of therapy and their experiences disclosing their status as sex workers to their therapist. This researcher developed a descriptive mixed methods survey with 25 closed and 2 open-ended questions, including the use of 2 Likert scale questions.

Sampling

Participants included fifty-eight self identified female sex workers between the ages of 18-50 who were current sex workers or had worked as sex workers within the last year. From March 11- April 15, 2009 a total of 58 surveys were conducted at an occupational health and safety health clinic for sex workers and online. Twenty-nine surveys were conducted at the participating agency that was accessible and well known by sex workers. Subjects were primarily recruited by the researcher who approached sex workers in the waiting room and community room of this agency. Twenty-nine surveys were completed online. Participants were encouraged to pass along the survey link or flyer to their peers.

Data Collection

The data design was approved by the Human Subjects Review Board at Smith College School for Social Work. The method for collection involved the completion of a survey developed by this researcher. Informed consent forms were completed by

participants before the survey began. The informed consent forms described participants' rights as research subjects, participation in the study, and potential risks and benefits. For surveys that were conducted on hard copy questionnaires, the researcher and the participants kept a signed copy of the informed consent forms. Online survey participants were not required to sign their consents, but were asked to check a box indicating that they agreed to participate. The informed consents will be stored in a secure place for three years and then destroyed, as mandated by federal regulations.

From March 11- April 1, 2009, the researcher went to a drop-in clinic, twice weekly at an occupational health and safety clinic for sex workers. The researcher approached potential participants and asked them if they were interested in completing a survey exploring the mental health help seeking behaviors of female sex workers. If participants were interested, the first page of the survey screened potential participants for eligibility, confirming that they were 18-60, identified as female, and had worked as a sex worker currently or within the past year. The survey asked participants for their demographic background. The first section of the survey asked about their general help seeking behaviors for emotional issues. The second part of the survey asked about participants' experiences talking to either non-professional or professional people regarding emotional issues. Participants who reported never having been in therapy were asked about their experiences talking to non-professionals about their emotional issues. They were also asked why they did not seek professional help, what issues they sought emotional support for, and how helpful they felt it was talking to another person. If participants reported having sought professional help from a therapist, peer counselor, or counselor, they were asked about their general experience in therapy, the length and total

number of sessions of their longest experience in therapy, how they were referred, what issues they sought help for, how helpful they felt therapy was, and why treatment ended. These participants who had experience in therapy were then asked about whether or not they had disclosed their status as a sex worker to their therapist. Participants who had told their therapists they were sex workers were asked if they were comfortable doing so, and if not why they felt uncomfortable to disclose this information and how they felt their treatment was impacted by their therapist knowing. Participants who had not told their therapist that they were sex workers were asked why they didn't disclose to their therapist. All participants who reported being in therapy were asked if there were anything they would suggest to clinicians to improve their work with sex workers.

After completion of the hard copy surveys, participants were thanked, given a copy of local and national referrals to mental health services, and given a \$5.00 gift certificate to Starbuck's. Those who completed the survey online were thanked and provided with a list of national referrals to mental health services.

Data Analysis

Data collected from the hard copy surveys was entered manually into Survey Monkey and added to the data collected from the online surveys. The computer program, Survey Monkey, summarizes the data and calculates the percentages and responses for each question. The researcher sought to identify themes or possible relationships between respondents' answers to various questions by cataloging similar answers. Open-ended narrative questions were coded and analyzed for content. The researcher made notes of themes and interesting, unusual or surprising responses.

CHAPTER IV

FINDINGS

This research study sought to understand what are the mental health seeking behaviors of female sex workers. The researcher used a mixed methods questionnaire with closed and open-ended questions, and Likert scales. This chapter will discuss the demographic data, including gender, age, ethnicity, type of sex work, and length of time as a sex workers. The results of the study include information from those participants who have been in therapy, those who have sought support for emotional issues but had never been in therapy, and those who do not talk to others about their emotional problems. Participants who have been in therapy are further categorized by those who disclosed their sex worker status to their therapist and those who did not. Findings are presented about their reasons for not disclosing, level of comfort disclosing, how they felt it impacted treatment, and what they would suggest to clinicians working with sex workers.

Sociodemographics

Fifty-eight female identified sex workers participated in the survey for this study. Fifty-three (93%) of participants identified as female and four (7%) identified as male-to-female transgender. Participants' ages ranged from 18-56. Twenty-nine (51.8%) of the participants ages ranged from 24 to 32, eleven (19.6%) participants' age ranged from 18 to 24, ten (17.9%) of participants' age ranged from 41 to 50, five (8.9%) participants' age ranged from 33 to 40, one (1.8%) participant's age ranged from 51-56. No participants' ages fell under the age range of 57-60. Forty-seven (82.5%) participants identified as

White, four (7%) as African American/Black, three (5.3%) identified themselves as Hapa, mixed, Native American and German, and Middle Eastern.

When asked to describe their work, participants were asked to check all that apply. Twenty-four (41.4%) participants described their work as escort, twenty-three (39.7%) participants BDSM (Bondage, Discipline, Sadism, Masochism), twenty-two (37.9%) as porn, nineteen (32.8%) participants as stripper/dancer, eighteen (31%) participants as sensual massage, nine (15.5%) as phone sex operator, eight (13.8%) as street worker, one as massage parlor, and 6 (10.3%) described their work as other and specified nude housekeeping (n=1), fetish sessions (n=2), panteism (n=3), web cam work (n=3), and tantra/sacred sexuality education. Thirty-one (53.4%) participants worked exclusively as an independent, twenty-two (37.9%) participants work was a combination of independent work and managed through another or agency, and five (8.6%) worked exclusively managed or with an agency. The longest time working as a sex worker was 25 years (n=1) and the shortest time as a sex worker was 2 months (n=2). The average length of years working as a sex worker was 6.14 years.

Experience Seeking Emotional Support

Forty-two (72.4%) participants had sought professional help as defined as a counselor, psychologist, peer counselor, therapist, or social worker for emotional issues and sixteen (27.6%) had not sought professional help for emotional issues. Among the sixteen participants who reported never having sought professional help for emotional issues, twelve participants reported that when they have emotional issues or problems, they talk to someone and four participants reported that they do not talk to anyone when they have such emotional issues. All participants (n=11) reported talking to a friend, eight

(72.7%) women talked to an intimate partner, four (35.4%) talked to a co-worker, and two (18.2%) women talked to their family when they have emotional issues or problems. Those who did not report talking to someone when they have emotional issues, engaged in the following behaviors when experiencing emotional issues, spiritual practice (n=2), withdrawing from normal activities (n=2), exercise/physical activity (n=2), drink alcohol and/or use drugs (n=1). One participant described being temporarily “disconnected” from their emotions until the problem in question is resolved, fades into the background or is ignored. When asked why they have not sought professional help, eleven participants reported they don’t need help, three participants stated that they lacked adequate funds, one participant did not know where to go for help, and three participants specified other reasons. One participant commented, “I didn’t trust opening up fully to professionals, I was afraid of being judged, and I was never long enough in one spot to be able to commit to therapy”. Another participant explained, “ I don’t know if they would understand” and another participant stated, “It is hard to find the right kind of help suitable to me”.

Participants reported talking to others about the following emotional and relationship issues (n=10), health related issues (n=9), work related issues (n=9), family issues (n=8), grief/loss (n=7), body image issues (n=7), emotional support (n=7), legal issues (n=7), substance abuse (n=4) and being a victim of violence (n=2). Two participants talked to someone about being raped and the possibility of a career outside of sex work. Participants who sought emotional support from non-professionals were asked to rate the helpfulness of such a dialogue (Table 1). Participants were asked how helpful talking to someone about their emotional issues was for various life issues including crisis, family relations, social situations, school, sex work, non-sex work, housing,

participating in meaningful activities, taking care of their own needs, and handling difficult situations. Nine out of twelve participants agreed with the statement, “I am better able to handle things when they go wrong” as a result of talking to someone about their emotional issues. Seven of twelve respondents also agreed that as a direct result of talking to someone about their emotional issues, they were better able to deal with the crisis (n=7), do better in social situations (n=7), do things that are more meaningful to them (n=7), and are better able to take care of their needs (n=7).

Table #1

How helpful did you find talking about your emotional problems? As a direct result of talking to someone about my emotional issues:						
Answer Options	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	NA
I am better able to deal with the crisis	4	7	1	0	0	0
I am getting along better with my family	1	6	5	0	0	0
I do better in social situations	2	7	3	0	0	0
I do better in school	1	3	3	0	0	5
I do better in my work as a sex worker	4	5	3	0	0	0
I do better in my work (non-sex work, if applicable)	3	6	2	0	0	1
My housing situation has improved	1	5	4	1	0	1
I do things that are more meaningful to me	2	7	2	0	0	1
I am better able to take care of my needs	3	7	2	0	0	0
I am better able to handle things when they go wrong	3	9	0	0	0	0
Answered:						
12						

Experience in Therapy

Forty-two (72.4%) participants reported having been in therapy. Thirty-one (81.6%) participants were self-referred, nine (23.7%) were referred by a friend outside of sex work, seven (18.4%) by the collaborating agency, five (13.2%) by a physician, five (13.2%) by another sex worker, and three (7.9%) by a community based organization.

Five (13.2%) participants were referred by other means such as their spiritual community or family. Participants were asked what single or combined types of professional help they received for emotional issues. Thirty-seven (97.4%) had received talk therapy, ten (26.3%) had participated in peer counseling, nine (23.7%) received crisis intervention, six (15.8%) received substance abuse treatment. Seven (18.4%) participants reported receiving other types of professional help including acupuncture, somatic therapy, sex worker support groups, psychiatry visits, and hospitalization. Reasons for seeking professional help included relationship issues (n=31), emotional support (n=30), being a victim of violence (n=24), family issues (n=23), issues of grief/loss (n=19), work related issues (n=14), body image issues (n=13), health related issues (n=11), and substance abuse (n=11). Twelve participants also specified other reasons for seeking professional help, including trauma (n=3), anxiety (n=3), phobias (n=1), depression (n=1), anger issues (n=1), personal growth (n=1), mental illness (n=1) and school related issues (n=1).

Participants longest experience in therapy ranged from 15 years (n=1) to 3 days (n=1). In regards to their longest experience in therapy, thirteen women responded being in treatment for less than a year, nineteen reported one to four years in therapy, two participants' longest experience was five to nine years, and seven women responded ten to fifteen years as their longest experience in therapy. In regards to their longest experience in therapy, the average number of sessions was 91.3 with the least being 2 sessions and the most, 365 sessions.

Participants were asked to report why treatment ended. Nearly 30% (n=11) reported that the question was not applicable because therapy was ongoing. Eleven participants (28.9%) terminated treatment because they were unable to pay,

approximately 21.1% were unsatisfied with treatment (n=8), 15.8% (n=6) reported that services were unavailable, and 5.3% (n=2) ended therapy because the therapist left. Fourteen (36.8%) participants reported other reasons for the termination of their treatment, including meeting their treatment goals (n=5) and because they had moved or relocated (n=2).

Participants were asked how helpful talking to someone about their emotional issues was for various life issues including crisis, family relations, social situations, school, sex work, non-sex work, housing, participating in meaning activities, taking care of needs, and handling difficult situations (Table 2). As a direct result of therapy, twelve participants strongly agreed (n=12) and agreed (n=2) that they were better able to take care of their needs. Seventeen participants agreed with the statements, “I am better able to deal with the crisis” and “I am better able to handle things when they go wrong” as a direct result of being in therapy.

Table #2

How helpful did you find therapy with your problems? As a direct result of the services I received:						
Answer Options	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	NA
I am better able to deal with the crisis	12	17	6	2	1	1
I am getting along better with my family	6	10	12	5	2	3
I do better in social situations	7	13	11	2	1	3
I do better in school	3	9	10	3	1	11
I do better in my work as a sex worker	4	13	13	4	2	2
I do better in my work (non-sex work, if applicable)	5	14	9	4	1	2
My housing situation has improved	7	8	8	7	1	7
I do things that are more meaningful to me	9	15	7	4	1	2
I am better able to take care of my needs	12	12	9	1	2	1
I am better able to handle things when they go wrong	11	17	6	1	2	1
<i>Answered question: 39</i>						

Disclosure of Sex Work Status

Participants were asked if their therapist knew about their status as a sex worker. Nearly 66% of the participants' therapists (n=25) knew that they were sex workers, 28.9% (n=11) reported their therapist did not know, and two participants (5.3%) responded that they did not know whether their therapist knew or not. Participants, whose therapists did not know about their work, were asked why they decided not to tell their therapist. Six (54.5%) participants felt fearful of being judged by their therapist; five

(45.5%) women did not tell their therapist that they were sex workers because they were worried about confidentiality; five (45.5%) participants' did not tell their therapist because it did not come up; and four (35.4%) respondents were fearful that their sex work would become the focus of treatment and for that reason did not tell their therapist. None of the participants were fearful that their disclosure might lead to arrest. Three (27.3%) participants specified other reasons for not telling their therapist. Other reasons including the fact that they were not currently engaging in sex work at the time (n=2) and that their sex work status was unrelated to the reason they were in therapy (n=1).

Feelings related to Disclosure

Amongst the twenty-five participants whose therapist knew they were sex workers, eighteen (72%) participants reported feeling comfortable disclosing their status as a sex worker and seven (28%) participants did not feel comfortable disclosing their sex work status to their therapist. Although these participants disclosed their status to their therapists, seven participants felt uncomfortable. Nearly all were fearful that it would be the focus of treatment (n=6), fearful of being judged (n=3), worried about confidentiality (n=2), and fearful of arrest (n=1). Two participants had other reasons, including not wanting people to know they had been a sex crime victim (n=1) and due to personal shame and fear that their sex work would be seen as a pathology (n=1).

All participants who reported disclosing their sex work status to their therapist were asked if they felt their treatment was impacted by the therapist knowing they were sex workers and why. Fifty-six percent (n=14) of participants felt that their therapist knowing they were a sex worker impacted their treatment and twenty-four percent (n=6) did not feel that their treatment would be so impacted. Twenty percent (n=5) responded

that they did not know if their therapist knowing they were a sex worker would impact their treatment.

Impact of Disclosing Sex Work Status

Participants who felt their treatment was impacted by their therapist knowing they are sex workers were asked an open-ended question, “How did you feel your treatment was impacted by your therapist knowing you were a sex worker?” Approximately fifty percent (n=7) of participants commented on the positive impact that came disclosing to their therapist. Four (26.5%) participants reported on the negative impact of disclosing to their therapists.

Positive Impact by Disclosing Sex Work Status

The themes identified were related to the positive experience being honest, and the ability to discuss issues related to their sex work. Three participants described the importance of being able to be honest about this aspect of their lives:

I made sure to disclose my sex work status because seeing a therapist who was familiar with and comfortable with sex work and nonjudgmental was very important to me.

It impacted my treatment in a positive way. We changed the direction of my sessions because she had more information about my life.

I did not have to lie about good/bad dates.

Furthermore, one participant also mentioned the importance of knowing that her therapist was a peer, in some ways, as a former sex worker:

I don't think it would be possible without total honesty. I happen to know that my therapist is a former sex worker too. It makes a huge difference. I feel totally comfortable talking to her about everything. I would have to leave out large chunks of my life if I didn't want her to know.

Participants felt their treatment was positively impacted by disclosing to their therapist because they identified issues pertaining to sex work as integral to treatment.

The following comments describe the importance of sex work related issues in therapy:

That (sex work) was the issue we were mainly working on, all else was connected to it.

We needed to work on issues related to sex work so therefore, yes the therapy was relevant and impacted by knowing I am a sex worker. My therapists are non-judgmental and supportive of my personal healing.

She was able to focus on my sex work and support me better.

Being in therapy was essential in helping my issues.

A few participants commented that disclosing their sex work to their therapist was very helpful to the process of treatment in that the therapist was more open or allowed for more understanding. One participant noted the openness of the therapist and the subsequent support she received following disclosure:

I told her and she was more open to me and she was really there. I haven't had any counseling in about a year since she left. I would really like her to come back or someone qualified.

Another participant commented that disclosure increased understanding and that she received appropriate responses from the therapist:

I am better able to understand issues. She provided appropriate feedback.

These quotes demonstrate the variety of positive experiences reported by sex workers who told their therapists about their work.

Negative Experiences Disclosing Sex Work Status

Four participants described the negative impact disclosing had upon their treatment. Central themes regarding how treatment was negatively impacted were due to the fact that these participants felt pathologized, judged, stereotyped, tokenized, not understood, and responsible for educating the therapist about sex work:

I felt judged and like it was a novelty.

I felt judged. My therapist then made assumptions about me doing drugs, being a sex addict, and being raped.

I believe that my most recent therapist thought about my work in a pathological sense and it made me uncomfortable and did not make me trust her. I also was very agitated by this and my underlying discomfort made me quit therapy.

Another emerging theme that sex workers identified as negatively impacting treatment was their therapists' expectations to educate and inform them about issues pertaining to sex work.

She seemed interested in having me educate her around sex work issues, which is not what I was looking for.

I ended up feeling as though I spend the majority of my sessions explaining my "subculture" to my therapist (queer, bdsm, sex worker, punk).

Suggestions for Clinicians Working with Sex Workers

All forty-two participants who reported having been in therapy were asked, "Is there anything that you would suggest to clinicians to improve their work with sex workers?" Thirty-two women responded to the question. Suggestions for clinicians were grouped into themes related to Non-judgmental, right for self-determination, need for education and training on sex worker issues, therapist's self-reflection, sensitivity and compassion, peer strategies, help with sex work, and exit strategies.

Non-Judgmental

The majority of participants commented on the importance of a non-judgmental clinician and the importance of a clinician challenging their assumptions and values. The following statements describe some of the participants' needs in relation to be judged by their clinician:

You must be patient and non-discriminative

Don't pathologize or glamorize sex work.

Be open-minded

Be non judgmental, compassionate, loving and professional

Make statements supporting our choices. Let us know it is "ok" and be non-judgmental.

Do not automatically try to find "what went wrong" with the client

Do not assume that all sex work is inherently damaging and dangerous.

Furthermore, participants noted the diversity in experience and asked clinicians to challenge their assumptions of sex work in order to be able to understand and allow space for individuals' experiences.

Understand it's a job to some people and a problem for others...don't assume.

Don't assume that sex work affects private sex life AND don't assume it doesn't. Treat it like any other work.

Don't assume sex workers have issues with work because they do "sex work"
Don't assume that the work is inherently traumatizing or empowering

Right to Self-Determination and Client-Focused Therapy

Participants commented that in addition to clinicians being more aware of their negative assumptions about sex work, participants suggested that therapists be more client focused. Participants pointed to the importance of respecting and supporting a client's right to self-determination:

Don't make assumptions about us being victims. Don't assume that eventually we'll decide this work is a bad idea. Listen to the whole truth, even though it's complicated. Sex work has positives and negatives. It impacts different people differently. Each sex worker needs to evaluate for herself how it's affecting her well being. It's only possible to do that when you're not being judged.

Don't assume sex work is a bad thing. Don't focus on my sex work. Meet me where I am

Help her explore her options, her self worth, and find her power and strength

Focus on well-being of client

Don't persuade or pressure your client to talk about their work and specific activities they do; having healthy boundaries is key; if someone doesn't want to talk about work they shouldn't have to

Need for Training and Increased Sensitivity to Sex Workers

Participants suggested that therapists attend trainings or increase their knowledge about sex work in order to more competently work with this population:

One must not be curious but understanding. Be knowledgeable of sex worker's social and psychological status.

Take time to understand issues

Attend the University of California, San Francisco's sex worker training for CES

Sex workers commented on the difference in experiences that exists amongst sex workers and encouraged therapists to become educated on the differences:

Therapist should educate themselves on the variety of kinds of sex work, the diversity of people that are sex workers and the diversity of the reasons WHY

people go into sex work. (ie, some people go into it for survival purposes, some have more choices, etc)

Another woman reminded therapists to be careful with the information regarding sex workers and not to generalize:

Find a balance between being open minded and making informed decisions based on demographic factors. It doesn't feel good to be judged based on lifestyle, demographics or appearance. I had an experience with a clinician that I felt was very offensive and inappropriate. I came to the clinic for a mole on my skin to be looked at because it resembled pre-cancer. When the doctor learned I had done sex work, all of his questions were about my drug use and reproductive organs. Get sensitivity training.

In addition to increasing knowledge about sex workers, participants also noted the need for sensitivity when working with sex workers. One participant pointed out the difficulty in talking about their sex work:

Make the subject matter (sex work) one that is easy for the client to talk about. It is a very sensitive subject.

Other participants raised the issue of stigma and its impact on sex workers. A few participants suggested that clinicians be aware and sensitive about the impact of stigma and mainstream views about sex work:

Be compassionate; we are judged to be very bad

Be aware that we can be sensitive about our work because we have to defend ourselves in so many arenas so a relatively benign question like, "would you say you're happy in your work?" can seem accusatory.

Another participant noted that clinicians should be sensitive to the difficulties associated with the work because of its illegal nature, commenting that external factors related to the work can be more harmful than the work itself:

Our issues aren't necessarily because of sex work and we don't necessarily do sex work because of our issues. The stress and anxiety of being a criminal are far worse than the actual work itself.

Therapist's Self-Reflection

Three participants commented on the need for therapists to be self-reflective and explore their own values, assumptions and beliefs about sex and sex work:

Therapists should examine their own prejudices around sex work; create a healthy sexuality for themselves

Get over your sexual hang-ups

Do your own emotional homework. If you are hung up about sex, we will know it and we won't respect you or trust you as much. So if you are going to work with sex workers, have some understanding of how much we rely upon on intuitive knowledge of people and expect us to be pretty good at reading you. If you treat us with respect in that way, you will be much more effective as a therapist.

Sex Worker Friendly Therapists

Some participants expressed a need for therapists to be aware of the stigma their clients face and to display a non-judgmental stance outwardly to clients:

Make it clear that they are sex work friendly

I think it is important to not just say that you are nonjudgmental when it comes to sex work but to really find ways to show it, because in my experience there is often judgment that is nuanced in the therapist's behavior.

One participant shared her positive experience of finding her therapist on a sex positive website that lists all therapists who are aware and competent at working with issues related to alternative sex practices, like Kink:

I think it is important that clinicians are proactive about letting it be known that they are comfortable dealing with issues of sex and sex work. I found my current therapist through the Kink Aware Professionals list, which is an incredible resource. Just knowing that I wasn't going to have to go into a session and expect to spend the majority of my time explaining the basics of what I do made a huge difference to me.

Two additional participants suggested that therapists be sex positive, indicating a need for therapists who view sexual expression as healthy and essentially good, as opposed to seeking to repress the sex drive.

Need for Peer Services

Five participants commented on the benefits of peer-based services or working with therapists who were former sex workers. One participant noted her preference talking to peers about emotional issues:

I prefer talking about sex work and relationship issues with my peers.

Another participant suggested that former sex workers may be most helpful in working with sex workers:

I think it would be a good idea to help more former workers mainstream to become clinicians. Knowledge and experience helps

Refer people seeking out therapy to therapists who have a background as a sex worker, if possible

Help with issues related to sex work

Three participants suggested clinicians be able to assist women in the issues that may arise as a result of the work. Rather than judging a woman for being a sex worker, two participants suggested harm reduction strategies for coping with issues that may come up in the client's work with her clients:

Help the woman determine safe boundaries and get her in touch with the reasons for doing the work

Harm reduction, not judgment!

Another participant suggested that clinicians be comfortable about hearing about the realities of a women's job as a sex worker:

Be open to hearing about money sex transactions

Exit Strategies and Referrals

Two participants discussed the need for clinicians to refer sex workers to appropriate resources. One participant expressed her discontent with the lack of services to help prostitutes leave this work and find new sources of work:

Therapists should have more exit services to suggest to survivors of prostitution.

Another participant remarked on the need for referrals to social services and educational opportunities:

Therapists should have patience and make direct referrals for sex worker's health/food/housing/more school, going back to school.

Conclusion

This chapter presents the findings of the mental health help seeking behaviors of fifty-eight female sex workers, including their experiences disclosing their status as sex workers with clinicians and their suggestions for clinicians working with sex workers.

The majority of participant had been in therapy and many of those who had not have sought emotional support from non-professionals. Participants generally were better at handling crisis and difficult situations as a result of being in treatment. Although some participants were willing to disclose their status as a sex worker to their therapists, others decided against telling their therapist because of they were fearful of being judged and worried about confidentiality. The majority of participants who decided to disclose felt comfortable doing so, however others felt uncomfortable because it became the focus of

treatment. Participants experienced positive and negative impacts from disclosing their status to their therapists. Positive experiences including feeling understood and supported, being able to work on issues related to sex work, and the ability to be honest. Negative impacts from participants' disclosing that they were sex workers were being pathologized, feeling judged and tokenized, being stereotyped, not feeling understood, and being responsible for the educating their clinician about sex workers. Participants suggested that clinicians working with sex workers be non-judgmental; respect self-determination; attend trainings and educate themselves about sex work, increase sensitivity to issues particular to sex workers, be self-reflective and challenge their assumptions of sex workers; create a sex worker friendly and sex positive environment; help with issues related to work, as needed; support peer based services; and have awareness of services available to sex workers, including exit services for those who are considering leaving sex work.

CHAPTER V

DISCUSSION

The purpose of the study was to explore the mental health help seeking behaviors of female sex workers. A primary goal of this study was to seek out more effective ways for clinicians to work with sex workers. The study examined the impact of stigma and judgment on sex workers in therapy. Stigma and disapproval of sex work from society at large may limit sex workers willingness to access mental health services. More specifically, attitudes towards sex work amongst therapists contribute significantly to sex worker's experiences in therapy, in their willingness to disclose their sex work status and their overall comfort levels with discussing their sex work. Both perceived and real bias and judgment of therapists may deter or negatively impact the treatment of sex workers. Overall, the study findings reiterated the importance of fundamental principles of social work. For example, one of social work's key values is to respect the worth of a person, including that of self-determination. In addition social workers make a commitment to demonstrate competence in the provision of services that are sensitive to clients' cultures and social diversity (NASW, 2008).

Based on the results of this study, the presence or lack of negative judgment from therapists seems to greatly impact sex workers' experiences in therapy. A lack of judgment seemed to allow sex workers to be able to reveal their sex work status and discuss issues related to sex work, which many identified as their primary reasons for being in therapy. Alternatively, when clients perceived a sense of being judged from therapists, they were less likely to seek treatment, disclose their sex work status, and felt that making such disclosures could negatively impact treatment. Participants who reported on the negative impact of disclosing to their therapist attributed this to being pathologized, judged, stereotyped and tokenized by their therapists.

The majority of sex workers in this study had been in therapy, had revealed their sex work status to their therapist, and felt comfortable doing so. Participants appear to value honesty and understanding by their therapist. These attributes appear to enhance their willingness to discuss sex work with their therapist. Lack of trust, fear of not being understood, and the difficulty finding appropriate help were key reasons sex workers had not sought professional help. These findings point to a need for more outreach to sex workers to inform them of available resources. To do so, it is important that therapists obtain the necessary training to increase sensitivity to work with this population.

Respect for a client's right to self-determination was another central theme in this research. For example, in this study, most who felt uncomfortable disclosing their sex work status were fearful it would become the focus of treatment. On the other hand, most of the participants identified their willingness and comfort to discuss issues pertaining to sex work as due to the positive impact of being able to talk about issues related to their work. These findings are indicative of the need for therapists to respect a client's right to identify their goals. Too often, clinicians' primary goal is to address women's sex work in treatment in order to get them to leave the profession. Many participants in this study were concerned that clinicians not pathologize or glamorize their work, but to meet them where they are at, another key social work tenet.

Participants suggested that clinicians become more familiar with sex work issues. It may be helpful if clinicians better understood that there are multitudes of individual experiences that encompass this type of work. For example, participants in this study described a variety of types of sex work that they engaged in, pointing to the spectrum of experience that ranged from escort work to work with less direct sexual contact with

clients such as sensual massage, tantric education, or phone sex operators. Participants in this study reported clinicians often over generalized and made uninformed assumptions about sex work. Participants reported feeling responsible for educating their therapists about sex work issues and suggested that clinicians attend trainings to become more informed about sex work.

In addition to becoming more proficient about issues related to sex work, some of the findings indicate a need for therapists to become more self-reflective in order to be more aware of their personal bias towards sex workers and increase their sensitivity when working with this population. Suggestions from participants that therapists “Do their own work” or “Do their own emotional homework” suggest that clinicians need to become more self-reflective, non-judgmental and aware of their limitations, bias, and presumptions. In addition, this study suggests the importance of therapists being respectful of clients’ choices and actively challenge their personal bias through education, increased sensitivity, and self-reflection.

Implications for Further Research

It may be helpful to further examine sex workers’ mental health experiences, with a larger sample size or a more in-depth analysis, such as through individual case studies. Based on this study, future research could focus upon examining clinicians’ experience working with sex workers as well as examining their knowledge of sex work issues and bias towards working with sex workers. In order to create training programs for clinicians who work with sex workers, pilot studies of training curriculum could be implemented for clinicians that serve this population.

Limitations

Since the survey was only available from the researcher at the clinic or online, the study was limited to those who went to the clinic or have resources such as personal computers or access to the internet. Half of the participants were recruited at a clinic for occupational health and safety in San Francisco that has a history of supporting sex work and those who choose to perform the work. As a result, the findings from the study may reflect the overall liberal attitude of San Francisco and of the collaborating agency. In addition, participants were recruited at a clinic that provides health services. Because of this factor, these participants may be more likely to actively engage in addressing needs for their health and well being in contrast to other sex workers. Thus, the sample may not be representative of sex workers in different geographic and social settings.

Due to the small sample size, no generalized conclusions can be made from this study. The sample size was fifty-eight participants as well as two incomplete surveys that were discarded. While there was a somewhat well represented range of types of sex workers, length of time working in sex work, and age, the sample was not ethnically diverse or representative of San Francisco's ethnic composition. The majority of participants were White women between the age of twenty-five and thirty-two. There was substantially fewer Latino, African American, and Asian women represented in the sample. The survey included all self-identified women including male to female transgendered persons, however the researcher did not actively recruit this population. As a result, the number of male to female transgendered women is very small. The survey was conducted only in English and outreach was limited to the clinic, and not at such places as massage parlors where many Asian sex workers work; on the street to recruit

street workers; or through the internet where a majority of escort and other workers advertise.

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Appendix A

March 3, 2009

Serena Wong

Dear Serena,

Your final revisions have been reviewed and approved. We are now able to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

Appendix B

Informed Consent Form for Online Survey Interviews

December 17, 2008

Dear Potential Research Participant:

My name is Serena Wong. I am conducting a quantitative study to examine the emotional support and mental health help seeking behaviors of female sex workers. This research study for my thesis is being conducted as part of the requirements for the Master of Social Work degree at Smith College School for Social Work and possible future presentations and publications.

You are being asked to participate because you are: 1) an individual between 18-60 years old, 2) identify as female, and 3) have exchanged sexual services for money or other rewards in the past year.

If you choose to participate, I will ask you to fill out a survey online. The survey will include three parts, asking basic information about you, what you do when you need/want help with emotional issues, and your attitudes and perceptions of therapy.

The potential risk of participating in this study may be that some interview questions could trigger uncomfortable thoughts and feelings. If you have had difficulty finding emotional support or have had a negative experience in therapy, there is a risk that strong feelings will emerge. In case you feel the need for additional support after participating in this study, you will be given a list of resources for mental health services.

You will receive no financial benefit for your participation in this study. It is my hope that this study will help social workers have a better understanding of treating and better serve women who work in the sex work industry.

Your participation in this study will be anonymous because no identifying information will be given to the researcher by the survey company. Therefore, there are few perceived risks to participating in this study. Your participation is voluntary and you may refuse to answer Any question(s). If you choose not to participate in the study and click on exit at the end of this form you will also be routed to this referral page. You cannot withdraw from this study once you have completed the survey because it is anonymous and the researcher will not be able to identify your survey.

If you have additional questions about the study, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of the study, I encourage you to call or email me, Serena Wong, at 415-753-7467, serena415@gmail.com or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

CLICKING “I CONSENT” BELOW INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

(I Consent)

(I Do Not Consent)

PLEASE PRINT THIS PAGE FOR YOUR RECORDS.

Thank you for your time, and I greatly look forward to having you as a participant in my study.

Informed Consent Form for Survey Interviews (Paper Copy)

December 17, 2008

Dear Potential Research Participant:

My name is Serena Wong. I am conducting a quantitative study to examine the emotional support and mental health help seeking behaviors of female sex workers. This research study for my thesis is being conducted as part of the requirements for the Master of Social Work degree at Smith College School for Social Work and possible future presentations and publications.

You are being asked to participate because you are: 1) an individual between 18-60 years old, 2) identify as female, and 3) have exchanged sexual services for money or other rewards in the past year.

If you choose to participate, I will ask you to fill out a survey. The survey will include three parts, asking basic information about you, what you do when you need/want help with emotional issues, and your attitudes and perceptions of therapy.

The potential risk of participating in this study may be that some interview questions could trigger uncomfortable thoughts and feelings. If you have had difficulty finding emotional support or have had a negative experience in therapy, there is a risk that strong feelings will emerge. In case you feel the need for additional support after participating in this study, you will be given a list of resources for mental health services.

It is my hope that this study will help social workers have a better understanding of treating and better serve women who work in the sex work industry.

Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. Your identity will be protected, as names and identifying information will be changed in the reporting of the data. Your name will never be associated with the information you provide in the questionnaire or the interview. **Some surveys will be completed by members of a group or in a waiting room. In these situations, it will be impossible to keep the fact that you are participating in the study confidential, but the contents of your participation will be held in strictest confidence.** The data may be used in other education activities as well as in the preparation for my Master's thesis. Your confidentiality will be protected by storing the data in a locked file for a minimum of three years and after three years it will be destroyed unless I continue to need it in which case it will be kept secured.

Your participation is completely voluntary. You are free to refuse to answer specific questions and to withdraw from the study at any time before April 15, 2009. If you decide to withdraw, all materials pertaining to you will be immediately destroyed. If you have additional questions about the study or wish to withdraw, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of the study, I encourage you to call or email me, Serena Wong, at 415-608-6190, serena415@gmail.com or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

SIGNATURE OF PARTICIPANT

SIGNATURE OF RESEARCHER

DATE

DATE

Please return this consent form to me to indicate your intention of participating in the study and I will give you the survey to fill out (I suggest that you keep a copy of this consent form for your records).

Thank you for your time, and I greatly look forward to having you as a participant in my study.

Appendix C

RECRUITMENT EMAIL

Dear Potential Research Participant:

My name is Serena Wong and I am a graduate student at the Smith College School for Social Work. I am conducting a research project designed to explore the mental health help seeking behaviors of female sex workers. This study is being conducted for the Master's of Social Work degree at Smith College School for Social Work and may be used in future presentations, publications, or grants on the topic. Participants in this study should be female between the ages of 18-60 who are currently sex workers or have worked as sex workers in the past year. Participants will be asked to fill out an online survey (by clicking on the link below) that asks them about their experience with seeking professional help for emotional issues.

The survey will take approximately 10-15 minute to complete. The online survey will be completely anonymous. There will be no financial benefit for participating in the survey. However, participants may benefit from knowing that they have contributed to the knowledge of sex worker's experience in therapy.

If you are interested in participating, please go to this link to complete the survey:

www.sexworksurvey.com

Thank you for your assistance. Please contact me if you have any further questions.

Sincerely,

Serena Wong
415-753-7467
sexworksurvey@gmail.com

RECRUITMENT FLYER

A STUDY ON SEX WORK AND THERAPY

The purpose of this study is to explore female sex worker's experiences in therapy. If you are female sex worker between the age of 18-60 and are interested in participating, please go to the website to fill out a short survey:

www.sexworksurvey.com

IMAGE OF CHAIR

This study will contribute to the knowledge of sex workers' experience in therapy.

For questions or more information, please contact the researcher, Serena Wong at 415-753-7467, sexworksurvey@gmail.com

Appendix D

Survey Questions

Pre-Screen Questions (*Required for Participation)

***Are you female?**

Yes

No (SURVEY END. THANK YOU, BUT YOU ARE NOT ELIGIBLE FOR THIS SURVEY)

***Are you between the age of 18-60?**

Yes

No (SURVEY END. THANK YOU, BUT YOU ARE NOT ELIGIBLE FOR THIS SURVEY)

***Have you exchanged sexual services for money or another reward in the past year?**

Yes

No (SURVEY END. THANK YOU, BUT YOU ARE NOT ELIGIBLE FOR THIS SURVEY))

Survey Start

1. What is your gender?

Female

Male to Female Transgender

2. How old are you?

18-24

25-32

33-40

41-50

51-56

57-60

3. How do you identify by race/ethnicity?

Latino

African American/Black

White

Asian

Pacific Islander

Native American/Alaskan Native

Biracial

Other (Please specify):

Other (Please specify): _____

4. How long have you been working as a sex worker?

Years: _____

Months: _____

Days: _____

5. What describes your work? CHECK ALL THAT APPLY

Street Worker

Escort

Massage Parlor

Sensual Massage

BDSM

Stripper/Dancer

Phone Sex Operator

Porn

Other (Please Specify)

Other (Please Specify): _____

6. Do you work?

Exclusively as an independent

Exclusively managed or with an agency

Combination of independent and managed/agency

7. Have you ever sought professional help (i.e. counselor, psychologist, peer counselor, therapist, social worker, etc) for emotional issues?

Yes (IF YOU ANSWERED YES, PLEASE SKIP TO Q. 14)

No

8. Why haven't you sought professional help (i.e. counselor, psychologist, peer counselor, therapist, social worker, etc) for emotional issues?

Don't know where to go for help

Not enough money

Services were unavailable

Don't need help

Other (Please specify):

Other (Please specify): _____

9. When you have emotional issues or problems, do you talk to someone?

Yes (IF YOU ANSWERED YES, PLEASE SKIP TO Q. 11)

No

10. What do you do when you have emotional problems or issues?

Spiritual Practice

Withdraw from Normal Activities

Exercise/Physical Activity

Drink Alcohol and/or Use Drugs

Nothing

Other (please specify)
Other (Please specify): _____

SURVEY END. THANK YOU FOR COMPLETING THIS SURVEY, PLEASE GO TO
END OF SURVEY.

11. Who do you talk to about emotional issues?

Friend

Co-Worker

Family

Intimate Partner

Other (please specify) _____

**12. Why types of things have you talked to them about? CHECK ALL THAT
APPLY**

Grief/Loss

Health Related Issue

Relationship Issue(s)

Family Issue(s)

Body Image Issues

Legal Issues

Work Related Issues

Victim of Violence

Substance Abuse

Emotional Support

Other (Please specify):

Other (Please specify): _____

**13. How helpful did you find talking about your emotional problems?
As a direct result of talking to someone about my emotional issues:**

Answer Options	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	NA
I am better able to deal with the crisis						
I am getting along better with my family						
I do better in social situations						
I do better in school						
I do better in my work as a sex worker						
I do better in my work (non-sex work, if applicable)						
My housing situation has improved						
I do things that are more meaningful to me						
I am better able to take care of my needs						
I am better able to handle things when they go wrong						

SURVEY END. THANK YOU FOR TAKING THIS SURVEY, PLEASE SKIP TO
END OF SURVEY.

14. How were you referred to help for your emotional issues? CHECK ALL THAT APPLY

On my own

Friend outside of sex work

Another sex worker

Physician

Community Based Organization

St. James Infirmary

Other (Please specify):

Other (Please specify): _____

15. What type of help have you received for emotional issues and for how many sessions?

Talk Therapy and # of times: _____

Peer Counseling and # of times: _____

Crisis Intervention and # of times: _____

Substance Abuse and # of times _____

Other (Please specify) and # of times: _____

16. Why did you seek help? CHECK ALL THAT APPLY

Grief/Loss

Health Related Issue

Relationship Issue(s)

Family Issue(s)

Body Image Issues

Legal Issues

Work Related Issues

Victim of Violence

Substance Abuse

Emotional Support

Other (Please specify):

Other (Please specify): _____

17. What was your longest experience in therapy?

Year(s) _____

Month(es) _____

Week(s) _____

Day(s) _____

18. In regards to your longest experience in therapy, approximately how many sessions did you have?

of Sessions _____

19. Why did the therapy end? CHECK ALL THAT APPLY

Not Applicable; Therapy is still ongoing

Unable to Pay

Services Unavailable

Therapist Left

Unsatisfied with Treatment

Other:

Other (Please Specify): _____

20. How helpful did you find therapy with your problems?

As a direct result of the services I received:

Answer Options	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	NA
I am better able to deal with the crisis						
I am getting along better with my family						
I do better in social situations						
I do better in school						
I do better in my work as a sex worker						
I do better in my work (non-sex work, if applicable)						
My housing situation has improved						
I do things that are more meaningful to me						
I am better able to take care of my needs						

I am better able to handle things when they go wrong						
--	--	--	--	--	--	--

21. Did your therapist know about your status as a sex worker?

Yes (IF YOU ANSWERED YES, PLEASE SKIP TO Q.23)

No

I don't know (IF YOU ANSWERED I DON'T KNOW, PLEASE SKIP TO Q.27)

22. Why did you not tell your therapist that you were a sex worker? CHECK ALL THAT APPLY

Worried about confidentiality

Fearful of being judged

Fearful it would become the focus of the treatment

Fearful of arrest

It didn't come up

Other (Please specify):

Other (Please specify): _____

PLEASE SKIP TO Q. 27

23. Did you feel comfortable disclosing your status as a sex worker?

Yes (IF YOU ANSWERED YES, PLEASE SKIP TO Q. 25)

No

24. Why did you feel uncomfortable disclosing your status as a sex worker to your therapist?

Worried about confidentiality

Fearful of being judged

Fearful it would become the focus of the treatment

Fearful of arrest

Other (Please specify):

Other (please specify): _____

25. Did you feel your treatment was impacted by your therapist knowing you were a sex worker?

Yes

No (IF YOU ANSWERED NO, PLEASE SKIP TO Q. 27)

I don't know (IF YOU ANSWERED I DON'T KNOW PLEASE SKIP TO Q. 27)

26. How did you feel your treatment was impacted by your therapist knowing you were a sex worker?

27. Is there anything that you would suggest to clinicians to improve their work with sex workers?
