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Sex work and three dimensions of self-esteem: self-worth, authenticity and self-efficacy

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ABSTRACT

Sex work is assumed to have a negative effect on self-esteem, nearly exclusively expressed as low self-worth, due to its social unacceptability and despite the diversity of persons, positions and roles within the sex industry. In this study, we asked a heterogeneous sample of 218 Canadian sex workers delivering services in various venues about how their work affected their sense of self. Using thematic analysis based on a three-dimensional conception of self-esteem – self-worth (viewing oneself in a favourable light), authenticity (being one's true self) and self-efficacy (competency) – we shed light on the relationship between involvement in sex work and self-esteem. Findings demonstrate that the relationship between sex work and self-esteem is complex: the majority of participants discussed multiple dimensions of self-esteem and often spoke of how sex work had both positive and negative effects on their sense of self. Social background factors, work location and life events and experiences also had an effect on self-esteem. Future research should take a more complex approach to understanding these issues by considering elements beyond self-worth, such as authenticity and self-efficacy, and examining how sex workers' backgrounds and individual motivations intersect with these three dimensions.

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Introduction

Hughes (1951) noted a half century ago that our self-esteem is influenced by what others think of us, including their evaluation of how we make a living. The value or 'status' the public places on different occupations also has a bearing on how workers evaluate themselves. Workers in service jobs deemed 'esteem unworthy' (Bernstein 2007a), such as sanitation workers, lack a 'status shield' – that is, their low social status exposes them to the disapproval of others (Hochschild 1983). Ethnographies of people who work in the food service and hairdressing, which are customer-facing jobs requiring the performance of emotional labour, often experience poor treatment by bosses and customers who expect subservience (Benoit et al. 2017; Black 2004; Hill and Bradley 2010; McCarthy, Benoit, and Jansson 2014; Owings 2002). Hochschild (1983) found this also to be the case in the airline industry, where

attendants lack a status shield that would allow them to freely display how they feel towards unruly customers; workers had to learn instead to 'surface act' to feign friendliness and hide their 'authentic' feelings. In some cases, low status work identity is internalised, causing alienation from one's inner self. This can lead to 'felt stigma' (Scambler 2004) and diminished self-esteem (Ashforth and Kreiner 1999; Corrigan 2004, 614).

Sex work and self-esteem

Sex work is held in low regard in most countries, even when the economic activity is decriminalised (Abel and Fitzgerald 2010; Begum et al. 2013; Foley 2017; Lazarus et al. 2012). Sex workers are commonly positioned as 'others', and derogatory terms (including hooker and whore) are routinely used to label and discredit them (Scambler 2007; Weitzer 2012). Studies show sex workers sometimes accept these pejorative discourses and apply negative beliefs to themselves and their work (Carrasco et al. 2017; Ngo et al. 2007; Sallmann 2010; Wong, Holroyd, and Bingham 2011).

Low self-esteem has been reported among sex workers in both street-based and indoor-based venues. In Kramer's (2004) study of predominantly US street-based sex workers, over 75% reported decreased self-esteem after becoming involved in sex work. Qualitative studies of people engaged in sex work have captured feelings of being stereotyped (Dodsworth 2012; Koken 2012; Ngo et al. 2007; Peretti and O'Connor 1989; Sallmann 2010, 2010; Smith and Marshall 2007). Pervasive discourses of disposability (Gorry, Roen, and Reilly 2010; Koken et al. 2004) and dehumanising labels such as 'dispensable', 'garbage' or 'less than human' (Sallmann 2010, 151) show some of the ways people selling sexual services are 'othered' (Pheterson 1989). While many employ strategies to separate their personal and professional identities and protect their self-image from the stigma of sex work (Bowen and Bungay 2016; Dodsworth 2012; Nasir et al. 2010), maintaining secrecy or selective disclosure can come with its own psychological and social burdens (Kamise 2013). For others, disempowerment, substance use, exploitation and lack of control in their work further exacerbate sex workers' ability to experience positive self-esteem (Dodsworth 2012; Gorry, Roen, and Reilly 2010; Rosen and Venkatesh 2008; Sallmann 2010; Smith and Marshall 2007).

Yet some studies suggest that sex work is not necessarily deleterious for self-esteem. Romans et al. (2001) report that 90% of the New Zealand sex workers in their sample, which was predominantly indoor-based, felt as good as or better about themselves than most people. A study conducted in the USA comparing exotic dancers with college women found no significant differences in scores on self-esteem (Downs, James, and Cowan 2006).

A small number of studies report that sex work actually *enhances* some workers' self-esteem. Increased self-esteem was found primarily in studies focused on indoor-based work locations, such as bars (Askew 1999; Kamise 2013), strip clubs (Bouclin 2006; Downs, James, and Cowan 2006; Scull 2015), brothels or escort agencies (Bellhouse et al. 2015; Romans et al. 2001) and freelance in-calls or out-calls (Bellhouse et al. 2015; Koken 2012; Koken et al. 2004; Lucas 2005). Sweet and Tewksbury's (2000) found that many exotic dancers had suffered from what they refer to as 'ugly duckling syndrome' (feeling unattractive) in childhood/adolescence. Stripping was an avenue to gain 'personal validation and confirmation that she has grown to be a beautiful and sexy woman' (Sweet and Tewksbury 2000, 339). Some of the male dancers in Scull's (2015) study reported feeling poorly about themselves prior to their career as an exotic dancer, yet almost all participants revealed that stripping played

a role in increasing their self-esteem. Another study comparing a matched sample of men from the general population and male porn actors reported the latter having 'higher levels of self-esteem and quality of life in the areas of sexual satisfaction, body image and physical safety' (Griffith et al. 2012, 262).

One shortcoming of the scholarship reporting self-esteem among sex workers concerns how the concept is understood. Most studies do not define what is meant by self-esteem and those that analyse it as a core concept tend to assume it is synonymous with self-worth (Rosenberg 1979; Rosenberg et al. 1995). Dodsworth (2012) is an exception in calling attention to 'self-efficacy' or the feeling of being competent at work: 'self-esteem and self-efficacy inform empowerment to choose, which feeds back into building a positive self-concept' (532). Bernstein (2007a) also draws attention to the concept of 'authenticity' as important for sex workers from the 'middle classes' who are seeking to rethink their escort work as an upright and 'esteem-worthy profession' (Leigh 2004). Bernstein (2007a) argues that the more privileged sex workers see their work as involving 'an authentic, yet bounded, interpersonal connection to their clients', what she terms 'bounded authenticity' (484).

Recent conceptualisations of self-esteem (Stets and Burke 2014) reflect this complexity, pushing the empirical investigation beyond simply viewing self-esteem in terms of self-worth to include these two other dimensions – self-efficacy and authenticity. This paper presents a qualitative account of how self-esteem is understood by a heterogeneous sample of adults engaged in sex work in Canada. Given its dominance in previous studies, we expected that self-worth (viewing oneself in a favourable light) would be a major theme in our participants' accounts, but that authenticity (being true to one self) and self-efficacy (feeling competent) might also appear in some of their narratives. We also expected that the different components of self-esteem may be more important for our participants depending on whether they mainly work on or off street, and will vary by gender (self-identified women, men and trans persons).

Methods

Study and procedures

The data for this analysis were obtained as a part of a multi-project community-engaged study funded by the Canadian Institutes of Health Research and approved by the ethics review board at the University of Victoria. Recruitment criteria for participating in the sex worker study included being 19 years of age or older, being legally able to work in Canada and having received money in exchange for sexual services on at least 15 different occasions in the last 12 months. Sexual services were defined as including, necessarily but not exclusively, direct physical contact between the worker and a client. This definition was developed in conjunction with community partners to capture those engaged in sex work on at least a part-time basis and who are in direct contact with their clientele and thus more vulnerable to physical harm than those in other sex work jobs, such as exotic dance, that may not involve physical contact.

Participants ($n = 218$) were recruited from six census areas: St. John's, NL; Montreal, QC; Kitchener-Waterloo-Cambridge, ON; Wood Buffalo (Fort McMurray), AB; Calgary, AB; and Victoria, BC. These research sites were selected using census measures reflecting a range of social and institutional factors, including population size, mobility, education, income and

provincial jurisdiction. Recruitment involved multiple concurrent techniques developed during other studies (Benoit, McCarthy, and Jansson 2015a; Ngugi et al. 2012), including contacting workers online, putting up research posters in newspapers, online and in social and health services, recruitment through non-profit community partners, and referrals from participants. The objective was to obtain as broad a cross-section of sex work as possible (given time and budget constraints), to represent different social, political and cultural contexts that are likely to influence the organisation and practices related to the sex industry in Canada during the time of the study (McCarthy, Benoit, and Jansson 2012). Participants were provided with a CA\$60 honorarium for taking part in the interviews.

Quantitative analysis

The closed-ended portion of the research instrument posed a variety of questions, including age, sex-assigned-at-birth, gender identity, ethnicity/race, sex work activity and substance use. Most of the demographic variables (e.g., residency, Indigenous status and health) were taken from standard government surveys. Substance use was measured with questions regarding 13 categories of substances; this analysis focused on socially-less-acceptable drugs, which included powder cocaine, crack cocaine, heroin and crystal meth/speed (Benoit, McCarthy, and Jansson 2015b). Perceived stigma was assessed using an adapted version of a validated scale developed for research on mental illness, the 12-item Perceived Devaluation-Discrimination scale (Link and Phelan 2001). The Perceived Devaluation-Discrimination scale contained items such as 'Most people would think less of a person who is working in the sex industry' and 'Most people in my community would treat a sex worker just as they would treat anyone'. The items were scored on a 6-point scale ranging from strongly disagree to strongly agree (Cronbach's alpha: 0.830, $n = 217$). We assessed resilience using the 14-Item Resilience Scale (RS-14) (Wagnild 2009), which contains items such as 'My belief in myself gets me through hard times' and 'In an emergency, I'm someone people can generally rely on', which were scored on a 7-point scale ranging from strongly disagree to strongly agree (Cronbach's alpha: 0.895, $n = 216$). Less than 2% of data were missing across the resilience scale and less than 4% on the perceived stigma scale. The score on each scale was calculated for participants with valid data for more than 80% of the scale items. We created a dichotomous variable to indicate work type based on where workers had advertised for clients and where they had delivered their services. The majority of participants advertised in a variety of manners and delivered sexual services in several settings that varied in the amount of control they had over the terms and conditions of the service. We grouped workers as being engaged in outdoor work if they had advertised on the street or delivered services in a park/outdoors or in a vehicle once a week or more in the last 12 months. All other workers were categorised as being indoor workers. We chose 'once a week' after agreement with our research team, including community partners, that this indicated habitual or regular activity. Data were analysed using SPSS version 23. Bivariate analyses were conducted on the quantitative measures; including, t -tests with continuous measures and cross-tabulations using the Chi square statistical test with categorical measures.

Participants ranged in age from 19 to 61 years, with 34 being the mean age. The mean age of first sale of sexual services was 24 years; 28% first sold a sexual service before age 19. Of participants, 76% identified as women, 17% as men and 7% as another gender, (i.e., transgender, transwoman, transitioning, two-spirited, androgynous, gender queer or gender

fluid) or indicted a different sex-assigned-at-birth. In all, 19% identified as Indigenous (First Nations, Métis or Inuit) and 12% as a visible minority. Approximately 21% were categorised as engaged in street-based work in the past year, the remaining 79% were categorised as having worked in indoor settings.

Participants' mean score on the Perceived Devaluation-Discrimination scale was 4.8 (SD = 0.67) on a six-point scale with higher values indicated higher levels of perceived stigma. This is a comparatively high level of stigma compared to other studies of other marginalised populations, including people with mental health conditions (4.2) (Link 1987), people who are legally-blind (3.4) (Benoit et al. 2013) and outreach workers providing services to sex workers (3.3) (Phillips et al. 2012). Perceived stigma scores did not differ in any notable way across gender or work setting, but Indigenous participants had significantly higher scores when compared to visible minorities ($p < 0.05$) and other participants ($p < 0.05$), with scores of 5.1, 4.7 and 4.7, respectively.

The mean resilience score (RS-14) for the group was 5.3 (SD = 0.96) on a seven-point scale, with higher values indicating more resilience. There were no significant differences on resilience scores among genders or ethnicities, but indoor workers had higher resiliency scores than did outdoor workers (5.4 vs. 5.0, $p < 0.05$). In terms of substance use, 36% of participants reporting using a socially-less-acceptable drug in the last 30 days, either powder cocaine (18%), crack cocaine (17%), crystal meth (13%) or heroin (5%). Last 30-day socially-less-acceptable substance use was significantly higher ($p < 0.001$) among street-based workers compared to indoor workers (78 and 25%, respectively).

Qualitative analysis

We examined responses to the following questions, which preceded open-ended probes: 'The kind of work people do is often directly linked to their identity and sense of self. Does your involvement in sex work shape the way you think about yourself? Do you think it influences the way the public thinks about you?' Interviewers probed for sex workers' perceptions of stigma and experiences of discrimination; the effect of sex work on personal relationships; and whether or not negative stereotypes of sex workers influenced their self-concept. Data were missing for 17 participants ($n = 201$ usable transcripts), either because the participant did not wish to be recorded or only completed a portion of the interview or because the question was mistakenly skipped.

Transcripts were coded using NVivo 10 software and Braun and Clarke's (2006) multi-step thematic analysis approach. Randomly selected transcripts were provided to all authors, who independently coded the data and compared their proposed coding frameworks. Confirming findings from previous research, we found many references to self-worth. However, many of the accounts did not fit well under this dimension. We returned to the sex work literature that mentioned other components of self-esteem (Bernstein 2007a; Dodsworth 2012) and also to recent developments in the general self-esteem literature (Stets and Burke 2014) to search for concepts that captured the remaining qualitative data. We eventually reached consensus that a coding strategy based on three dimensions of self-esteem – self-worth (viewing oneself in a favourable light), authenticity (being one's true self) and self-efficacy (competency) would allow us to capture almost all of the narrative data. In fact, only seven accounts could not be coded under any of the themes. We also observed that participants either tended to speak about these components in a positive or

negative light or in-between; thus, we further coded the data accordingly. This strategy did not allow us to capture the full variation on these self-esteem dimensions produced by Stets and Burke's (2014) validated scales but allowed us to observe heterogeneity in the qualitative data reported on self-esteem by sex workers. The finalised coding strategy was then applied to all of the transcripts by the second author and spot checked by the first author. The identities of participants quoted below are pseudonyms; information about the participants' current work settings and recruitment site is given in the parentheses following each quote to help demonstrate the sample's diversity.

Thematic analysis

Most participants' accounts addressed more than one type of self-esteem, with 59% reporting elements of at least two of them and 19% mentioning all three components. Figure 1 displays the extent of the overlap between the types of self-esteem mentioned by participants.

Self-worth – appraisal of one's own value

When asked about how their work affected their sense of self, 146 participants (73% of the 201 usable transcripts) talked about self-worth, that is, the sense of value they attributed to themselves and usually influenced by social cues from others (Stets and Burke 2014). Of the 146 participants who talked about self-worth, a majority ($n = 84$, 58%), described sex work as largely bolstering or supporting their self-worth. The remaining participants said it had predominantly negative effects (21%) or a mix of both positive and negative effects (also 21%). Of indoor workers, 63% mentioned instances of positive self-worth compared to only 34% of street-based workers ($p < 0.01$). Similarly, more outdoor workers mentioned instances of negative self-worth ($p < 0.001$). Participants who mentioned negative self-worth also scored higher on perceived stigma compared to those who did not mention negative self-worth (5.0 versus 4.7 on a 6-point scale, $p < 0.05$), in addition, they scored lower on resiliency (5.0 vs 5.5, $p < 0.01$). Accounts of negative self-worth also varied across participants who had

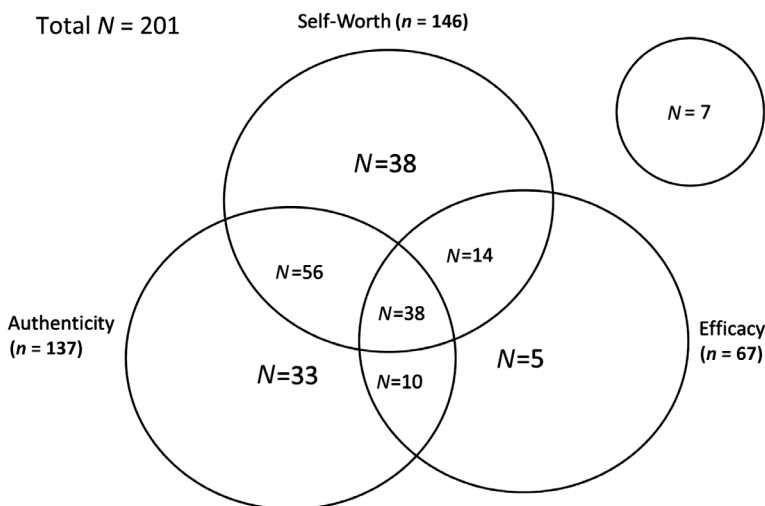


Figure 1. Intersecting dimensions of self-esteem.

used socially less-acceptable drugs, with 41% of participants who accounted for negative self-worth using a socially less-acceptable drug in the past 30 days compared to 59% who did not account for negative self-worth ($p < 0.05$). Accounts of positive effects on self-worth also varied by gender, with 71% of women, 62% of trans workers and 31% of men mentioning a sense of positive self-worth accounting ($p < 0.05$). There were no gender differences on accounts of negative effects on self-worth. We use participants' words below to describe how sex work influenced their self-worth.

Positive self-worth – confident self-appraisal. Assessments of enhanced self-worth frequently hinged on the belief that the worker was cultivating skills that enhanced both their personal and professional sense of self. Camille (indoor-based, Montreal) perceived that her life had been 'overall enriched' through sex work: 'It's made me more self-aware, again, about what my limits are, what gives me pleasure, when I feel really comfortable. Like what makes me feel confident ...'; Participants also expressed their feelings of improved self-worth through a sense of accomplishment in their work. Melissa (indoor-based, Victoria) stated she is: 'a therapeutic person, so, that's what I was bringing to the industry and I always felt good about that and I still feel good about that.'

For some participants, personal validation from clients appeared to be an important element of this process. Reminiscent of the 'ugly duckling syndrome' described in Sweet and Tewksbury's (2000) study of strippers, Connie (indoor-based, Calgary) said her clients make her 'feel a lot better about myself. I feel much more beautiful now. I used to think I was ugly. I feel much more feminine, and more beautiful, and very powerful. I can make or break someone's day'. Elena and Rosie both emphasised a sense of being personally valued for more than the physical sexual service they provided:

It's a real ego boost ... knowing that it's not all about coming over and wanting to get off, right, they must actually enjoy your company. (Elena, indoor-based, Victoria)

I'm more confident. I know I'm worth something. And I'm not talking like a hundred a half or – I'm talking people enjoy who I am. (Rosie, indoor-based, Kitchener)

Negative self-worth – shame and unworthiness. Damaged or diminished self-worth was mentioned by 31% of participants; it was most frequently expressed through feelings of shame. Mona (street-based, Fort McMurray) described internalising the 'whore stigma' (Pheterson 1989): 'It makes me feel dirty, it gives me low self-esteem, I hate it'. Similarly, Everett (street-based, Montreal) recounted diminished self-appraisal when he moved from working a straight job to sex work:

[My] self-esteem is not high. ... I'm proud of myself when I work at the restaurants that I work at. There I hold my head high but I wouldn't hold my head high and say: 'Oy, I put it in the ass.'

For Robin (street-based, St. John's), involvement in sex work left her feeling less worthy, stating: 'I don't have as much, you know, confidence and stuff like that in myself anymore. I mean, it [sex work] took away my, like I said, my self-respect and my dignity.'

Authenticity – the ability to be one's whole self

Participants also talk about their ability to be authentic or feel real with others and themselves. Authenticity reflects 'one's internal or personal standards as to who one really is' (Stets and Burke 2014, 411), while inauthenticity related to one's job involves a 'disjuncture between

who one is expected to be at work and the person's 'real' self' (Wharton 2009, 158). We coded authenticity accounts among 137 participants (68%). The effect of sex work on authenticity was mentioned in a positive light by 39 participants (28%) and a negative light by 66 participants (48%); the remaining 32 participants (23%) expressed mixed feelings. The link between sex work and authenticity appeared to be greater for indoor sex workers than for their street-based counterparts, since a greater percentage of indoor-based workers spoke of the effect of sex work on authenticity in both positive (40 vs. 17%, $p = .006$) and negative (55 vs. 24%, $p < 0.001$) terms. Further, those who mentioned negative authenticity scored higher on perceived stigma compared to those who did not bring it up (4.9 versus 4.7 on a 6-point scale, $p < 0.05$).

Positive or enhanced authenticity – finding oneself, being one's real self. Authenticity was realised through sex work when participants discussed how their work allowed them to express or explore facets of their identity, feel comfortable disclosing their sex work status or be able to be their real selves. Betty (indoor-based, Kitchener) narrated that sex work 'allows me to explore all these kinds of sex that I wouldn't have explored otherwise, and explore, like, me as a more sexual person'. Kayleigh (indoor-based, Victoria) said that before becoming involved in sex work, she assessed her skills and strengths and thought 'I would be a natural at this and so my experience has confirmed that belief about myself'. Janelle (indoor-based, Victoria) likewise stated she was able to explore new aspects of her identity through sex work: 'I think that after doing this work I found myself. I was like, wow, okay there's this part of me that I didn't really know existed.' For Cherise (indoor-based, Montreal), sex work 'underlined and supported my vision of myself as a physically sensitive and engaged person'.

For other participants, an authentic or real self coexisted with sex work. As Candace (street-based, Kitchener) stated: 'I'm still me.' For Bennett (street-based, Calgary) authenticity at work was integral to authenticity in other areas of life: 'I do have my friends. I do, I do have like my hobbies, like what I do. So, I do, I do have a full life. Like that is just, that's [sex work] one tiny part of it.'

Inauthenticity – fear of revealing oneself with others. Participants primarily spoke of inauthenticity in relation to being forced to hide their work identity from others. The ability to be authentic with others was obstructed when participants sensed the need to conceal, distort or manage their work as a strategy to avoid stigma. The result was identity discordance and feelings of inauthenticity, as Marianna (indoor-based, St. John's) described: 'We do it [sex work] because we love ourselves ... but the whole world sees us as nothing but worthless sex working prostitutes that only want to suck a dick for a quick buck.' Bethanie (indoor-based, Calgary) observed that 'society is really cruel, really cruel. Like, wow, and you're so badly judged. You're so badly judged. Like, they automatically think we're walking AIDS carriers and we got needles hanging out of our arms.'

To avoid being treated as less than others, many participants exercised constant diligence around disclosing their sex work status, which operated as a protective measure, but limited their ability to build authentic relationships with others. This was the case for Nora (indoor-based, Victoria) who said: 'I can't trust people. I can't really be myself.' Melinda (indoor-based, Montreal) explained her struggle this way:

I always have to be careful I'm not saying too much. And keeping the boundaries a bit detached ... I cannot create the same relationship as other[s] who can talk freely about their work. ... it's a stigma, and it's there.

Annette (indoor-based, Montreal) feared that, if revealed, her sex work would become her master status (Goffman 1963): 'If the public knows about this [my sex work], it will definitely influence the way they see me. It would be the only thing that they see about me.' Unlike self-worth and self-efficacy, authenticity was the only dimension of self-esteem that was talked about more frequently in negative than positive terms. Self-efficacy, although less commonly mentioned, appeared in roughly similar numbers of positive and negative accounts.

Self-efficacy – the ability to shape one's environment

Self-efficacy concerns one's sense of capability or competency, or the ability to shape one's environment (Stets and Burke 2014). Unlike self-worth and authenticity, which emphasise who one is, and reflect a person's identity construction, 'efficacy-based esteem is about what "one can do"' (Stets and Burke 2014, 411). Self-efficacy was mentioned by 67 participants (33% of the total usable transcripts), in which the majority of participants, 36 (54%) spoke of self-efficacy in a positive way, 27 participants (40%) talked about it in negative terms and 4 participants expressed mixed feelings. Participants who used socially-less-acceptable drugs were less likely to speak of self-efficacy in positive terms (10 versus 25%, $p < 0.05$) and those with higher perceived stigma were more likely to report negative self-efficacy ($p < 0.05$). Participants who first sold a sexual service before the age of 19 (23% of this sample) were more likely to mention accounts of negative self-efficacy ($p < 0.05$), as were street-based workers compared to indoor-based workers ($p < 0.05$) and those reporting lower resiliency scores ($p < 0.05$).

Positive self-efficacy – sex work as taking charge. Positive self-efficacy contributed to participants' ability to gain and maintain control over aspects of their lives, whether financial, social or emotional. Marie (indoor-based, Montreal) said her involvement in sex work facilitated the construction of an autonomous and self-determined lifestyle that complemented her identity as a trans business woman:

I guess I think about myself being independent and um ... I like the idea of – that I'm like, kind of an entrepreneur in many ways and sex work is just one of the ways. I know how to make money. I feel good about like having control over my body and what I'm allowed to do with it.

Independence and control also played out in Giselle's (indoor-based, Calgary) account of becoming a sex worker: 'Since I'm in this job, I get to control when, where, how – all of these things. So, I feel more empowered.'

Financial independence was another contributor to self-efficacy, as Elise (indoor-based, Kitchener) narrated:

I have more money and so I've been able to do things that a lot of people haven't. Like I've gotten to travel a lot, I have a lot of nice things, and I have a lot of job security.

For Beverley (indoor-based, Kitchener), sex work helped her 'feel self-confident. I have a job, I can take care of my children, I have my own place, I don't have to rely on a man.'

Negative self-efficacy – lacking control and choice. Negative self-efficacy manifested itself for participants as a lack of choice around engagement in sex work and lack of confidence

in the ability to leave it behind them. Denise (street-based, Victoria) described how she had 'tried so many times to get out of [sex work] and it just ... nothing seems to work'. For Ricky (indoor-based, Montreal) selling sexual services was bound up in a network of damaging relationships that felt immobilising: 'Like we're all held together with rubber bands; nobody is actually getting anywhere.' For Hilary (indoor-based, Montreal), '[T]he fact that I've been kind of getting by doing sex work and odd jobs in the past few months has impacted my like, self-esteem, or like, has made me question if I'm capable of doing steady work ...'

Only a few participants described being coerced into selling sexual services in their early life, one of whom was Sally (indoor-based, Calgary). Her first commercial sex interaction occurred at age 14 after becoming involved with 'pimps and all kinds of nasty shit'. This early experience limited her sense of empowerment across her life course. When interviewed at age 43 she said:

I'm not proud of it. It's not something even that I even felt was a choice. You know, because of the way it happened. Had it had been a choice, that I was really aware of, I wouldn't choose it.

Heidi (street-based, St. John's) echoed that 'When you're abused at a young age that you start to believe ... that's [selling sex is] my most successful thing I've ever done in my life.'

Discussion

Using thematic analysis based on a three-dimensional conception of self-esteem – self-worth (viewing oneself in a favourable light), authenticity (being one's true self) and self-efficacy (competency) – our findings shed light on the relationship between involvement in sex work and individual self-esteem. We show that the relationship is complex: the majority of participants brought up more than one dimension of self-esteem and many mentioned these dimensions in positive, negative or mixed terms. Our findings also showed that participants' work location (indoor vs street-based sex work) and demographic backgrounds are patterned: overall, indoor workers appear to fair better, as do women and trans workers, those who use fewer addictive substances, who report lower perceived stigma and who began selling sexual services in adulthood. This is the only study of which the authors are aware that captures these intricate findings relating to self-esteem for a relatively large and heterogeneous sample of adult sex workers.

The majority of study participants talked about their involvement in sex work as bolstering or supporting their self-worth, suggesting that many derive value and worth from their involvement, despite the fact that sex work is highly stigmatised. At the same time, as has been reported in the sex work literature on indoor sex work (Askew 1999; Bellhouse et al. 2015; Rosen and Venkatesh 2008) and street-based sex work (Gorry, Roen, and Reilly 2010; Smith and Marshall 2007), we found that positive self-worth was mentioned more often among indoor-based workers and they were also less likely to talk about negative self-worth. More research is needed to understand these findings but indoor workers may see the services they provide as of higher status and deserving good pay – escorts who provide a 'girlfriend experience' (Bernstein 2007b; Weitzer 2009) or what Murphy and Venkatesh (2006, 129) refer to 'as a profession and a career'. Compared to the men in our sample, women and trans workers were more likely to speak of their self-worth in positive terms. This gender difference may relate to the 'feminised' nature of the sex industry. Women and women-identified trans workers (none of our trans participants identified as men) may be more likely to accept sex work as 'work' than men who have been socialised to expect higher status,

'masculine' jobs that guarantee job security and good pay. This gender variation may be driven by the gay buyers. As one of Smith's (2012) participants put it: 'A lot of gay men look down on escorting – they're kind of able to move that line over just enough to accept themselves being gay, but not escorts' (596). Finally, participants who mentioned negative self-worth also scored higher on perceived stigma, lower on resiliency and were more likely to use socially less-acceptable drugs. These findings suggest that negative self-worth for some sex workers is linked to behaviours (problematic drug use), as well as individual factors (perceived stigma and low resiliency), hinting at an even more complicated process than what is generally understood in the literature on self-worth for sex workers (Benoit, McCarthy, and Jansson 2015a, 2015b).

As noted at the beginning of this paper, there is a paucity of research in the sex work literature on two other aspects of self-esteem – authenticity and self-efficacy (Stets and Burke 2014) – which our findings shed some light on. Authenticity was mentioned by 68% of our participants; for some participants, their sex work had a positive influence, allowing them to be their authentic selves. Other participants spoke of feeling inauthentic because of a lack of acceptance or understanding from others and pressure to hide or be disingenuous or secretive about their work. For our participants, authenticity appeared primarily as a concern for indoor workers, who were more likely to speak of sex work as congruous with their identity and self-expression, but also more likely to describe themselves as suffering from identity discordance in their personal and professional lives.

These results in part support Bernstein's (2007a, 2007b) findings of the importance of 'bounded authenticity' for the sex workers in her study, who saw themselves as educated middle-class escorts delivering a desirable and authentic service to clients, though limited to the commercial sexual exchange. Studies of service jobs, including restaurant work, suggest that authenticity is also possible at the level of customer service (Paules 1991; Wharton 2009). Yet many of our participants experienced the opposite – that is, feeling inauthentic because there is a gulf between who they feel they can be on the job and their inner self. Hochschild (1983) found inauthenticity to be pervasive among airline attendants. Management required attendants to feign friendliness and suppress their inner self. This emotional burden of identity performance also appeared to limit some sex workers in our study to feel authentic with their clients and those in their personal lives. In their case, the feeling is likely linked to pervasive stigma (as evident in the higher perceived stigma scores among those in our sample who mentioned that sex work lowered their authenticity) associated with sex work, even indoor sex work (Koken 2012).

With the exception of Dodsworth (2012), self-efficacy has not been explicitly linked to self-esteem, though several studies note the importance of perceptions of control, independence and freedom for sex workers' wellbeing (Askew 1999; Bouclin 2006; Gorry, Roen, and Reilly 2010; Rosen and Venkatesh 2008; Simić and Rhodes 2009). Although self-efficacy was the least frequently mentioned element of self-esteem, self-efficacy nevertheless played an important role for 33% of our participants, with depictions of the positive affect of sex work on self-efficacy mentioned more frequently than negative depictions. For some, involvement enhanced these elements in their professional and personal lives and strengthened belief in their right to choose the pathway they had taken. For other participants, sex work exacerbated feelings of having limited control or choice, and internalisation of their negative experiences in sex work as expressions of their value as a person. This was significant for participants in our study who reported high perceived stigma scores, who used

socially-less-acceptable drugs, who first sold sexual services prior to age 19 and who reported lower resiliency scores. We found this to be the case in an earlier study (McCarthy, Benoit, and Jansson 2014). Dodsworth (2012) similarly found that some of her participants said they had no choice but to stay involved in the work, that the 'pathway they felt destined to take began to be defined in early childhood experiences of neglect, rejection and abuse' (526).

These findings suggest that self-esteem is a complex concept among sex workers, which may be affected by multiple individual characteristics, situations and life-course circumstances.

Conclusion

This analysis illustrates the heterogeneity of self-esteem among sex workers through a qualitative analysis of narrative accounts. Our study is limited by the lack of a validated measure for self-esteem. The non-random nature of our sample also reduces generalisability. Further, participants may have been biased to give relatively positive accounts of themselves due to the desire to portray an optimistic life story to the interviewer.

Future research should undertake a more rigorous investigation on all three aspects of self-esteem – for self-worth, self-authenticity and self-efficacy – and use validated measures, examine how sex workers' background characteristics and work locations intersect with these dimensions and further explore their importance from the point of view of sex workers themselves. Self-worth can foster a feeling of efficacy and both can enhance feelings of authenticity at work. But this does not mean that sex worker's significant others or the general public will accept them. Ultimately, we need to use our empirical evidence to develop anti-stigma interventions. Sex workers should be involved in this process so that the programmes and policies we design and evaluate are effective in building self-esteem.

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