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To cite this article: Raven Bowen & Vicky Bungay (2016) Taint: an examination of the lived experiences of stigma and its lingering effects for eight sex industry experts, Culture, Health & Sexuality, 18:2, 184-197, DOI: [10.1080/13691058.2015.1072875](https://doi.org/10.1080/13691058.2015.1072875)

To link to this article: <https://doi.org/10.1080/13691058.2015.1072875>



Published online: 01 Sep 2015.



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Taint: an examination of the lived experiences of stigma and its lingering effects for eight sex industry experts

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ABSTRACT

As part of a larger study examining the effects of the design of the off-street sex industry on sex worker's health and safety practices, eight sex work experts who had experience as sex workers and as advocates and service providers were interviewed to garner their community engagement expertise in shaping the research. During narrative interviews, these experts discussed how stigma influenced their personal lives and their social justice work among sex workers. Their insights into stigma are unique to the literature because our experts simultaneously confronted direct instances of stigma that were a part of their personal and professional lives, sometimes concealing their sex work histories during the course of their professional support and advocacy work. As a result of this concealment, and because of how sex workers are sometimes mistreated, experts experienced stigma vicariously (indirectly) when their own sex work histories were not apparent. As a result of these experiences, participants became proficient at managing discrediting information about themselves when in the presence of those they mistrusted. They supported sex workers through stigmatising ordeals by using knowledge gained from these intersecting direct and vicarious experiences stigma, continuously building capacity within themselves and among other sex workers to resist stigma.

ARTICLE HISTORY

Received 12 December 2014

Accepted 12 July 2015

KEYWORDS

Stigma; sex work; prostitution; resistance; canada

Introduction

Active and former sex workers are among those who routinely experience stigma. Sex workers frequently experience symbolic stigma (Herek, Windaman, and Capitanio 2005) whereby groups already disliked are tied to elements that pose a threat to society. For instance, sex workers are often paired with societal harms such as crime, disease and moral corruption. Sex workers also face whore stigma (Pheterson 1993) when selling sex for money, which equates to selling honour for base gain. Sex workers who identify as female are disproportionately subjected to stigma as it provides opportunities to control women's economic activity in addition to providing a mechanism for the social control of women's sexuality (Hallgrimsdottir, Phillips, Benoit and Walby 2008; Liazos 1972; Pheterson 1993; Sallmann 2010). The intersection of whore and symbolic stigma is perhaps best illustrated by the

preponderance of health research examining sex work and sexually transmitted infections. Despite evidence of high sexual health literacy and low rates of infection among many sub-populations of sex workers (Bungay et al. 2012), stigmatising assumptions that sex workers are careless in sexual activity remain prevalent (Vanwesenbeeck 2001). Furthermore, there are substantial oversights in research regarding the influence of intersecting systems of oppression as contributing to sexually transmitted infections among sex workers (see Bungay et al. 2012; Handlovsky, Kolar, and Bungay 2012 for exceptions).

Scholars have long theorised that the process of labelling or marking individuals as 'Other' involves linking them with attributes, traits, dispositions and behaviours that are deemed undesirable by those in power and this makes a single definition of stigma difficult. After the review of work by many scholars, for instance Corrigan (2004), Crocker and Major (1989), Goffman (1963), Herek, Windaman and Capitanio (2005), Link and Phelan (2001), Link et al. (1997), Scambler (2008) and Smart and Wegner (1999), we defined stigma as a socially constructed, context-specific experience of Othering that devalues one's identity, social contributions and potentiality in ways that limit how one can interact within one's world of socio-structural relationships. Stigma is a social process embedded in discourses and relations of power wherein dominant groups use it to select, impose and reinforce their ideals about the ways in which others are allowed to *be* in the world (Link and Phelan 2001). Deviating from set standards or ideals may result in being marked or tainted in most social engagements. Stigma is doubly felt as it is first experienced through social interactions, and then internally as people process and interpret their encounters (Corrigan 2004; Goffman 1963; Jaffe and Finkel-Konigsberg 2010; Jones et al. 1984; Scambler 2008).

The effects of stigma can be immediate and long lasting for sex workers (Bruckert 2012; Gardner 1991; Owen 2008; Tomura 2009). As a relational process, stigma perpetuates the construction of sex work as risk; a situation that then justifies state regulation, including criminalisation, while concurrently denying the agency of sex workers (Bruckert and Hannem 2013). Stigma has also been directly associated with social inequalities, including violence and discriminatory practices and policies within health and social service programmes (Benoit and Millar 2001; Bungay et al. 2012). Those who experience stigma may cope with its varied emotional and social effects by engaging in a range of stigma-avoiding activities (Gardner 1991; Goffman 1963). Concealing their sex work identities, managing information and limiting contact with those who are not part of their sex work communities have all been noted as specific avoidance strategies among sex workers (Bowen 2013; Bruckert 2012; Jones et al. 1984; Koken 2012; Koken et al. 2014; Orchard et al. 2013). Some sex workers have reportedly upheld divisions between themselves and others while internalising misrepresentations of self (Orchard et al. 2013) because of how Othering is lived out in interaction. Stigmatised persons can and do repudiate and resist this oppression without internalising ideologies of difference (Susman 1994), although how sex workers resist oppression has been the subject of rather less study.

In this paper, we explore how stigma has permeated the lives of eight sex industry experts who we engaged with in an ethnographic exploration of the sex industry in a large metropolitan area of Western Canada. This study, referred to as the SPACES (Sex, Power, Agency, Consent, Environment & Safety) study, aimed to examine how the organisational and physical contexts of the industry influenced the health and wellbeing of those involved. While interviewing sex industry experts about their knowledge and experiences concerning health and safety in the industry, stigma emerged as a dominant theme in their descriptions, so much

so that an examination of the role that stigma played in shaping experts' understandings of themselves, their communities and their activism was warranted.

Methods

The research protocol received approval from the University of British Columbia Behavioral Research Ethics Board, and data collection and analysis took place between 2012 and 2014. Because of our commitment to research that fosters transformative action and the need for the meaningful involvement of sex industry knowledge experts in the research enterprise (Bowen and O'Doherty 2014; Creese and Frisby 2011), we began our work by engaging with eight experiential community experts. Each expert was a former or active sex worker, held an array of health, research and social service positions aimed at improving the health and wellbeing of sex workers and was an active member in advocating for and on behalf of the health, safety and human rights of sex workers locally, nationally or globally. The identification and recruitment of the experts occurred in collaboration with the first author. Information about the project aims was provided and each expert was invited to participate in an interview to share their perspectives about the nature of the research questions and topics we needed to explore, to inform how we carried out the research (e.g. inclusion of diverse people and settings) and how we would ensure that sex industry communities and their members would benefit from the research (Bowen and O'Doherty 2014; Creese and Frisby 2011). Of the 10 people who were invited to participate, 1 man and 7 women were interviewed. One member had relocated and one refused. These initial interviews served to build and strengthen academic-community relations and contributed to these experts assuming advisory and knowledge translation roles throughout the project.

Data collection and analysis

Data were collected through unstructured, open-ended interviews conducted by the second author at a time and location convenient to the participants. Participants provided verbal consent and were offered CAD50 each in cash or gift card as honorarium. Interviews took a narrative approach in which participants engaged as knowledge experts providing information about the industry, their experiences and their insights into the future needs of their population to promote health equity (Devault and McCoy 2006; Mishler 1986). Interviews began with a general description of the study aims, and participants were asked to share their knowledge and expertise about the interrelationships between sex work environments, the people involved and sex workers' health and wellbeing. Their perspectives on the benefits and challenges of the current contexts in which sex work takes place in our locale (e.g. the gaps in health and social service delivery and the pros and cons of current enforcement strategies) were captured. All the interviews were digitally recorded, transcribed verbatim and checked for accuracy by the authors. Data were uploaded into NVivo10™, a software package for organising qualitative data. Transcripts were labelled with a unique identifier and reviewed and discussed by the authors to identify dominant themes. In reading the interviews, we initially created broad categories that depicted topics and themes. As the coding unfolded, we recognised the significance of stigma as a central category in each narrative and we began to code within these themes more theoretically. Drawing on our theoretical understanding of stigma as a relational process embedded within structural relations of

power, we identified that participants responded to stigma by internalising negative interactions and exercising agency. They also (re)produced and (re)enforced imposed standards by policing other sex workers and found ways to completely resist oppressive constructs. Our coding scheme reflected their realities within the socio-structural encounters they described as being part of their everyday lives.

Findings

The eight participants had diverse sex industry experiences, were between 35 and 49 years old, had been involved in the sex industry from 1.5 to 26 years and reported between 1 and 19 years' experience in executive leadership, community development, research and support and advocacy to sex workers and other marginalised populations. Participants identified as heterosexual ($n = 5$), gay ($n = 1$), genderqueer ($n = 1$) and gay for pay ($n = 1$). Seven participants identified as women and one as a man. The sample comprised a range of racial and cultural backgrounds including those of Caribbean and Asian descent, people indigenous to Canada, those of mixed races and those of European descent. All participants had high school diplomas; six had college and other training certificates and two held undergraduate and graduate degrees. Four participants had transitioned out of sex work and the other four participate in both sex work and square (mainstream) work simultaneously – a practice known as duality (Bowen 2013). Participants were employed in education, health services and the voluntary sectors.

All experts had experienced stigma during their time in sex work and reported that it was pervasive in their work and personal lives regardless of whether they had transitioned out. They described experiences of stigma that subsequently influenced and informed how they lived with it and how they worked to build capacity among other sex workers in their counsel to respond to and resist it. The experts spoke openly about sources of stigma, which they categorised into 'three kinds of people'. They recognised that some people could be in more than one group; however, they found these groupings useful in talking about their relationships with those with experience in sex work and those without: (1) the in-group or those engaged in the sex industry in some manner, including, for instance, active and former industry professionals, clients, managers and sex worker support organisations, (2) family and intimate partners who may accept or reject them due to sex work involvement and (3) the out-group or members of the general public and agents of the state who were not sex workers and were described as more likely to stigmatise sex workers. Out-group members consisted of people sex workers encountered including medical professionals, neighbours, landlords, law enforcement officials, city staff and Canada Revenue Agency officials. Parties perceived to hold ideologies of sex work as inherently harmful or those who sought to abolish sex workers were situated within the out-group; however, many allies and supporters were also found there. To demonstrate how each group was influential in shaping the experts' experiences, we organised the findings from their narratives into three overarching and interrelated themes: (1) direct and vicarious experiences of stigma, (2) fears, reflections and internalisations and (3) reactions and responses.

Direct and vicarious experiences of stigma

Participants disclosed a breadth of experiences related to stigma, such as public rejection and humiliation, being disowned by family members, perceptions of increased monitoring

by out-group agents of the state and overall mistreatment by the general public. Some experts spoke about the harassment and denial of agency they experienced from those they described as ‘anti-sex work feminists’. For instance, Rain¹ described being berated for her contract work with a charity. She created a fundraiser in which sex industry professionals from one sector raised money to support a non-profit organisation servicing impoverished sex workers. She noted, ‘I did a fundraiser and we organised it for [sex industry professionals] raising money for street-based survival sex workers ... all the abolitionists were up in arms.’ Rain further described how those who appeared to be prohibitionists were ‘outraged at the idea that a group of [so-called] “exploited women” would raise money for another group of exploited women.’ The prohibitionists, it seemed, believed that all those engaged in the sex industry lacked choice and do not benefit from their labour to the extent that it would not be possible for women in the sex industry to help others in the same predicament. When a prohibitionist asked about her thoughts on this, Rain responded ‘excuse me, we’re not exploited. We organised this event, we enjoy our jobs, and we want to do this. How dare you tell us we’re exploited?’ In dialogue with Rain and in the reflections of other experts, it was apparent that the feminist prohibitionists with whom they had engaged may have experienced substantial errors in assumption about the earning potential of some industry professionals.

The experts also shared that most of their direct and indirect experiences with out-group medical professionals were stigmatising. Participants reported avoiding sharing details about their sex work involvement to dentists, doctors, nurses and therapists as important to quality healthcare and safe interactions. Becky, for instance, stated that she had had negative experiences with medical staff member when she was a drug addict and a sex worker. She recalled the reaction of one nurse during an HIV test while in drug treatment. Becky’s doctor had indicated on the requisition that she was a member of a ‘high-risk’ group: ‘I handed the [form] to the nurse, she looks at it, her eye brows go up, she goes into another room, comes back in a gown and a mask and has double gloved. And I was like “wow”’. Becky also described the negative reaction by the nurse to her track marks (scars and vein damage visible on the inside of her arm due to chronic injection drug use), and the need to instruct the nurse to use an appropriate gauge needle that would be the least painful for the procedure.

Rejection from the general public was also reported. Joyce described an incident where she had been sexually assaulted. She ran out into the streets, dishevelled, with ripped clothes, screaming for help:

I stood there screaming for help and I saw cars driving by, young people, old people, every ethnicity you can imagine just look[ing] at me ... nobody helped me. And that stuck with me forever to this day I have those moments of like what kind of fucking world do we live in that you could see somebody in that state and just your reaction [is] to keep driving.

The experience of asking others for help and receiving no support was significant for this activist. Joyce made the point that she was not working in the sex industry that day to emphasise that she was a ‘regular’ person who was in distress and deserving of support – implying that she would not have expected help from the public if she was identifiable as a sex worker. The damaging effects of rejection were further experienced with her intimate partner:

My boyfriend, although supportive for the first two days ... he started, you know, saying things ‘oh there must have been a part of you that got off on it’ ... he started to really mess with my head.

Joyce experienced rejection from the general public who she believed would come to her aid because her involvement in the sex industry was not apparent. When this did not occur,

she went to the closest person in her life and he used her sex work involvement as a weapon against her to further devalue her and to dismiss her assault.

Experts were also uniquely exposed to stigma and its effects while acting in their roles in leadership, support and advocacy. Here, they experienced stigma indirectly through witnessing and intervening upon the stigmatisation of sex workers they were supporting, an experience we defined as vicarious stigma. All experts experienced vicarious stigma when accompanying active and former sex workers to appointments with health, employment and income services, law enforcement and the court system (youth, criminal and family). Sheila prepared tax returns for sex workers as part of her support work. The sex worker being helped had left the industry years before and was fighting a terminal illness. The worker had received notice that Canada Revenue Agency would be doing a forensic audit – holding her accountable for assets, back income and property taxes during her time in the sex industry. Her former intimate partner had put all of the assets in her name. Sheila stated ‘when they broke up, she had nothing ... so the government went after her. The woman is dying of [a terminal illness]; leave her the hell alone, she hasn’t worked for how many years!’ This vicarious experience of targeting by the state affected what Sheila later shared with other sex workers. Sheila used her vicarious stigma experience to build capacity in others by providing important information to sex workers to change how they shared information with out-group members, dealt with assets and property taxes, reported income and filed taxes.

Fears, reflections and internalisations

The experts discussed an array of insights about who they feared would stigmatise them, the reasons why stigma occurs, its purpose(s) and its effects. Some in-group members, such as other sex workers and sex industry venue managers, were described as those who perpetuated stigma. This intra-industry stigma included sex workers degrading other sex workers who had drug dependencies and conflicts between sex workers who worked on- versus off-street. Out-groups such as racial, cultural or religious community members, the general public, state officials, landlords and neighbours were among those experts identified as potential sources of stigma. The effects of stigma for sex workers’ personhood, health and wellbeing were staggering and their narratives spoke to the intersecting relational processes of stigma, discrimination and criminalisation.

One of the most profound experiences pertained to how the combination of discrimination, criminalisation and stigma forces sex workers, particularly those who have children, to live in constant fear of an array of state and social agents, such as child protection and income assistance ministries, police, landlords and their neighbours. Experts described how sex workers interacted with these agents of formal and informal social control who, at any moment, may apprehend their children, terminate state revenue streams, arrest or evict them or engage in shunning and shaming activities. These effects were described as damaging for both sex workers and their children. As Patricia explained, ‘I’ve worked with a number of women who have faced apprehension ... parents aren’t supported, then children are growing up at risk as well, and on and on and on the cycle goes.’

In addition to fear, experts commented specifically on the illegal aspects of the industry and how sex workers’ lack of access to police protection was another way they felt excluded. Becky noted:

Sex workers have been rendered powerless in so many different ways ... [to] the predators who want to hurt them, who know they're not going to report it to the police so they're not going to get caught Landlords who want to extort sexual favors or just want to kick you out and like and there's no recourse ... particularly for sex workers like me who are parents, there was the constant threat that someone was going to make a call to the ministry. You're screwed everywhere you go ... figuratively.

The powerlessness described in this excerpt is not just the loss of power in interaction with others or the lost ability to have influence with others, but the loss of belief in oneself as an agent who can intervene in her own life. Experts described that over time, based on their personal experiences with stigma as sex workers and by witnessing its effects upon other sex workers, they have come to understand that the goal of those who perpetuate and reinforce stigma is to make sex workers feel worthless. Joyce articulated:

It [stigma] demoralises, it reinforces to you that you are not worth anything ... it prevents you from seeking care, it prevents you from talking to anybody about things that are so important to talk about ... it makes you feel like you're a dirty person.

Experts explained that when a person feels worthless they withdraw socially and withhold information about themselves to their benefit and detriment. Stigma, they noted, causes sex workers to deny themselves care and avoid those who could support them in order to reduce exposures that could lead to additional experiences of stigma. In these instances, withholding information about oneself is logical and demonstrates that by not seeing themselves as worthy or deserving of help, sex workers have internalised oppression.

Experts explained that the lack of recognition of their agency as sex workers was a dangerous by-product of stigma processes. They explained that sex workers are often presumed by those in positions of power to be irrational child-like beings instead of logical, innovative, problem-solvers who work within structures that they did not create in order to negotiate for safety, rights and economic security for themselves and their loved ones. These experts reported feeling frustration about the denial of agency that they witnessed when sex workers interacted with out-group members, especially health service providers, government agents and feminist prohibitionists.

Reactions and responses to stigma

It is important to explore how experts reacted to the stigma they experienced, witnessed and internalised, in order to comprehend the immediate and lasting effects of living a tainted life. These experts internalised stigma in ways that promoted stigma-avoidance as well as resistance. Avoidance and deception were two key activities they engaged in to reduce the risk of being stigmatised. Informants reported avoiding and deceiving members of in- and out-groups to achieve these aims. For example, Lark reported that she refused to spend time with other sex industry professionals who work at street level because of how they dressed at a social event in a public setting. She feared being 'outed' as a sex worker through her association with women who were wearing stilettos and what she described as revealing clothes in a public park. Lark also worried about how the public would view and treat them as a result of what she perceived as the flaunting of their shared profession so openly. Lark remarked: 'Here comes stilettos and boobs ... it's a picnic!' Her comments illustrate that she understood that there are different norms associated with the variety of roles and locations within the sex industry and she now chooses to absent herself from social events that are in public view, thus avoiding her in-group.

Experts also reported the strategy of avoiding clients to reduce their exposure to stigma. Sex workers disassociating from other workers and avoiding one another as a strategy to reduce exposure to stigma has been noted in the literature (Bruckert 2012; Koken 2014; Orchard et al. 2013) but the practice of avoiding clients is a lesser known phenomenon. Although the idea that a sex industry worker would avoid a client due to stigma appears counterproductive to the fiscal aims of sex work, this was described as an act of self-preservation in the social media age in which we now live. Becky, for instance, described receiving a bad review on a client-led sex worker review website, after which she avoided seeing other clients for several days in order to give herself time to heal from this humiliating ordeal. She was heroin dependent at the time, which made her avoidance of her revenue stream all the more challenging: 'One bad review and I wouldn't see clients for four days. As a heroin addict, not seeing clients for four days was not cool.' Becky, like other experts, noted that the social media resources available to some clients permitted some of them to criticise the physical attributes of sex workers:

There's a type of client who somehow thinks because we're sex workers we have no feelings right? And then it's like, you know, we're women like any other woman right, like you can't criticise what my boobs look like or whatever I'm going to feel it the same way any woman does.

Although a full discussion of the ways in which information and communication technologies and sex work have combined to create new ways of knowing, being and communicating in the sex industry will not be provided here, it is worth noting that user interface platforms and computer assisted Short Message Services have created new opportunities for those who engage in stigmatising others.

The experts described that their responses to stigma evolved over their life courses and they discussed how they came to reject the ways in which sex workers have been misrepresented. Their own internalisation processes had been transformed through their experiences with stigma. Experts discussed how in earlier years they had believed that they and other sex workers were powerless and worthless and how they later resisted these beliefs. Patricia eloquently stated: 'I tak[e] stuff that was hard for me and turn it around to help me but then also help others.' Rain summarised: 'so I internalised [stigma] before ... I started to get my voice and then now ... like my world was opened up.' This resistance to direct and vicarious stigma took on many forms for experts and included going back to school to obtain formal education; becoming service providers, academics and activists; initiating law suits in defence of their rights; and building capacity among networks of sex workers to advocate for their health, rights and safety. These experts have engaged in public demonstrations, media events and interviews, created blogs, built communities around interactive websites and engaged in public education and publications related to stigma and sex work.

Experts who were in professional support roles spoke of how they would accompany sex workers to meetings with state officials and often had the opportunity to respond to the stigma in the moment when sex workers were not being treated fairly. These experts acknowledged that they were powerful in those roles because they are able to gain access to resources and demand respectful treatment of sex workers when they were present for interactions with the out-group. Sheila commented: 'a lot of the women won't go to [hospital name]. If we go with them they get treated very differently.'

Experts also intervened when stigma occurred from in-group members. For example, Sheila who held a leadership position in a service agency described her response to

conversations with sex workers who stigmatised other workers who were drug dependent. She told them: 'don't judge your sister because one day you might be her.' In doing this, not only did Sheila remind sex workers that they are all at risk of experiencing stigma, she also made clear that it is within their power to end the oppression of other workers.

Discussion

This paper has examined the experiences and insights of eight sex industry experts regarding stigma, its deleterious effects on wellbeing and critical strategies of resistance. Through their narratives about sex work and their advocacy and leadership, we sought to unveil the social processes that perpetuate and challenge stigma and to contribute to ongoing discussions of sex work and stigma more generally. Their experiences affirmed the work of others (Benoit and Millar 2001; Bowen 2013; Bruckert 2012; Koken 2012; Koken et al. 2004; Liazos 1972; Pheterson 1993; Sallmann 2010) that stigma remains a pressing issue for sex workers; one that continues after leaving the industry. Experts described the debilitating effects of stigma and offered insights from their unique vantage points because they have experienced stigma vicariously. Unlike portrayals of sex workers in other works that highlight direct experiences of stigma and its effects (see Benoit and Millar 2001; Bowen 2013; Bruckert 2012; Koken et al. 2004; Pheterson 1993; Sallmann 2010), these experts (who also work as helping professionals and advocates) have had to process both direct and vicarious experiences of stigma simultaneously. During their vicarious experiences, some experts helped active sex workers navigate through painful interactions with out-group members while avoiding direct stigma themselves through concealment of their personal histories in sex work. This depicts a transformative dialectic process wherein a direct experience occurs and is internalised by the agent, ongoing vicarious exposures to stigma are witnessed and processed, and then Experts engage in the practice of healing from stigma in both of these forms and resisting it by building resiliencies within themselves and others.

Experts' narratives supported that the sources of stigma continue to include in-group members, such as other sex industry professionals, family and out-group members (Basnyat 2014; Benoit and Millar 2001; Benoit and Shaver 2006; Bruckert 2012; Menger et al. 2015; Orchard 2013; Pheterson 1993; Tomura 2009). Informants suggested that sex workers are vulnerable to 'abuse' from these sources in part because of the criminalised nature of sex work, the lack of control that sex workers can exercise over their labour, and social stigma, all findings that have been well-substantiated elsewhere (see Basnyat 2014; Benoit and Millar 2001; Bruckert and Hannem 2013). Their descriptions further expanded our understanding of how stigma was experienced as a loss of agency within the context of the dominant gendered assumptions about sex work regularly argued in prohibitionist feminist writings and activities. Link and Phelan (2001) have conceptualised stigma as a social process in which a dominant culture (i.e., prohibitionist perspectives) has the power to label difference and to distinguish between categories of desirable and undesirable characteristics. Those deemed 'undesirable' experience social inequality and a subsequent loss of status. Experts discussed this loss in terms of their agency, explaining that others decided not only that they were not credible, but also that they do not have the capacity to make decisions about their own lives. Since prohibitionist feminism only supports sex workers who denounce their profession (Pheterson 1993), it is no surprise that there was a clash of ideologies when an expert

organised a fundraiser by and for sex industry professionals. In this case, prohibitionist feminists infantilised sex workers by making the decision that they were incapable of helping themselves, let alone other workers, and by disapproving of how sex workers were using the money they earned. Sentiments like these are documented among Nordic prohibitionists, who have a long history of promoting the unsubstantiated claim about sex workers that only a small proportion of sex workers engage in the work by choice (Frommel 2015).

The effects of stigma were staggering. Stigma facilitated violence (Sallmann 2010) and tainted most of the expert's social interactions, with in- and out-groups and family members. Stigma was internalised by some of the experts. Research has shown that internalised stigma can manifest itself in diverse and harmful ways such as poor health, lowered self-esteem, stress and the loss of self-confidence, disempowerment and self-harming behaviours (Benoit and Millar 2001; Bowen 2013; Corrigan 2004; Crocker and Major 1989; Jackson, Bennett, and Sowinski 2007; Link et al. 1997; NSWP 2013; Orchard et al. 2013; Sallmann 2010). Experts expressed that the goal of stigma is to destroy sex workers from the inside out *and* from the outside in, and that great effort was required on their part to combat internalisation or, as Link et al. (1997) noted, to find ways to cope.

The experts expressed a diverse array of coping strategies that illustrated how practiced they were at living with stigma. These strategies ranged from information management or selective disclosure (Bruckert 2012; Koken 2012), to avoidance (Jackson, Bennett, and Sowinski 2007), to resistance. Experts described how they withheld information about sex work involvement to family members, intimate partners and friends. They described their deception as an isolating strategy that affected the ways in which they could interact with others. Deception contributed to increased fear and stress related to secret-keeping as they worked continuously to manage information and avoid stigma (Bowen 2013; Bruckert 2012; Goffman 1963; Jackson, Bennett, and Sowinski 2007; Johnson et al. 2004; Jones et al. 1984; Koken 2012; Koken et al. 2004; Orchard et al. 2013; Tomura 2009; Thoits 1991).

The unique position of experts as helping professionals involved their implementation of a stigma-avoiding strategy called *passing* – the ability to hide discrediting information (Goffman 1963) documented among ex-convicts, mental health patients and ex-drug addicts. Scholars (e.g. Goffman 1963; Williams 1987) have suggested that people who experience stigma divide the world up into one large group of people who do not know information that could discredit them and a smaller group that consists of the 'wise' – people who know them completely and who support their concealment of discrediting information. Experts were 'passing' in their everyday lives when they accompanied active sex workers to appointments. According to Goffman (1963), those who conceal their stigma can find themselves in one of three places: 'forbidden places', where if information about them became known they would be ostracised, 'civil places', where stigmatised people are reluctantly treated as if they were acceptable, and 'backplaces', where those who share the same stigma can be more open. The experiences of experts in this study fall within the first two places that Goffman describes. For experts and many sex workers in their communities, most of the world is a forbidden place where information about their sex work involvement can and is used to limit their opportunities, as discussed. Civil places are locations in which experts found themselves accompanying other sex workers to in the course of their support, advocacy and rights work. Here, experts may be exposed to vicarious stigmatisation. More specifically, when experts escorted their clients to appointments, they witnessed direct instances of stigma among sex workers (when information about their sex work involvement was known to out-group members), all the

while being shielded from stigma by way of their professional titles of Program Manager or Support Worker. They did run the risk of being stigmatised by association (Östman and Kjellin 2002) but, for most experts, their personal biographies were concealed. Experts used their combined personal experiences of direct stigmatisation, their vicarious understandings and the skills developed from 'passing' to adopt sophisticated coping strategies that included educating others like them about how to respond to and resist stigma.

Resistance as a strategy to limit the harmful effects of stigma among sex workers has been well documented. Such strategies included resisting dominant portrayals of the sex industry, insisting that sex work is work, developing social programmes and building capacity among peer networks to advocate for sex workers' human rights and safety (Bruckert 2012; Chateauvert 2013; Hallgrímsdóttir 2008; Orchard et al. 2013; Sallmann 2010). In our work, the experts' knowledge from direct and vicarious experiences with stigma informed how they moved through the world, and had lasting effects on their choices about sharing their biographies because they are made most painfully aware that stigma against their kind is a chronic and persistent social condition. They were courageous in their choices to engage in social justice work on behalf of those with whom they share stigma. They provide us an opportunity to expand what is known about how stigma is lived from their unique positions as both active and former sex workers and as helping professionals. Bruckert (2002) identified that exposure to how a range of marginalised people manage information to reduce the effects of stigma helps us locate and understand stigma in relation to the interlocking constructs of identity, agency and resistance. Stigma is an oppressive and dehumanising practice that inspires varied responses from avoidance and withdrawal, to confrontation and resistance. Experts identified and responded to stigma in the moment and then used this individual and collective experience to enhance programming at sex worker organisations, influence legal and social policy and inform and guide community and academic research in order to inspire social acceptance of sex workers by the public and create larger-scale, lasting resiliencies among communities of sex workers.

Conclusion

Although our sample was small and by no means captured the diversity of experiences among experts, we were able to learn more about how some active and former sex workers who held professional support and advocacy roles lived stigma. We identify their experiences as a necessary area of investigation to contribute to the sex work and stigma literature. There are, however, limitations to our work that require further consideration. It would be beneficial, for instance, to compare and contrast how these and other sex workers live and respond to stigma as it relates to the various roles they hold with others who may conceal stigmatising information about themselves. Additionally, the experts' narratives did not include their perspectives and experiences of the effects of race, class and gender with stigma. As our approach was one of narrative inquiry, the participants discussed what they deemed important to share with respect to health and safety in the off-street sex industry. Given the abundant evidence that social locations matter in sex work, health and safety (Bungay et al. 2012; Bungay et al. 2013), more research is needed to explore these issues. Sallmann (2010) argued that we must view stigma from a social justice perspective and that understanding stigma should be approached through the identification of strengths. The assets and strengths of sex workers are impossible to discount when examining the

outcomes of oppression. We reiterate, as Sallmann suggested, that sex workers illuminate the hypocrisies in our socio-structural environments as they fight for recognition of their humanity. Stigma has manifested in the lives of the experts in ways that made them experts. The move toward recognising sex workers as experts is essential to research that informs health, social and legal policies and is a sentiment shared by many sex workers, academics and sex work organisations (Basnyat 2014; van der Meulen, Durisin, and Love 2013). Sex workers are regularly ostracised and victimised through social stigma but resist and educate others including academics and agents of the state. They urge us to join them in their fight for justice, understanding, inclusion and the recognition of their agency, wellness and rights. The taint that society surrounds them with does not envelop and silence them. From the disadvantaged social locations to which we relegate them, they speak.

Note

1. Participants' names have been changed to respect their privacy and to protect their identities.

Acknowledgments

We would like to thank the eight sex industry experts for courageously sharing their passions and pain to bring insight to health research and our understandings of oppressive forces and resiliencies. We would also like to thank Susan Davis, Alka Murphy, Trina Ricketts, Matthew Taylor, Kerry Porth, Velvet Steele and Laurel Irons for their wisdom and contributions to the formulation of this paper.

Disclosure statement

The authors of this work have no financial interest or benefit expected as a result of the application of our research.

Funding

This work was funded by the Canadian Institute of Health Research under grant number: MOP - 119477. V. Bungay received further support through the Michael Smith Foundation for Health Research Scholar Award Program.

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References

- Basnyat, I. 2014. "Lived Experiences of Street-based Female Sex Workers in Kathmandu: Implications for Health Intervention Strategies." *Culture, Health & Sexuality* 16 (9): 1040–1051.
- Benoit, C., and A. Millar. 2001. "Dispelling Myths and Understanding Realities: Working Conditions, Health Status, and Exiting Experiences of Sex Workers." *Prostitutes Empowerment, Education and Resource Society (PEERS)*.
- Benoit, C., and F. M. Shaver. 2006. "Critical Issues and New Directions in Sex Work Research." *Canadian Review of Sociology [Revue Canadienne De Sociologie]* 43 (3): 243–252.
- Bowen, R. 2013. "They Walk among Us: Sex Work Exiting, Re-entry and Duality." (MA Thesis, Simon Fraser University). <http://summit.sfu.ca/item/12899>

- Bowen, R., and T. O'Doherty. 2014. "Participant-driven Action Research (PDAR)." In *Negotiating Sex Work: Unintended Consequences of Policy and Activism*, edited by C. Showden and S. Majic, 53–74. Minneapolis, MN: University of Minnesota Press.
- Bruckert, C. 2002. *Taking It off, Putting It on Women in the Strip Trade*. Toronto: Women's Press.
- Bruckert, C. 2012. "The Mark of Disreputable Labour." In *Stigma Revisited: Implications of the Mark*, edited by S. Hannem and C. Bruckert, 55–78. Ottawa: University of Ottawa Press.
- Bruckert, C., and S. Hannem. 2013. "Rethinking the Prostitution Debates: Transcending Structural Stigma in Systemic Responses to Sex Work." *Canadian Journal of Law and Society* [Revue Canadienne Droit Et Société] 28 (1): 43–63.
- Bungay, V., M. Halpin, P. F. Halpin, C. Johnston, and D. M. Patrick. 2012. "Violence in the Massage Parlor Industry: Experiences of Canadian-born and Immigrant Women." *Health Care for Women International* 33 (3): 262–284.
- Bungay, V., K. Kolar, S. Thindal, V. Remple, C. Johnston, and G. Ogilvie. 2013. "Community-based HIV and STI Prevention in Women Working in Indoor Sex Markets." *Health Promotion Practice* 14 (2): 247–255.
- Chateauvert, M. 2013. *Sex Workers Unite: A History of the Movement from Stonewall to Slutwalk*. Boston, MA: Beacon Press, 2013.
- Corrigan, P. 2004. "How Stigma Interferes with Mental Health Care." *American Psychologist* 59 (7): 614–625.
- Creese, G. L., and W. Frisby. 2011. *Feminist Community Research: Case Studies and Methodologies*. Vancouver: UBC Press, 2011.
- Crocker, J., and B. Major. 1989. "Social Stigma and Self-esteem: The Self-protective Properties of Stigma." *Psychological Review* 96 (4): 608–630.
- DeVault, M., and L. McCoy. 2006. "Institutional Ethnography: Using Interviews to Investigate Ruling Relations." In *Institutional Ethnography as Practice*, edited by D. E. Smith, 15–44. Lanham, Md.: Rowman & Littlefield.
- Frommel, M. 2015. *Prostitution: Beyond an Infantilising Feminism*. <https://researchprojectgermany.wordpress.com/2015/01/04/prostitution-beyond-an-infantilising-feminism/>
- Gardner, C. B. 1991. "Stigma and the Public Self: Notes on Communication, Self, and Others." *Journal of Contemporary Ethnography* 20 (3): 251–262.
- Goffman, E. 1963. *Stigma; Notes on the Management of Spoiled Identity*. Englewood Cliffs, N.J.: Prentice-Hall.
- Hallgrímsdóttir, H. K., R. Phillips, C. Benoit, and K. Walby. 2008. "Sporting Girls, Streetwalkers, and Inmates of Houses of Ill Repute: Media Narratives and the Historical Mutability of Prostitution Stigmas." *Sociological Perspectives* 51 (1): 119–138.
- Handlovsky, I., K. Kolar, and V. Bungay. 2012. "Condom Use as Situated in a Risk Context: Women's Experiences in the Indoor Sex Industry in Vancouver, Canada." *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care* 14 (9): 1007–1020.
- Herek, G. M., K. F. Widaman, and J. P. Capitanio. 2005. "When Sex Equals AIDS: Symbolic Stigma and Heterosexual Adults' Inaccurate Beliefs about Sexual Transmission of AIDS." *Social Problems* 52 (1): 15–37.
- Jackson, L. A., C. G. Bennett, and B. A. Sowinski. 2007. "Stress in the Sex Trade and beyond: Women Working in the Sex Trade Talk about the Emotional Stressors in Their Working and Home Lives." *Critical Public Health* 17 (3): 257–271.
- Jaffe, K., and M. Finkel-Konigsberg. 2010. "Stigma." In *Encyclopedia of Cross-cultural School Psychology*, edited by C. Clauss-Ehlers, 932–934. New Jersey: Springer US.
- Johnson, J. L., J. L. Bottorff, A. J. Browne, S. Grewal, B. A. Hilton, and H. Clarke. 2004. "Othering and Being Othered in the Context of Health Care Services." *Health Communication* 16 (2): 255–271.
- Jones, E. E., H. Markus, and R. Scott. 1984. *Social Stigma: The Psychology of Marked Relationships*. New York: W.H. Freeman.
- Koken, J. A. 2012. "Independent Female Escort's Strategies for Coping with Sex Work Related Stigma." *Sexuality & Culture* 16 (3): 209–229.
- Koken, J. A., D. S. Bimbi, J. T. Parsons, and P. N. Halkitis. 2014. "The Experience of Stigma in the Lives of Male Internet Escorts." *Journal of Psychology & Human Sexuality* 16 (1): 13–32.
- Liazos, A. 1972. "The Poverty of the Sociology of Deviance: Nuts, Sluts, and Preverts." *Social Problems* 20 (1): 103–120.

- Link, B. G., and J. C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology* 27: 363–385.
- Link, B. G., E. L. Struening, M. Rahav, J. C. Phelan, and L. Nuttbrock. 1997. "On Stigma and Its Consequences: Evidence from a Longitudinal Study of Men with Dual Diagnoses of Mental Illness and Substance Abuse." *Journal of Health and Social Behavior* 38 (2): 177.
- Menger, L., M. Kaufman, J. Harman, S. Tsang, and D. K. Shrestha. 2015. "Unveiling the Silence: Women's Sexual Health and Experiences in Nepal." *Culture, Health & Sexuality* 17 (3): 359–373.
- Mishler, E. G. 1986. *Research Interviewing Context and Narrative*. Cambridge, Mass.: Harvard University Press.
- Network of Sex Work Projects (NSWP). 2013. *Good Practice in Sex Worker-led HIV Programming: Global Report*. <http://www.nswp.org/resource/global-report-good-practice-sex-worker-led-hiv-programming>
- Orchard, T., S. Farr, S. Macphail, C. Wender, and D. Young. 2013. "Identity Management, Negotiation and Resistance among Women in the Sex Trade in London, Ontario." *Culture, Health & Sexuality* 15 (2): 191–204.
- Östman, M., and L. Kjellin. 2002. "Stigma by Association: Psychological Factors in Relatives of People with Mental Illness." *British Journal of Psychiatry* 181 (6): 494–498.
- Owen, G. 2008. "An 'Elephant in the Room'? Stigma and Hepatitis C Transmission among HIV-Positive 'Serosorting' Gay Men." *Culture, Health & Sexuality* 10 (6): 601–610.
- Pheterson, G. 1993. "The Whore Stigma: Female Dishonor and Male Unworthiness." *Social Text* 37: 39–64.
- Sallmann, J. 2010. "Living with Stigma: Women's Experiences of Prostitution and Substance Use." *Affilia* 25: 146–159.
- Scambler, G. 2008. "Deviance, Sick Role and Stigma". In *Sociology as Applied to Medicine*, 6th ed., edited by G. Scambler, 205–217. Edinburgh: Elsevier.
- Smart, L., and D. M. Wegner. 1999. "Covering up What Can't Be Seen: Concealable Stigma and Mental Control." *Journal of Personality and Social Psychology* 77 (3): 474–486.
- Susman, J. 1994. "Disability, Stigma and Deviance." *Social Science & Medicine* 38 (1): 15–22.
- Thoits, P. A. 1991. "On Merging Identity Theory and Stress Research." *Social Psychology Quarterly* 54 (2): 101–112.
- Tomura, M. 2009. "A Prostitute's Lived Experiences of Stigma." *Journal of Phenomenological Psychology* 40 (1): 51–84.
- van der Meulen, E., E. Durisin, and V. Love. 2013. *Selling Sex: Experience, Advocacy, and Research on Sex work in Canada*. Vancouver: UBC Press.
- Vanwesenbeeck, I. 2001. "Another Decade of Social Scientific Work on Sex Work: A Review of Research 1990–2000." *Annual Review of Sex Research* 12: 242–289.
- Williams, S. 1987. "Goffman, Interactionism, and the Management of Stigma in Everyday Life." In *Sociological Theory & Medical Sociology*, edited by G. Scambler, 134–164. London: Tavistock Publications.