# Intersections of Stigma, Mental Health, and Sex Work: How Canadian Men Engaged in Sex Work Navigate and Resist Stigma to Protect Their Mental Health

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*Men engaged in sex work experience significant stigma that can have devastating effects for their mental health. Little is known about how male sex workers experience stigma and its effects on mental health or their strategies to prevent its effects in the Canadian context. This study examined the interrelationships between stigma and mental health among 33 Canadian indoor, male sex workers with a specific goal of understanding how stigma affected men's mental health and their protective strategies to mitigate against its effects. Men experienced significant enacted stigma that negatively affected their social supports and ability to develop and maintain noncommercial, romantic relationships. Men navigated stigma by avoidance and resisting internalization. Strategy effectiveness to promote mental health varied based on men's perspectives of sex work as a career versus a forced source of income. Programming to promote men's mental health must take into consideration men's diverse strategies and serve to build social supports.*

Sex workers operate at the intersection of significant social stigmas. They experience symbolic stigma (Herek, Windaman, & Capitanio, 2005) where others make judgments about them due to the misconception that they pose a threat to society. Sex workers also experience whore stigma (Pheterson, 1993) where the discourse is that workers sell their honor in exchange for base gain. Men in sex work can be argued to be especially subject to stigma, as they may also experience the stigma of having sex with individuals of the same gender (Koken, Bimbi, Parsons, & Halkitis, 2004; Vanwesenbeeck, 2013). With the shift toward online-based sex work, there is evidence that workers are becoming increasingly socially isolated (Argento et al., 2016; McLean, 2012, 2015; Niccolai, King, Eritsyan, Safiullina, & Rusakova, 2013). In addition, the emotional and sexual demands of sex work have been noted to jeopardize mental health (Smith, Grov, & Seal, 2008). This combination of stigma, social isolation, and the nature of the work is concerning for the mental health of workers. A greater understanding of the needs and capacities of workers as related to mental health promotion is needed. This knowledge will serve to inform the establishment of helpful and catered services.

Stigmatization is defined as "a social construction that involves at least two fundamental components: (1) the recognition of difference … and (2) a consequent devaluation of the person" (Dovidio, Major, & Crocker, 2000, p. 3). There are four manifestations of stigma: public stigma, self-stigma, stigma by association, and institutional stigma (Pryor & Reeder, 2011). *Public stigma* refers to the reactions of others toward a stigmatized person. *Self-stigma* refers to the impact of having the stigma on the self. S*tigma by association* refers to the reactions of others toward those who associate with a stigmatized person, as well as how these individuals react to this association. S*tructural stigma* refers to how existing social institutions and prevailing discourse serve to legitimize and perpetuate stigma (p. 793). Herek (2007) further noted that stigma can be enacted, felt, or internalized. *Enacted stigma* refers to the "overt behavioural expressions" (Herek, 2007, p. 908) of others, including shunning, ostracism, and discrimination. *Felt stigma* refers to expectations of the self around the likelihood that stigma will occur and consequent behavioral implications. *Internalized stigma* refers to "an individual's personal acceptance of … stigma as part of his or her own value system and self-concept" (Herek, 2007, p. 910).

Due to fear of enacted and felt stigma, workers may not disclose their work to their social networks, leading to social isolation and limiting the support that is available to them. For instance, Pitcher (2015) reported that among indoor sex workers, many concealed their involvement in sex work due to fear of discrimination, thereby contributing to the

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potential for social isolation. Pachankis (2007) similarly noted that stigmatized individuals may engage in social avoidance due to fear of rejection and negative evaluation. Furthermore, if stigmatized individuals do not disclose to others, they also may not benefit from the support of others (Pachankis, 2007). Morrison and Whitehead (2007) found that among independent male escorts, many withheld details of their work from loved ones, including parental figures and significant others. However, they emphasized that this restricting of disclosure was not seen by workers as a means of self-protection but as an attempt to protect others from experiencing stigma vicariously. Bowen and Bungay (2016) also reported that among sex industry experts—who had experience both as workers and as advocates and service providers—many chose to hide their work from family, partners, and friends, which they described as an "isolating strategy" (p. 195) with implications for the way they interact with others.

To prevent internalizing stigma, some workers engage in positive framing of their work. For instance, Smith, Grov, Seal, and McCall (2013) noted that among agency-based workers, some did not identify with the prevailing discourse around sex work and instead held positive notions of their own, such as "sex work involves two consenting adults providing for each other's needs" (p. 8). Similarly, among independent male workers, some saw their work as helping and as an act of altruism (Koken et al., 2004). Bernstein (2007) also suggested that workers saw their connections with clients as real and authentic but simply "bounded" within the context of work (p. 474). In addition, Morrison and Whitehead (2007) reported that workers attributed the stigma around their work to societal phobias of sexuality and homosexuality. However, not all workers are successful in countering the effects of internalized stigma. For instance, Koken et al. (2004) found that some independent male workers saw their engagement in sex work as sordid and shameful, and thus damaging to their mental health. Smith et al. (2008) observed that among agency-based workers, workers felt "dirty" or "unclean" about having sex with clients (p. 9). In coping with these perceptions, workers employed a wide variety of strategies, including emotional distancing, occupational framing, and differentiating their work from that of street-based workers (Koken et al., 2004; Morrison & Whitehead, 2005).

In addition to the threat of stigma, there is evidence to suggest that the nature of sex work—that is, the sexual and emotional demands of the work—has implications for worker mental health. As McLean (2012) argued, even with the shift toward online-based work, there remains little solution to more "entrenched" issues in sex work, such as having to cope with "psychological demands of the work" (p. 71). In countering these demands, the notions of boundary and control seem to be particularly helpful. For instance, Parsons, Koken, and Bimbi (2007) suggested that boundaries help workers differentiate between sex in the context of work versus their personal lives, between noncommercial and commercial partners, and between one's work self and

real self. Workers establish boundaries with clients in a physical sense; they are selective as to the types of clients they will see and the behaviors in which they will engage (Parsons et al., 2007). Workers also establish boundaries with clients in an emotional sense, through limiting duration of involvement with a single client, restricting their sexual repertoire, and requiring condom use (Smith & Seal, 2008). These strategies were motivated by workers' strong desire to keep relations with clients "emotionally neutral" (Smith & Seal, 2008, p. 849). In addition, some workers tried to protect their mental health through emphasizing control over time spent in the industry, the voluntary nature of the work, and the option of exiting at any time (Morrison & Whitehead, 2005; Smith et al., 2013).

As noted previously, the shift toward online-based work is yet another threat to worker mental health. Although online-based work offers numerous advantages, including not having to disclose personal information to agency owners, having greater control over terms of service, and having the potential for greater financial gain, a critical drawback is that workers work in isolation, thereby contributing to a lack of social cohesiveness (McLean, 2012, 2015; Niccolai et al., 2013). This impact is illustrated through the loss of Boystown in Vancouver, Canada, where there was displacement of street-based workers due to the effects of gentrification alongside the shift toward online-based work. In this case, street-based workers lost valuable social connections with other workers, along with a sense of community solidarity (Argento et al., 2016). Although agency-based workers may have the option of relying on other workers and on the agency manager for support—where interactions with other workers can offer opportunities for socialization, and employment with an agency can instill a sense of community and protect workers from the brunt of stigma—online-based workers often do not experience this benefit. As a result, these workers have expressed a need for internal networking and support to counter social isolation (Parsons et al., 2007; Smith et al., 2008; Smith et al., 2013; Smith & Seal, 2008). Furthermore, isolation has also been noted to contribute to increased susceptibility for workplace violence and for broader social, interpersonal violence among indoor sex workers (Bungay & Guta, 2018).

Overall, it is clear that men engaged in sex work face numerous social stigmas, contributing to the potential for suboptimal mental health. In addition, men must navigate additional barriers in the form of the everyday demands of work and the changing industry landscape. With the shift away from street-based sex work, we require a greater understanding of how indoor workers experience their mental health, as well as the contributing factors that affect their capacities to promote their mental health. This knowledge is especially lacking in the Canadian context, and such a knowledge gap stands to limit the efficacy of public health programming for this population. As mental health promotion is asset- than deficit-based, we strove in our study to attain an in-depth understanding of the mental health needs

and the coping capacities of workers, with the ultimate goal of helping to shape health services that build on individual and community capacities in supporting mental health promotion.

In this article, we examine the interrelationships between stigma and mental health among 33 Canadian, indoor male sex workers with a specific goal of understanding how stigma affected the men's mental health and their protective strategies to mitigate against its effects.

## Method

Data were collected as part of a multiphase ethnographic study examining the working conditions of indoor sex workers as influential for their health and safety in a large western Canadian city. Although the larger study included people of diverse gender identities, the data presented here were collected through qualitative interviews with male, indoor sex workers with working knowledge of the commercial sex industry in this locale, who provided rich and detailed accounts of their health and working conditions.

### Sampling and Recruitment

Researchers worked with a community experiential advisory committee who held diverse researcher, advocate, and social and health service roles aimed at promoting health, safety, and rights of sex workers to determine ethical and effective recruitment strategies (Bowen & Bungay, 2016). A multimethod, purposive recruitment strategy was employed, including ethnographic mapping activities, such as spatial mapping and key informant interviews with advisory committee members, to determine the diverse locations of men working indoors, the details of which are published elsewhere (see Bungay, Oliffe, & Atchison, 2016). Ethnographic mapping illustrated that most men worked independently either in out-call (going to the client) or in-call (out of their homes) and advertised on Web-based platforms (e.g., escort sites, dating sites) to recruit their clientele. Therefore, to recruit men who could provide a rich description of their experiences in sex work, banner ads were posted on popular online classified advertising and networking Web sites, and members of our advisory committee posted additional recruitment materials on our behalf in virtual and physical settings (e.g., bathhouses) with closed membership (those requiring a username and password) where sex workers visited. As recruitment unfolded and interviews began, we learned that many men were initially hesitant to participate primarily because of mistrust in the research process (Bungay et al., 2016). Thus, snowball sampling ensued, whereby participants recommended or referred potential participants to researchers (Bungay et al., 2016). Inclusion criteria were men age 19 years of age or older who had provided consensual sexual services for money in an indoor setting in the previous six months.

### Data Collection

In keeping with the ethnographic tradition, interviews were conducted in person with male indoor sex workers from January 2014 to January 2015. Interviews lasted 30 to 60 minutes, and were digitally recorded and professionally transcribed verbatim. Names were removed. Because we were interested in how men self-identified and positioned themselves in the context of their work, standardized instruments for demographic data collection were not used (Manning & Bungay, 2017). Interviews were conversationally oriented, and interview topics were drawn from the experiential advisory committee's experiences as sex workers and support service workers and the relevant academic literature on health and safety in indoor sex work. Because the larger study was concerned with occupational health and safety (the SPACES [Sex, Power, Agency, Consent, Environment, and Safety] study), questions focused on participants' perspectives about the organizational features of their work, their health practices, strategies they used to create healthy and safe working environments, their overall health and well-being, and engagement with health services. They were asked about how these strategies for health and safety were influenced by the larger social contexts in which commercial sex exchanges occurred. Interviews ended with asking participants to identify recommendations necessary to promote sex workers' health and safety to acknowledge the significant expertise men have in navigating the complexity of their working conditions and their knowledge about constraints and support for their health and safety.

Ethics approval for this study was received from the University of British Columbia Behavioural Ethics Review Board. Participants were provided with an information sheet that detailed the purpose of the study, the process for data collection, and their rights of refusal prior to the interview. Verbal consent was obtained for participation and recording of the interview. Each participant was offered $25 CAD in cash or gift card as an honorarium, with all participants accepting cash.

### Data Analysis

Data were organized using NVivo 10.0 qualitative data management software. Initial interview coding by the authors identified thematic codes describing experiences of stigma, effects of stigma on mental health, and strategies men used to deal with stigma and protect their health. To aid in coding stigma we drew on the theoretical tenets of stigma as encompassing both public and personal manifestations. The coauthors then collaboratively grouped themes into more abstract categories that illustrated the complex interplay between the work demands associated with sex work, men's mental health, their relationships to essential social supports and networks, and stigma.

## Results

As noted, 33 men participated in interviews (Table 1). All participants worked independently, with no manager or

**Table 1.** *Participant Characteristics (*n = 33)

| Characteristic | *n* | %[a] |
|---|---|---|
| Ethnicity | | |
| White | 24 | 73 |
| Indigenous | 6 | 18 |
| Mixed race | 2 | 6 |
| South Asian | 1 | 3 |
| Age | | |
| 20s | 14 | 42 |
| 30s | 10 | 30 |
| 40s | 6 | 18 |
| 50s | 2 | 6 |
| 60s | 1 | 3 |
| Years engaged in sex work | | |
| Less than one year | 2 | 6 |
| One to five years | 7 | 21 |
| Six to 10 years | 8 | 24 |
| 11 to 15 years | 4 | 12 |
| 16 to 20 years | 5 | 15 |
| More than 20 years | 6 | 18 |
| Did not disclose | 1 | 3 |
| Work location[b] | | |
| In-call | 22 | 67 |
| Out-call | 25 | 76 |
| Street | 11 | 33 |
| Independent (nonmanaged) | 33 | 100 |
| Clients and gender(s) | | |
| Men | 26 | 79 |
| Women | 1 | 3 |
| Men and women | 2 | 6 |
| Couples and singles | 1 | 3 |
| All genders and types | 2 | 6 |
| Did not disclose | 1 | 3 |

[a]Categories are not mutually exclusive.
[b]Work locations of in-call and out-call refer to the spaces where sexual services are provided. In-call spaces are those in which the worker provides a space, such as home, apartment, or massage parlor. Out-call spaces are those in which the worker travels to accommodate the customer's location.

other third party coordinating their work. Their clients were obtained primarily through Internet-based advertising on social networking, dating, or online classifieds Web sites. Most men self-identified as White. Of the men interviewed, 24 men were under age 40 and approximately one-third were engaged in sex work for less than five years. Clients were mostly but not exclusively other men. Men talked openly about their mental health, particularly the stress associated with the interrelationships between stigma and the demands of making a living as a sex worker. Specifically, the findings highlight how stigma and everyday work demands intersected to contribute to suboptimal conditions for their mental health. The workers were aware of these effects and incredibly proactive in trying to counter them. For clarity, findings are presented in two overarching categories. We first discuss how stigma and the everyday realities of work intersect to negatively impact men's access to and engagement with core social supports that are known to positively affect mental health, including friends, intimate partners, and family members. Second, we note how men attempt to mitigate the interrelated negative effects of stigma

and their everyday work realities and the personal and social factors that influence their relative success.

## Intersections of Stigma and Sex Work

Enacted stigma associated with shaming and discrimination was a significant aspect of men's experiences that contributed to overwhelming feelings of sadness, despair, and isolation. Being identified as a male sex worker contributed to relentless judgment as different, unworthy, and someone others felt entitled to publicly harass and ridicule. Men talked at length about having people within their social networks "point and stare" at them once their sex work activity became known. They were openly mocked in social situations, such as at a gym or a club, often by men they did not know, and were regularly a source of gossip that occurred "behind their backs." Enacted stigma also contributed to men's loss of privacy and normalcy in their noncommercial social activities with friends—a situation exacerbated by clients' presumptions about them as a readily available commodity. Men described, for instance, numerous accounts of clients approaching and "outing them"—a process defined as having sex work involvement made public to friends, family, and others (Bungay & Guta, 2018)—in public settings. Consequences for their mental health were severe, including public rejection and a loss of social networks and supports. Once outed, the men found themselves suddenly alone and ostracized (Goffman, 1963) with no social supports or community. As one participant explained:

> If you're trying to go out to have some fun with some friends, and then this stranger comes up to you and he is offering you money and telling you all these things he wants to do… . Your friends hear all of it, and then they're gone, because they don't want to be friends anymore.

Enacted stigma also affected men's capacities to initiate and sustain noncommercial intimate relationships. Potential partners were reported to view sex workers as akin to "dirty and untrustworthy," and thus men were often reluctant to date them once their sex work activity was known. Being perceived as untrustworthy further hindered men's use of usual modes of connecting with noncommercial partners, such as dating and social networking web sites. Most men's networking and dating sites include profile options that permit users to identify as an escort so that men can also use these sites for work-related advertising. This label and associated stigma, however, served to discredit men's desire or ability to be authentic in a noncommercial relationship. Instead, men were assumed to be always "on the hustle," leaving them with little opportunity to build noncommercial intimate relationships.

Sex work stigma and the everyday realities of the demands of the work also hampered men's abilities to sustain existing intimate relationships. Noncommercial partners frequently came to resent the intimate nature of the

work and the disruption associated with unpredictable work hours necessary to maintain a viable income, as one man described:

> They resent you for it. A lot of the times we would be cuddling, having a movie night, and then I'd get the call, and he'd hate that. He knew the situation. I never hid anything from him. But because I'm out fucking, it kind of gets twisted in your boyfriend's head.

The intimate and physical demands of the work and the fatigue of navigating the harassment and ridicule similarly affected men's sexual relationships with their noncommercial partners, contributing to termination of relationships and a feeling there could be no future romantic partners. Ultimately, men became isolated and constrained in their ability to form meaningful intimate connections. Men related a sense of no longer being able to recognize what a normal noncommercial relationship could be because they were always "gearing," a term used to describe the constant state of readiness required to be prepared for a client appointment. Thus, their sexuality became whatever the client requested, leaving them little capacity for having an authentic relationship outside of work. To this end, several of the men expressed varying degrees of disinterest in noncommercial sex that was associated with their engagement in the sex work industry. Some men reported experiencing a complete loss of interest in sex, while others related that sex in their personal lives had become dull or had become difficult. One participant said:

> I didn't understand what people meant by doing that [sex work] fucks with your head in relationships. I was like, "No, no, I know I can deal with it." But now it's like when you do something for work, you lose interest in it [sex and relationships] outside of work. And sex is a big thing in a lot of people's lives, but you have absolutely no interest… . It is like something got turned off and it can't get turned back on.

### Navigating Stigma

Although enacted stigma had significant negative consequences for men's mental health and the protective resources of social and emotional support networks, most men resisted internalizing stigma and strove to fight against its effects. Their strategies varied. Some men, for instance, actively tried to avoid stigma. They worked hard to hide their work from family and friends and to prevent being outed. They would avoid family for periods of time, use temporary phones for work, use a separate e-mail to contact clients initially and give out their number only if they felt that the client was suitable. They also avoided posting pictures of their face in online ads. Concealing sex work activities, however, had significant negative mental health effects. Men felt unable to be authentic in their intimate and friend relationships. They experienced relentless stress maintaining their secret as they worked to manage information among friends and families—a situation they termed "living a double life." They lived in constant fear of loved ones learning about their sex work, judging them, and abandoning them. Ultimately, men's fears led to greater social avoidance and isolation. The stress of worrying about being outed and the actual abandonment and ostracism (Goffman, 1963) that occurred contributed to despair that left them reluctant and, in some cases, unable to establish new friends or supports. As one individual related:

> Reaching out and being open, sometimes it is hard because whether you are aware of it or not, people talk. If this friend is having a conversation on the telephone and something slips and before you know it people put two and two together and they know what's going on without you ever having to actually say anything… . I still don't feel like I can trust people. I've learned people can be very mean.

Some men took a different approach to avoiding stigma and resisting internalization by choosing to out themselves to friends. In these situations, men reframed abandonment and rejection as a filtering process through which they were able to identify their "real friends" who accepted them for who they were and not what they did to earn money. In this way, men experienced the loss of some supports but at the same time experienced a greater sense of connectedness with the friends they maintained. Circumventing people who judged and belittled them further served to bolster men's self-confidence and sense of control in how others' perceptions affected them. One interviewee stated:

> There are some judgmental people out there, but I don't hang out with those kinds of people. They think it [sex work] is a sin, or they would judge me as dirty. It doesn't matter. Those opinions, they don't affect me.

Men also developed other strategies to create a sense of control over their interactions with others, particularly clients. They both resisted and rejected stigma by setting boundaries with clients, communicating their positive sense of self-worth and as men who are deserving of respect in all facets of their lives. How men framed their sex work engagement seemed particularly relevant in their strategies of establishing boundaries and nurturing a positive self-concept. These men, for instance, identified sex work as a job and likened it to a "regular occupation" (i.e., legal and nonstigmatized work) where workers have rights to refuse work that threatens their safety or their self-esteem. Men talked about the need to be in control of determining the suitability of a client and the types of services they provided. Being aware of "your own" preferences about partners and activities was seen as important to all sex workers' mental health. The men similarly noted that they should accept only those clients who are respectful, and some had systems for refusing clients who repeatedly ask for services and/or have expectations that violate their boundaries. In these cases, men talked about phasing out disrespectful

clients over time, a strategy that evolved as men built a bigger clientele and became more confident in setting boundaries.

Men also avoided emotional entanglements with clients and strove to keep intimate and work relationships separate —a strategy that reduced their psychological vulnerability. They often refused to see clients outside of work, despite the numerous requests by clients for more personal relationships. Maintaining a work-only relationship additionally permitted a sense of control and distance that they could draw on when a client no longer wanted to see them. Not all men were able to elude vulnerability, and several openly discussed the struggle of "aging out" in the industry, a situation they described as no longer being considered young enough or desirable by clients, who might then choose to see a younger sex worker. Aging out was particularly challenging for those participants who used their clients' acknowledgment of them and their work as valuable to resist internalized stigma. They felt devalued as a commodity that could be easily discarded. As one man noted, "When they go for someone younger than you because you've got to that stage where you're not a twenty-two-year-old kid anymore, it is a very hard struggle."

How men conceived of sex work also seemed to influence their sense of self-worth and their capacities to resist internalizing stigma. Positive self-esteem and self-confidence were viewed as critical to resisting discrimination and recognizing the value of sex work. A few of the men, for instance, viewed their work as valuable and rewarding, as providing an important service to men who "needed their help." They saw themselves as having unique gifts that other men did not have. And while they resisted emotional entanglements, such as seeing clients outside of work, they took pride in being emotionally connected during a date, which, in turn, helped them to feel comfortable and not ashamed of what they were doing. As one participant said:

> You have to open yourself up physically, emotionally, to whoever walks through your door pretty much, and it's about staying present… . This is who I am. This is what I'm providing. And that attracts a certain type of person who is nice [and in need of] a quality experience with someone who puts their heart into their work.

This strategy of positive framing was not shared equally among the participants, particularly for those who felt like they had no other choices in earning income. While many men felt shamed by their work, they did not necessarily internalize stigma by personally accepting the stigma of dirty or unworthy as their own self-concept. They felt extreme anguish in doing the work and expressed that each time they were with a client they were selling a piece of themselves: "Your soul, your dignity, your self-respect, everything. I don't like it when people say it's easy money. That's not easy." To cope with the shame and the negative sensations of feeling used and dehumanized during client interactions, men practiced cognitive dissonance, whereby their work was mechanical and they would dissociate from being present during the sexual activities. This left men feeling dehumanized and disrespected and had significant negative effects for their emotional well-being. As one man noted:

> You turn it all off, and you just become an inanimate receptacle. All you are is just a living, breathing piece of meat. I've done it [disassociate] so long that it's just natural. It's all mechanical. It's robotics. You just shut off everything until you're done, and then you leave.

As men grappled with navigating stigma, one source of support was identified as essential. Having and maintaining social connections with other sex workers (i.e., peers) helped many participants deal with the negative mental health sequelae of stigma. Peers were noted to be nonjudgmental and able to understand what men experienced as a result of enacted stigma. Peer support was also seen as beneficial to relieve the stress associated with the work of stigma avoidance, particularly among those living a double life. Peer support allowed men to be themselves and not have to "hold it in," which helped them evade other less positive coping strategies, such as substance use, or avoiding potential sources of support. Relationships with peers ultimately helped reduce some of the isolation, sadness, despair, and disrespect that men experienced. Formal peer support networks, such as those through health and social service agencies specifically addressing the needs of men engaged in sex work, were identified as essential to promote men's mental health. Several men discussed the benefits of a local organization that provided this support. They simultaneously noted, however, that readily available services were scarce. Men discussed the recent loss of outreach workers in locales where sex work occurred or a reduction in their availability in comparison to previous years. Men recognized the lack of societal recognition of the needs of gay men engaged in the sex industry, demonstrating how the combined social location of being gay men engaged in sex work was overlooked in how services were designed and provided. As one man stated, "I find that there is not much support there for gay men in the sex trade industry—gay men, transgender, and bisexual men. Women—there is a lot of programs out here for women."

## Discussion

Within the available research on the health of indoor sex workers, a notable focus has been on sexual health and the transmission of disease (see Bimbi & Parsons, 2005; Bungay et al., 2013; Minichiello, Scott, & Callander, 2013). Comparatively, there has been limited research on the mental health of workers and their needs for mental health services. This gap in knowledge is concerning, especially in the case of male workers, who may be susceptible to poor mental health due to a multitude of factors. Although there is preliminary

evidence that male workers who work indoors are both aware of their vulnerabilities for poor mental health and are proactive in trying to protect their mental health (Koken et al., 2004; Morrison & Whitehead, 2005), there remains little research in the Canadian context. In addition, as related by Minichiello, Scott, and Cox (2017), there is a need to shift sex work research away from discourses of individual responsibility and toward those of everyday lived experiences of sex work as legitimate work. Hence, the purpose of this article was to examine how Canadian men engaged in sex work experience mental health related to their work and to identify factors that may affect their ability to engage in mental health promotion. This knowledge will help inform service provision and will help decision makers account for nuanced needs and capacities in shaping mental health services.

Using data from the SPACES study—a research study focused on the health and safety of indoor sex workers in Canada—we performed a secondary analysis of the interview transcripts of 33 indoor male workers. Through our analysis, we were able to offer a number of salient findings. First, it was clear that men were cognizant of stigma and its potential effects on their mental health. They conveyed that, as consequences of stigma, they experienced shaming, harassment, and derision, leading to a loss of privacy and normalcy, as well as social rejection and isolation, ultimately culminating in feelings of sadness and despair. At the same time, however, they understood stigma and discrimination to have their roots in deeply entrenched ideologies of deviance and morality. Second, although mental health effects were related to these larger, structural ideologies, their ramifications were visible in everyday interactions with friends, family, and partners, contributing to significant distress for the men, subjecting them to poor mental health, and, at the same time, depriving them of the resources they need for mental health promotion. As men try to avoid being the target of stigmatization, they conceal their work from others, thereby losing potential sources of social support. Also, due to the emotional and sexual demands of the work, men were not only at risk of developing unhealthy relationships with clients, they were also at risk of losing established romantic connections. Third, to navigate the impact of stigma and everyday work demands, the men employed a variety of strategies. They resisted the internalization of stigma through attending to their own preferences in service provision, seeing this as an enactment of self-respect. They saw their relationships with clients as "bounded authenticity" (Bernstein, 2007), as opposed to fictitious in nature and warranting the need to mentally escape. Furthermore, they employed strategies to promote healthy relationships (e.g., maintaining monogamy outside of work) while averting detrimental ones (e.g., refusing to see the same client repeatedly). However, despite the best efforts of workers, the combined mental health threats of stigma and the demands of the work can overpower individual protective capacities; in these cases, workers often have little choice but to resort to mental dissociation to work and provide for themselves.

In our study, we found that the men were cognizant of stigma and of its potential mental health effects. In the existing, albeit limited work that examines mental health among this population, there is evidence that these men are aware of and experience stigma related to their work, and that such stigma has varying degrees of psychological impact (Koken et al., 2004; Morrison & Whitehead, 2005, 2007). In addition, we noted that the men positioned stigma and discrimination within prevailing ideologies of deviance and morality. This is comparable to findings of Morrison and Whitehead (2007) who also found, among independent male workers, that many attributed the stigma related to their work to societal phobias of homosexuality and sexuality, as well as to negative attitudes toward street-based work.

We found that stigma meant that the men had difficulty securing social support to promote their mental health. Previous work on the mental health of Internet-based male workers has noted that workers experience stigma and that, to protect themselves from stigmatization that may result from disclosing to others, some engaged in "passing" (Goffman, 1963), whereby they did not inform others of their work (Koken et al., 2004). Similarly, our findings suggest that to avoid discrimination and rejection, men concealed their work from others while also constantly worrying about being "outed." We also found that men were hesitant to reach out for help because they did not want to become the target of judgment and stigmatization. To this point, Grov, Moody, and Kinkaid (2015) have suggested that nondisclosure can lead to isolation for workers, thereby limiting sources of support. Furthermore, we found that men tried to secure social support through carefully navigating social relations. Although there is evidence that men engage in "covering" (Goffman, 1963) whereby they are selective as to who they disclose to and cautious as to the extent of their disclosure (Koken et al., 2004), no previous work has spoken to the decision-making process of workers as related to disclosure, especially the notion of "filtering," whereby men disclosed anticipating the function of determining who their "real" friends were.

In addition, we found that stigma interfered with the initiation and maintenance of romantic relationships, where sex work was associated with unauthenticity and untrustworthiness, leaving workers with little option to form such connections. To this point, Smith et al. (2008) reported similar findings, where existing partners left after finding out about engagement in sex work, and potential partners refused to accept date invitations. Smith et al. (2008) also noted that workers experienced reduced sexual interest outside of work, along with unpredictable work hours, both of which interfered with their romantic lives. Our data lend support to these claims while also suggest that workers may become confused about their own sexuality because they have become habituated to prioritizing the needs of clients. At the same time, partners of workers may come to resent the intimacy requirements associated with sex work.

We found that men were very proactive in trying to promote and protect their mental health. For instance, men tried to resist internalizing stigma through establishing physical boundaries with clients, where they saw the "taking into account" of personal preferences as helping to promote self-respect and nurture their self-concept. Although previous research has also reported that workers establish boundaries as to sexual activity and clientele (Parsons et al., 2007), no explicit ties were made between boundary setting and the prevention of internalized stigma. We also noted that men were cautious not to overstep emotional boundaries with clients and were purposeful in implementing preventive measures. Smith and Seal (2008) have similarly reported the setting of emotional boundaries: through restricting duration of involvement, limiting types of sexual activity, and avoiding skin-to-skin contact.

Furthermore, we found that some men perceived their work in an alternative, positive light. Previous studies have found that sex workers saw their work as helping others, or through a professional lens (Koken et al., 2004; Morrison & Whitehead, 2005). We add that workers saw relationships with clients as real but on a different basis, where they emphasized the importance of being present and fully engaging. This is comparable to Bernstein's notion of "bounded authenticity" (2007, p. 474), referring to relationships that are authentic but bounded within the context of sex work. At the same time, however, some workers had to resort to engaging in mental dissociation to cope with the demands of work, whereby they saw themselves as "pieces of meat" and their actions as merely robotic. This is echoed by the work of Smith et al. (2013), who also reported that workers employed cognitive strategies to cope, including emotional distancing, self-talk, and rationalization.

Our study had a number of limitations. First, as the study was a secondary analysis of a larger study with the purpose of examining the overall health and safety of indoor sex workers, mental health was not the sole focus of the interviews, thereby potentially limiting the level of detail provided. Second, workers who are willing to speak about their mental health may be more comfortable about this aspect of their lives than other workers, and may also be more proactive in seeking or more open to accepting services. Moreover, because of the significant stigma associated with both mental health and sex work, it is possible that some of the men were not forthcoming. However, as participants in the larger study were recruited through partnerships with community organizations, there is the assumption of a basic level of trust. It is also evident in reading the interview transcripts that the men were genuine and were often willing to expose a vulnerable side of themselves.

Findings of our study serve to provide direction for formal service provision. In this area, decision makers should consider the needs identified and strive to enhance mental health promotion capacity. Specifically, there should be widespread peer and professional support programming. There should also be educational seminars that address important aspects of mental health promotion, including establishing boundaries with clients, balancing mental health and economic needs, seeing work in an alternative light, managing disclosure, and navigating the romantic landscape in the context of work. Drawing on limitations of our study, we also make recommendations for future research. First, it would be ideal to conduct research with the primary purpose of understanding the mental health and protective strategies of indoor male sex workers in Canada. It would also be beneficial to examine these issues among different subgroups of male workers, such as men who provide sex to women, and men who identify as of different sexual orientations, to see if their experiences are similar. In addition, because some of the men related substance use as a protective strategy, it may be helpful to further explore substance use among this population and to identify safety and support strategies that can be used to inform education programs and service provision. It would also be worthwhile to have studies dedicated to the service and resource needs of this population.

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## References

Argento, E., Taylor, M., Jollimore, J., Taylor, C., Jennex, J., Krusi, A., & Shannon, K. (2016). The loss of Boystown and transition to online sex work: Strategies and barriers to increase safety among men sex workers and clients of men. *American Journal of Men's Health*, 1–12. doi:10.1177/1557988316655785

Bernstein, E. (2007). Sex work for the middle classes. *Sexualities*, *10*, 473–488. doi:10.1177/1363460707080984

Bimbi, D. S., & Parsons, J. T. (2005). Barebacking among Internet based male sex workers. *Journal of Gay & Lesbian Psychotherapy*, *9*, 85–105. doi:10.1300/J236v09n03_06

Bowen, R., & Bungay, V. (2016). Taint: An examination of the lived experiences of stigma and its lingering effects for eight sex industry experts. *Culture, Health, & Sexuality*, *18*, 184–197. doi:10.1080/13691058.2015.1072875

Bungay, V., & Guta, A. (2018). Strategies and challenges in preventing violence against Canadian indoor sex workers. *American Journal of Public Health*, *108*, 393–398. doi:10.2105/AJPH.2017.304241

Bungay, V., Kolar, K., Thindal, S., Remple, V., Johnston, C., & Ogilvie, G. (2013). Community-based HIV and STI prevention with women working in indoor sex markets. *Health Promotion Practice*, *14*, 247–255. doi:10.1177/1524839912447189

Bungay, V., Oliffe, J., & Atchison, C. (2016). Addressing underrepresentation in sex work research: Reflections on designing a purposeful sampling strategy. *Qualitative Health Research*, 26, 966–978. doi:10.1177/1049732315613042

Dovidio, J. F., Major, B., & Crocker, J. (2000). Stigma: Introduction and overview. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma* (pp. 1–28). New York, NY: Guilford Press.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* Englewood Cliffs, NJ: Prentice Hall.

Grov, C., Moody, R. L., & Kinkaid, H. (2015). Differences in substance use, sexual behavior, and demographic factors by levels of 'outness' to friends and family about being a male-for-male escort. *International Journal of Sexual Health*, 27, 369–382. doi:10.1080/19317611.2015.1034396

Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, 63, 905–925. doi:10.1111/j.1540-4560.2007.00544.x

Herek, G. M., Widaman, K. F., & Capitanio, J. P. (2005). When sex equals AIDS: Symbolic stigma and heterosexual adults' inaccurate beliefs about sexual transmission of AIDS. *Social Problems*, 52, 15–37. doi:10.1525/sp.2005.52.1.15

Koken, J. A., Bimbi, D. S., Parsons, J. T., & Halkitis, P. N. (2004). The experience of stigma in the lives of male Internet escorts. *Journal of Psychology & Human Sexuality*, 16, 13–32. doi:10.1300/J056v16n01_02

Manning, E., & Bungay, V. (2017). 'Business before pleasure': The golden rule of sex work, payment schedules and gendered experiences of violence. *Culture, Health, and Sexuality*, 19, 338–351. doi:10.1080/13691058.2016.1219767

McLean, A. (2012). New realm, new problems? Issues and support networks in online male sex work. *Gay and Lesbian Issues and Psychology Review. 8*, 70–81. Retrieved from https://groups.psychology.org.au/glip/glip_review/

McLean, A. (2015). 'You can do it from your sofa': The increasing popularity of the Internet as a working site among male sex workers in Melbourne. *Journal of Sociology*, 51, 887–902. doi:10.1177/1440783313480416

Minichiello, V., Scott, J., & Callander, D. (2013). New pleasures and old dangers: Reinventing male sex work. *Journal of Sex Research*, 50, 263–275. doi:10.1080/00224499.2012.760189

Minichiello, V., Scott, J., & Cox, C. (2017). Commentary: Reversing the agenda of sex work stigmatization and criminalization: Signs of a progressive society. *Sexualities*, 1–6. doi:10.1177/1363460716684510

Morrison, T. D., & Whitehead, B. W. (2007). "Nobody's ever going to make a fag *Pretty Woman*": Stigma awareness and putative effects of stigma among a sample of Canadian male sex workers. *Journal of Homosexuality*, 53, 201–217. doi:10.1300/J082v53n01_09

Morrison, T. G., & Whitehead, B. W. (2005). Strategies of stigma resistance among Canadian gay-identified sex workers. *Journal of Psychology & Human Sexuality*, 17, 169–179. doi:10.1300/J056v17n01_10

Niccolai, L., King, E., Eritsyan, K., Safiullina, L., & Rusakova, M. (2013). 'In different situations, in different ways': Male sex work in St. Petersburg, Russia. *Culture, Health & Sexuality*, 15, 480–493. doi:10.1080/13691058.2013.766931

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133, 328–345. doi:10.1037/0033-2909.133.2.328

Parsons, J. T., Koken, J. A., & Bimbi, D. S. (2007). Looking beyond HIV: Eliciting individual and community needs of male Internet escorts. *Journal of Homosexuality*, 53, 219–240. doi:10.1300/J082v53n01_10

Pheterson, G. (1993). The whore stigma: Female dishonor and male unworthiness. *Social Text*, 37, 39–64. doi:10.2307/466259

Pitcher, J. (2015). Sex work and modes of self-employment in the informal economy: Diverse business practices and constraints to effective working. *Social Policy and Society*, 14, 113–123. doi:10.1017/S1474746414000426

Pryor, J. B., & Reeder, G. D. (2011). HIV-related stigma. In J. C. Hall, B. J. Hall, & C. J. Cockerell (Eds.), *HIV/AIDS in the post-HAART era: Manifestations, treatment, and epidemiology* (pp. 790–806). Shelton, CT: People's Medical Publishing House - USA.

Smith, M. D., Grov, C., & Seal, D. W. (2008). Agency-based male sex work: A descriptive focus on physical, personal, and social space. *Journal of Men's Studies*, 16, 193–210. doi:10.3149/jms.1602.193

Smith, M. D., Grov, C., Seal, D. W., & McCall, P. (2013). A social-cognitive analysis of how young men become involved in male escorting. *Journal of Sex Research*, 50, 1–10. doi:10.1080/00224499.2012.681402

Smith, M. D., & Seal, D. W. (2008). Motivational influences on the safer sex behavior of agency-based male sex workers. *Archives of Sexual Behavior*, 37, 845–853. doi:10.1007/s10508-008-9341-1

Vanwesenbeeck, I. (2013). Prostitution push and pull: Male and female perspectives. *Journal of Sex Research*, 50, 11–16. doi:10.1080/00224499.2012.696285