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Cecilia Benoit, S. Mikael Jansson, Michaela Smith & Jackson Flagg

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### Prostitution Stigma and Its Effect on the Working Conditions, Personal Lives, and Health of Sex Workers

**Cecilia Benoit and S. Mikael Jansson**

*Centre for Addictions Research of British Columbia, University of Victoria; and Centre for Addictions Research of British Columbia, University of Victoria*

**Michaela Smith**

*Centre for Addictions Research of British Columbia, University of Victoria;*

**Jackson Flagg**

*Centre for Addictions Research of British Columbia, University of Victoria*

*Researchers have shown that stigma is a fundamental determinant of behavior, well-being, and health for many marginalized groups, but sex workers are notably absent from their analyses. This article aims to fill the empirical research gap on sex workers by reviewing the mounting evidence of stigmatization attached to sex workers' occupation, often referred to as "prostitution" or "whore" stigma. We give special attention to its negative effect on the working conditions, personal lives, and health of sex workers. The article first draws attention to the problem of terminology related to the subject area and makes the case for consideration of prostitution stigmatization as a fundamental cause of social inequality. We then examined the sources of prostitution stigma at macro, meso, and micro levels. The third section focuses on tactics sex workers employ to manage, reframe, or resist occupational stigma. We conclude with a call for more comparative studies of stigma related to sex work to contribute to the general stigma literature, as well as social policy and law reform.*

#### The Problem of Terminology

Prostitution, often referred to as the world's oldest profession, is a major source of income for some adults in most countries around the world in the 21st century. While estimates of the number of adults who sell sexual services warrant caution because of sampling and methodological concerns and the absence of accurate population counts (McCarthy, Benoit, Jansson, & Kolar, 2012; Shaver, 2005; Weitzer, 2005), in the later part of the 20th century about 1.5% of the world's female population—46 million people—were making a living from part- or full-time commercial sex work (Lim, 1998, cited in Katsulis, 2008). The number

of men and trans people who sell sexual services is unknown but is estimated to be around 25% of the total number of adults employed in sex work jobs (McCarthy et al., 2012).

Despite its pervasiveness, prostitution or sex work—payment for the exchange of sexual services—is a source of heated public and academic debate. The term *prostitution* continues to be used in most government policy documents, including Canada's 2014 Protection of Communities and Exploited Persons Act (Benoit, Jansson, Smith, & Flagg, 2017). The word also remains in usage for some advocacy groups, including the English Collective of Prostitutes and the New Zealand Prostitutes' Collective. Scholars continue to use the term, ranging from those who support the full criminalization of all sex jobs (Farley, 2004; Jeffreys, 2009; Overall, 1992) to those who support their decriminalization and normalization (Bernstein, 1999; Vanwesenbeeck, 2001; Wagenaar & Altink, 2012; Weitzer, 2009). Other researchers (e.g., Bruckert & Hannem, 2013; Bungay, Halpin, Atchison, & Johnston, 2011) prefer the term *sex work* because it underscores the labor/work and economic implications of involvement in the

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Correspondence should be addressed to Cecilia Benoit, Centre for Addictions Research of BC, University of Victoria, PO Box 1700 STN CSC, Victoria, BC, V8W 2Y2 Canada. E-mail: [cbenoit@uvic.ca](mailto:cbenoit@uvic.ca)

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sale of sexual services; it also challenges accounts that depict sellers (sex workers) as victims of others' wrongdoings and not, depending on the social context, as agents of their own fate (Kotiswaran, 2001). Some researchers, including the authors of this article, use the term *sex work* but understand that, as Sullivan (2010) has observed, this does not "imply a free choice by individuals... [M]ost paid work, including sex work, involves varying degrees of coercion, exploitation, resistance, and agency" (p. 87). This suggests that we need to think about sex work as involving a continuum of occupational experiences, ranging in degree of empowerment/choice to oppression/exploitation. Utilizing an occupational framework that makes use of language similar to that used when discussing other types of labor in late modern capitalist societies (i.e., services, emphasis on sex "work") begins the task of normalizing this type of labor and drawing similarities with other forms of employment, particularly low-prestige and low-income front-line service work. Thus, much like other front-line service workers, people become involved in sexual commerce through diverse paths and their experiences are shaped by cultural and social circumstances and individual responses to these conditions (Benoit, Ouellet, Jansson, Magnus, & Smith, 2017; McCarthy, Benoit, & Jansson, 2014).

A final terminology matter is what types of activities are considered to make up sex work or "sex jobs" that are involved in the global "sex industry." For some researchers, the sex industry includes a wide range of work activities related to prostitution, stripping, and pornography (Jeffreys, 2009; Zelizer, 2005). Others make a case for distinguishing between those who sell sexual services in face-to-face interactions from those who work as strippers, on webcams, or in porn films, where bodily contact with paying clients is absent, though lap dancing is an example of a commercial sex job where this distinction becomes blurred (Hardy & Sanders, 2015). Nevertheless, as is argued in this article, all of these sex jobs are subject to varying degrees of stigma and are thus worthy of examination together.

In the next section, we review the literature showing that prostitution stigma is a fundamental determinant of inequality for sex workers, the term we henceforth use to describe those who sell sexual services. We then examine what is known about the main sources of this stigma at macro, meso, and micro levels. The third section focuses on the strategies sex workers employ to manage, reframe, or resist the disadvantages stigma imposes on them. We conclude with a call for scholars to better understand the causes and consequences of prostitution stigma in order to promote the human rights of sex workers through progressive social policy and law reform.

### Stigma Is a Fundamental Determinant of Social Inequality Yet Mutable

Sociologist Erving Goffman (1963) defined stigma as a social attribute or mark that separates individuals from others based on socially given judgments. Stigmas are deeply discrediting and reduce the bearer from a complete and

accepted person to a tainted and discounted one. Stigmas have been shown to have a negative impact on self-concept and identity formation, resulting in degrees of social exclusion that ranges from difficulty to engage in normal social interactions because of secrecy or shame to complete discrediting or exclusion by others (Corrigan, Kuwabara, & O'Shaughnessy, 2009; Corrigan & Matthews, 2003; Link & Phelan, 2006; Livingston & Boyd, 2010). Stigmatized individuals are also subjected to a range of penalizing actions, from shunning and avoidance to restraint, physical abuse, and assault (Scambler & Hopkins, 1986).

The consequences of stigmatization are far-reaching. It is negatively associated with quality-of-life measures, such as social isolation, employment, and income (Benoit, Jansson, Jansenberger, & Phillips, 2013; Link & Phelan, 2001), is linked to an array of physical and mental health problems (Green, Davis, Karshmer, Marsh, & Straight, 2005), as well as a reluctance to use health services (Link & Phelan, 2001; Pescosolido, Martin, Lang, & Olafsdottir, 2008; Stuber, Meyer, & Link, 2008). As Hatzenbuehler, Phelan, and Link (2013) note, "[T]he accumulated literature makes a compelling case that stigma represents an added burden that affects people above and beyond any impairments or deficits they may have" (p. 814). Stigmas sometimes have totalizing properties, so that any sign of stigmatized attributes or behaviors renders such persons wholly damaged and becomes their "master status," eclipsing all other characteristics to organize interpersonal interactions (Goffman, 1963).

Link and Phelan (2014) used the term *stigma power* to describe the resources others draw on to keep the stigmatized down, in, or away. The authors noted that "stigma is entirely dependent on social, economic, and political power—it takes power to stigmatise" (Link & Phelan, 2001, p. 375). The concept of stigma power shifts conventional understandings of stigma as an individual psychological process toward a more complex conceptualization of stigma as a set of internal and external social processes, affecting "multiple domains of people's lives" (Link & Phelan, 2001, p. 363). Recognizing stigmas beyond the personal level—in other words, as a "personal tragedy" or form of individual "deviance"—allows for exposure of the powerful structural mechanisms of social control underlying cultural norms of shame and blame and is vital to understanding how they play out in the daily lives of those who are stigmatized (Scambler, 2009). Such knowledge is crucial to the development of evidence-based destigmatization policies and programs at meso, macro, and micro levels (Pescosolido et al., 2008).

Stigmatization processes also impact the social interactions between those who are stigmatized in sex work jobs and other social actors they come in contact with—a process known as "courtesy stigma" or "stigma by association," involving public disapproval evoked as a consequence of mingling with a stigmatized individual or group (Corrigan & Miller, 2004; Gray, 2002; Phillips, Benoit, Vallance, & Hallgrimsdottir, 2012). This ranges from actors in social institutions such as protective and health care services to intimate partners, friends, and family (Green, 2003).

Navigating the social world as a stigmatized actor can lead to isolation or hostility from others, as well as deep uncertainty over who can be trusted with the knowledge of the stigmatized status.

Given the mounting evidence, sociologists have recently come forward with the argument that stigma operates in society as a “fundamental determinant” of social inequality, on par with other factors such as class, gender, race, and education (Hatzenbuehler et al., 2013; Link & Hatzenbuehler, 2016; Wilkinson & Marmot, 2003). These determinants, along with stigma, are more deep-seated than others because of their enduring influence on health, well-being, and behavioral outcomes; in other words, they are the “causes of the causes” that are buried beneath dominant cultural norms and distal social structures and affect not only various aspects of identity formation and social interaction but also access to a range of resources and opportunities, including judicial and health care services (Link & Phelan, 1995).

In a recent special issue summarizing current academic knowledge of the stigmatization process, Hatzenbuehler and Link (2014) examined stigma’s wide ranging impact on the health and well-being of those with mental illness, sexual minorities, racial/ethnic minorities, as well as people affected by obesity, HIV/AIDS, and disability. Drawing on both quantitative and qualitative results, the authors argued that these six stigmatized conditions affect more than half of the general population and have impacts at psychological, behavioral, institutional, and policy levels, and that there is an urgent need to design interventions to reduce structural forms of stigma that create and perpetuate health inequalities. For example, social policies fought for by sexual minorities, such as hate-crime statutes and employment nondiscrimination policies that include sexual orientation as a protected class, are linked to a significant decrease in sexual orientation disparities in mental health in regions with protective policies (Hatzenbuehler et al., 2014). Thus, stigmatized groups are not passive actors who universally subscribe to the stigma and apply it to themselves in the process of internalization; many, in fact, assert their agency through finding ways to adapt and manage the stigma they are faced with and sometimes reframe or resist it. Stigma reduction efforts that draw heavily on the “expert pool being people with lived experience who have developed and/or implemented contact-based programs to challenge stigma” are the most likely to succeed, as has been demonstrated by those challenging mental illness stigmatization (Corrigan & Fong, 2014, p. 116).

Though it has a long historical reach (Hallgrimsdottir, Phillips, & Benoit, 2006; Hallgrimsdottir, Phillips, Benoit, & Walby, 2008; Nussbaum, 1999) and is pervasive in most countries today (Begum, Hocking, Groves, Fairley, & Keogh, 2013; Foley, 2017; Lazarus et al., 2012), prostitution stigma tends to be left out of such scholarly efforts to theorize about stigma, document its far-reaching consequences for the individuals involved, and develop interventions to reduce it (for an exception, see Scambler, 2007; Scambler & Paoli, 2008). This is unfortunate because we are left without an understanding of how prostitution stigma

is similar to or different from other stigmatized conditions and statuses, its comparative impact at the population level, and whether it is in fact mutable. We argue that there is now enough accumulated evidence to warrant inclusion of prostitution stigma as a fundamental determinant of social inequality for sex workers.

### Prostitution Stigma’s Wide-Ranging Impact

As Vanwesenbeeck (2001) noted almost two decades ago, sex workers are commonly constructed as deviant “others” and routinely denied social rights enjoyed by other citizens. Derogatory labels—such as prostitute, whore, and hooker—are systematically used to describe them in laws, social policies, the media, everyday interactions, and even in the research literature, showing the common nature and prevalence of these marks of disgrace (Pheterson, 1989; Scambler, 2007). Weitzer (2010) argued that stigma “colors all sex work” (p. 30) and is experienced in varying intensities across work locations and different genders (Koken, 2012; Koken, Bimbi, Parsons, & Halkitis, 2004; Phillips et al., 2012; Smith, 2012; Weinberg, Shaver, & Williams, 1999). Stigma is also present among workers in legal forms of sex work, such as stripping (Trautner & Collett, 2010) and pornography (Royalle, 1993), as well as among licensed workers in escort agencies and massage parlors (Symanski, 1974) and reported by highly paid escorts providing a “girlfriend/boyfriend experience” (Bernstein, 2007).

Prostitution stigma is also layered with homophobic and transphobic stigmas. Sanders (2017) drew attention to the importance of acknowledging intersecting (or multiple) stigmas that sex workers sometimes face. Men in sex work experience their own set of stigmas related to breaking heteronormative sexual scripts driven by gay sex buyers. As one of the sex workers interviewed by Smith (2012) stated: “A lot of gay men look down on escorting—they’re kind of able to move that line over just enough to accept themselves being gay, but not escorts” (p. 596). Koken et al. (2004) alternatively found that sex for pay was more normalized among the gay community, which buffered the effects of stigma for male sex workers within their social networks. Vanwesenbeeck (2013) found this to also be the case but noted that “[m]ale sex workers serving men, on the other hand, may experience double stigma: the stigma of homosexuality and the stigma of commercial sex” (p. 14). Within the literature on trans sex workers, there is broad consensus that the intersection of stigmas related to gender, sexuality, and sex work are a hefty burden on this subset of the sex worker population (Bernstein, 2007; Ganju & Saggurti, 2017; Lyons et al., 2017). This intersection is particularly pronounced in creating barriers for leaving sex work and limiting alternative employment options (Sausa, Keatley, & Operario, 2007). Roche and Keith (2014) summarize how the awareness of these intersecting stigmas often leads trans sex workers to withhold disclosing their occupation to others, such as health care providers, to minimize the chance of experiencing stigmatization related to their occupation in

addition to any they face related to their gender. In sum, this nuance highlights the varied experience of stigma and consequential stigma management strategies within the gender-diverse sex worker population.

Sex workers often accept the disparaging discourses about them and apply negative beliefs to themselves and their work (Carrasco et al., 2017; Ngo et al., 2007; Sallmann, 2010). This sets up a situation of “stereotype threat” found in studies of racial minorities (Hatzenbuehler et al., 2013) and people with mental illness (Pescosolido et al., 2008), which involves a self-confirming belief that they will conform to societally assigned stereotypes about their group. Undignified assumptions about people involved in sex work jobs come to appear as justified and adopted as being true representations of the self (Wong, Holroyd, & Bingham, 2011). Sex workers also come to believe that the violence and discrimination they experience is deserved and “comes with the territory” (Bruckert, 2002; Cornish, 2006; Gorry, Roen, & Reilly, 2010; Lyons et al., 2017; Sallmann, 2010; Sanders, 2005). This belief creates formidable barriers to accessing appropriate and comprehensive services from police and health care providers, or may lead to accepting poor treatment when accessing these types of services (Benoit, Ouellet, & Jansson, 2016; Benoit, Smith, et al., 2016; Ganju & Saggurti, 2017). Internalization of stigma is also linked to lower self-esteem (Benoit, Smith, et al., 2017) and to feelings of disempowerment (Dodsworth, 2014; Jiminez et al., 2011; Sallmann, 2010). The few existing studies that compare sex workers to workers in other low-prestige occupations indicate that perceived stigma is significantly more pronounced among those who work in the sex industry (Benoit, McCarthy, & Jansson, 2015b), indicate comparatively higher positive associations between depression and sex work, as well as between discrimination and depression (Benoit, McCarthy, & Jansson, 2015a), and demonstrate that courtesy stigma experienced by those who provide outreach services to sex workers is a major social determinant of workplace health (Phillips et al., 2012).

This cyclical nature of stigmatization also plays a role in fostering an environment where disrespect, devaluation, and

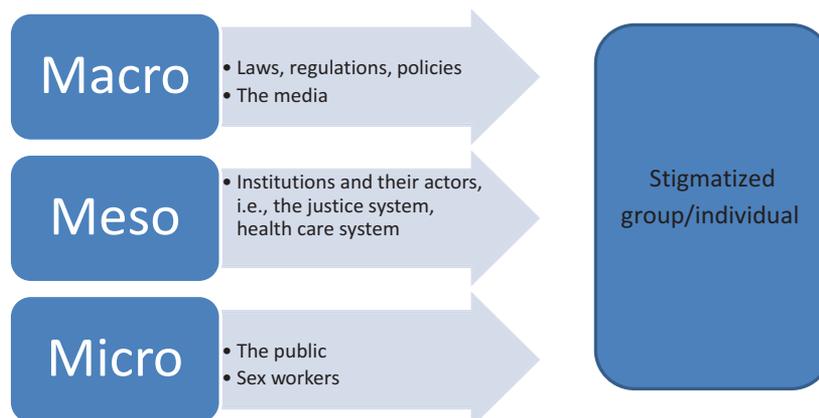
even violence are acceptable responses to those who are stigmatized (Bungay et al., 2011; Shannon et al., 2008; Shannon & Csete, 2010). It is these types of narratives that are often drawn upon when forming policy, thus entrenching them in public discourse and knowledge. As a result, sex workers often face inappropriate, ineffective, or outright harmful policy choices based on stigmatizing notions that negatively impact their working conditions, experiences, and well-being (Shannon et al., 2009).

While we know a fair amount about the negative outcomes of prostitution stigma for sex workers and their families and others in their social networks, we know much less about its sources. We next turn to this issue by reviewing studies focused on contemporary sources of prostitution stigma.

### Sources of Prostitution Stigma

Where stigmas originate in human societies is debated by scholars, but they tend to agree that they are linked to perceived threats to the social order (norm enforcement), survival of the population (disease avoidance), and the outcome of power struggles (group competition) (Hallgrimsdottir et al., 2008; Phelan, Link, & Dovidio, 2008). While specific stigmas vary over time and across place, the processes of social norm enforcement, disease avoidance, and competition for power are considered universal features of human societies (Scambler, 2009). Stigma processes are thus normative aspects of everyday life, and all of us could at some point be a member of a stigmatized group. As Goffman (1963) noted, “[T]he stigmatized and the normal have the same mental make-up ... he who can play one of these roles ... has exactly the required equipment for playing out the other” (pp. 130–131).

Stigmas thus involve a complex process at the boundary of community and individual factors (Hatzenbuehler & Link, 2014; Pescosolido, 1992). Pescosolido et al. (2008) stated, “[T]he advantage of looking across the spectrum of influences is that it is likely to improve our understanding of how any one



**Figure 1.** Sources of prostitution stigma at macro, meso, and micro levels.

factor is likely to operate” (p. 438). In attempting to better understand the sources of mental health stigmas, Pescosolido et al. (2008) developed a framework integrating normative influences on stigma (FINIS) that focuses on the central idea that several different levels of social life interlock in the process of stigmatization.

In the next section we draw on Pescosolido et al.’s (2008) FINIS to examine the main sources of prostitution stigma perpetuated and enacted at the macro, meso, and micro levels of society. Corresponding to this framework, as displayed in Figure 1, we identified four broad sources of prostitution stigma within the sex work literature operating at these different levels: (a) laws, regulations, and social policies, (b) the media, (c) health care and justice systems, and (d) the public at large and sex workers themselves.

### Macro Level

#### Laws, Regulations, and Policies

Link and Hatzenbuehler (2016) stated that “policy is very closely related to stigma for multiple groups in multiple ways. And, of course, laws, regulations and policies are one important component of structural stigma” (p. 659). Prostitution stigma is thus entrenched at structural levels (Corrigan, Markowitz, & Watson, 2004; Scambler, 2009) and manifests itself in laws, regulations, and social policies (Van Der Meulen, Durisin, & Love, 2013).

Many jurisdictions criminalize the purchase of sexual services based on the argument that it disrupts the social order of a community and exploits vulnerable women and girls who require criminal code sanctions to protect them, legitimizing norm enforcement by stigmatizers (Hayes-Smith & Shekarkhar, 2010; Phillips et al., 2012; Weitzer, 2010). From this lens, sex workers are viewed as a homogeneous group who are oppressed and enslaved by “johns” and “pimps” and are in need of rescue (Desyllas, 2013). Gorry et al. (2010) contended that criminalization of adult commercial sex is a reflection of the pervasive stigma surrounding it, while Vanwesenbeeck (2017) argued that criminalization is “barking up the wrong tree.” Policy debates related to prostitution are dominated by arguments centered around risk and vulnerability, sex trafficking, and paternalistic gender scripts (Benoit, Jansson, et al., 2017; McCarthy, 2014; O’Connell Davidson, 2015; Weitzer, 2000). Wagenaar (2017) has recently referred to this way of making policy as “morality politics.” New Zealand is one of the few countries in recent decades to take a different approach, instead basing its policies on evidence from a diverse sample of sex workers and with genuine involvement of its national sex worker organization, the New Zealand Prostitutes’ Collective. In 2003 the country made a bold policy decision to take prostitution out of its criminal code and regulate the industry within a public health and safety framework (Abel, 2014). The Netherlands is another exception but recently has moved from legalization to strict control of the sex industry (Outshoorn, 2012).

### The Media

Scholars contend that the media plays an influential role in shaping stigma associated with sex work (Weitzer, 2017), not unlike it does for other stigmatized groups, such as people with mental illness (Pescosolido et al., 2008). Standard media narratives, similar to those underlying many of today’s conservative prostitution policies, are typically morally rather than empirically driven, with sex workers’ diverse experiences condensed to fit rigid stereotypical frames (Hallgrimsdottir et al., 2006; Hallgrimsdottir et al., 2008). As Bungay et al. (2011) noted, workers’ lifeworlds are “neglected within media accounts of the sex trade, which is particularly evident by omission of their perspectives in favour of other interests (e.g. police and politicians)” (p. 10).

Jeffrey and MacDonald (2006) observed that the media tend to favor terms such as *hooker* and *prostitute*, and sex workers are identified as blameworthy for the harms they experience because of their chosen “high-risk lifestyle.” Gibbs Van Brunschot, Sydie, and Krull (1999) found that while sex workers reported work-related violence at the hands of clients and police, the media reported that the violence was by “pimps” inflicted on “prostitutes.” This is an example of what Weitzer (2017) calls the media’s “negativity bias,” whereby sex work is conflated with human trafficking, victimization, and exploitation, while sex workers’ real-life situations—positive and negative—are largely absent from the reporting.

The media can also play a role in asserting public pressure on police to check the behavior of “unruly” workers, encouraging action against sex workers who are perceived to be a public nuisance or a distasteful element of public life. Reporting on oppressive governmental practices in southern India, Biradavolu, Burris, George, Jena, and Blankenship (2009) related that the “news media also played a role, criticizing police inaction against sex workers who came to public attention” (p. 1543). According to these researchers, this media coverage resulted in heightened attention by the police: “sex workers [...] were sometimes pitied but always stigmatized, ignored by the police if possible, exploited when convenient, and arrested when necessary to address a complaint” (p. 1544). As this quote indicates, institutions assigned the task of dealing with societal tensions can also intentionally or unintentionally generate and perpetuate stereotypes about marginalized groups (Pescosolido et al., 2008). The sex work literature shows that the justice and health care systems are two additional sources of prostitution stigma.

### Meso Level

#### The Justice System

The challenging relationship many sex workers have with the justice system and its service providers has been examined in several countries. Researchers have described how the justice system discriminates against sex workers by treating them as unworthy of protection (Parent, Bruckert, Corriveau, Nengeh Mensah, & Toupin, 2013; Wojcicki &

Malala, 2001). Simic and Rhodes (2009) reported that Serbian street-based sex workers “are commonly portrayed as having given up citizenship rights to be protected, and that, by virtue of their unacceptable occupation, are ‘asking for it’, having waived the right to be treated with respect” (p. 6). This is harmful for sex workers and exposes them to increased levels of violence because they are unable to exert their legitimate right to protection following victimization (Gibbs Van Brunschot et al., 1999; Krüsi, Kerr, Taylor, Rhodes, & Shannon, 2016; Lewis, Maticka-Tyndale, Shaver, & Schramm, 2005; Wong et al., 2011). Lyons et al. (2017) observed this to be the case for trans workers in Canada who “felt the police would not act on their behalf if they reported violence” (p. 185).

In many countries, the rights of persons who sell sex are violated by police through verbal harassment, public humiliation, excessive force, invasive searches, and unwarranted arrests (Boittin, 2013; Dewey & St. Germain, 2014; Lewis & Maticka-Tyndale, 2000; Lewis et al., 2005; Miller, 2002; Nichols, 2010; Wong et al., 2011). Police in multiple contexts have taken advantage of the power differential between themselves and sex workers, sometimes demanding money or bribes, or forcing them into unwanted sexual acts (Biradavolu et al., 2009; Boittin, 2013; Dewey & St. Germain, 2014; Ganju & Saggurti, 2017; Lewis et al., 2005; Miller, 2002; Nichols, 2010; Odinokova, Rusakova, Urada, Silverman, & Raj, 2014; Pettifor, Beksinska, & Rees, 2000; Rhodes, Simic, Baros, Platt, & Zikic, 2008; Williamson, Baker, Jenkins, & Cluse-Tolar, 2007). Biradavolu et al. (2009) described the situation in India and how “when rules of discretion and orderly behavior were violated, police not only arrested sex workers, but publicly humiliated and physically assaulted with impunity, using the rationale that they needed to teach the stubborn ones a lesson” (p. 1543). Such negative experiences are not limited to the workplace. Multiple studies have found that once specific individuals are identified as sex workers, they are subject to police interference, harassment, and humiliation in their communities even when not working (Bernstein, 2007; Biradavolu et al., 2009; Blankenship & Koester, 2002; Miller, 2002; Nichols, 2010; Rhodes et al., 2008; Van Der Meulen et al., 2013).

With all of this in mind, it is hardly surprising that sex workers in most studies report a hesitancy, and often absolute refusal, to access protective services after being victimized. Workers say they worry the police will insult them, ignore them, or charge them with a criminal offense (Blankenship & Koester, 2002; Boittin, 2013; Dewey & St. Germain, 2014; Jeffrey & MacDonald, 2006; Sallmann, 2010; Wong et al., 2011). This is particularly the case for sexual assault victims, who sometimes face the false assumption held by some police officers that sex workers cannot be raped (Scorgie et al., 2013; Van Der Meulen et al., 2013). As a result, many sex workers find themselves alienated from protective services. This results in a feedback loop where estrangement from protective services feeds into increased victimization due to perceived vulnerability and

lack of value, which in turn feeds back into the negative stereotypes and beliefs held by those in institutions established to protect citizens (Desyllas, 2014). Of course, at the heart of this loop is the pervasive stigma held against sex workers.

### The Health Care System

Studies of sex workers’ health care seeking report that the fear of judgment from health providers is a major factor responsible for unmet health care needs (Benoit, Ouellet, & Jansson, 2016; Lazarus et al., 2012). In Bungay et al.’s (2013) study, sex workers expressed concerns that if they disclosed their occupation the health care providers would become fixated on occupational risks at the expense of the workers’ overall health concerns: “Most women reported fear of discrimination, judgment, or a lack of attention to health issues unrelated to sex work as reasons for not disclosing their sex work activity to their care provider” (p. 252). This was echoed in our own earlier study (Benoit & Millar, 2001), where sex workers’ expectation of being looked down upon and treated poorly led to reticence about disclosing involvement in sex work, despite the potential negative effects that this lack of disclosure could have on the quality and comprehensiveness of their health care.

Sex workers who have disclosed their occupation to health providers have frequently encountered discrimination expressed in a range of ways, including having insensitive and abusive language used toward them, being treated disrespectfully or humiliated in public health care spaces, experiencing physical marginalization within the health care setting, denial of care, and breaches of confidentiality (Aral et al., 2003; Chakrapani, Newman, Shunmugam, Kurian, & Dubrow, 2009; Ghimire, Smith, & Van Teijlingen, 2011; Gorry et al., 2010; Mtetwa, Busza, Chidiya, Mungofa, & Cowan, 2013; Ngo et al., 2007; Phrasisombath, Thomsen, Sychareun, & Faxelid, 2012; Scorgie et al., 2013; Stadler & Delany, 2006).

Disclosure of sex work to health care providers sometimes results in a lower quality of care (Chakrapani et al., 2009; Ghimire et al., 2011; Ghimire & Van Teijlingen, 2009; Logie, James, Tharao, & Loutfy, 2011). Studies show that health care providers express ambivalence about treating sex workers but do so reluctantly because of their professional ethical obligation to provide nonjudgmental services (Chakrapani et al., 2009). Other health care providers outrightly deny care after learning about a patient’s involvement in sex work (Ganju & Saggurti, 2017; Scorgie et al., 2013). Experiences such as these foster uncertainty over where to turn for health care needs, social distance between patient and provider, and mistrust in the professional encounter (Bungay, 2013; Ghimire & Van Teijlingen, 2009; Gorry et al., 2010; Logie et al., 2011; Porras et al., 2008). Negative experiences in health care settings can have lasting effects on sex workers’ health care seeking and health outcomes. King, Maman, Bowling, Moracco, and Dudina (2013) reported the long-term effect of discrimination on female sex workers’ access

to HIV services in St. Petersburg, where sex workers avoided seeking health care services because of the expectation that the doctors would treat them poorly. As we turn to in the next section, similar stigmatizing encounters between sex workers and providers of protective and health care services manifest themselves in everyday public spaces and even infiltrate sex workers' social networks.

### Micro Level

#### The Public

The prevailing narratives being promoted by state actors, the media, and social institutions are often taken up by members of the public and acted out toward sex workers in their local communities. Female sex workers, in particular, are subjected to degrading treatment in public spaces: "Though the precise nature, frequency and degree of abuse and harassment by neighbours or community members varied between FSWs [female sex workers], it was clear that the negative attitude of the wider community with respect to FSWs did indeed manifest itself in a very real and frequent manner for the respondents" (Wong et al., 2011, p. 55). Street-based workers are also targeted by members of the public and harassed, humiliated, ridiculed (Bernstein, 2007; Chipamaunga, Muula, & Mataya, 2010; Krüsi et al., 2016; Okal et al., 2009; Wojcicki & Malala, 2001), and frequently treated as "less than human" (Scorgie et al., 2013). Chipamaunga et al. (2010) described how sex workers in their study acknowledge a general sense of low opinions held toward sex workers, which is often reinforced subtly through their interactions with others in their communities. This is an example of group competition where community members wield their greater power to keep sex workers down, in, and away (Link & Phelan, 2014).

#### Sex Workers

There is evidence from the studies we reviewed that sex workers also perpetuate (intentionally and nonintentionally) the very stigmatizing notions related to their work that have been inflicted upon them. This is observable through their attempt to manage the stigma they are faced with by differentiating themselves from other workers with more discreditable characteristics (street-based sex workers, exploited or trafficked sex workers, substance users, ethnic minorities, and so on) (Biradavolu et al., 2009). Escorts also play this game by frowning on street-based workers (Morrison & Whitehead, 2005). This type of social distancing is commonplace and creates a vicious cycle in which sex workers, in their struggle to escape prostitution stigma, perpetuate harmful stereotypes which in turn feed back into the very stigma they are burdened with at interpersonal, institutional, and structural levels.

Comparisons among sex workers serve to enhance the status or social positioning of the one who is being

described as acceptable, while simultaneously diminishing the position of others within the same job (Colosi, 2010). Some exotic dancers compare themselves favorably against "straw strippers," or less worthy strippers who are undeserving of the status that exotic strippers hold because of their more morally acceptable behaviors (Barton, 2006). Other dancers separate themselves from the "deviant" and "sleazy" among them—a form of disease avoidance observed in response to other stigmas (Ronai & Cross, 1998; Tomura, 2009). These types of distinctions and othering practices serve to reinforce "stripper stereotypes" and the stigma inflicted on strippers as an occupational group (Barton, 2006; Bruckert, 2002; Colosi, 2010). The societal discourse of sex workers as "vectors of disease" is sometimes also perpetuated by sex workers, where those who "willingly" engage in unprotected sex are described as irresponsible and at risk of disease transmission, and thus socially positioned as lower than those who use condoms in their commercial sex exchanges (Simic & Rhodes, 2009). Further, some workers are marked as vectors of disease when they act in a "morally reprehensible" manner by working clandestinely instead of being legally registered, and consequently not being able to access the same health care services as those with registered legal status (Foley, 2017).

### Managing and Resisting Prostitution Stigma

It is clear from what has been presented here that prostitution stigma is a fundamental determinant of the behavior, well-being, and health of sex workers, and that the sources of prostitution stigma are pervasive and often misrecognized, making it very difficult to erase. However, it is crucial to note that prostitution stigma, like other stigmas, is not an "immutable constant" (Weitzer, 2017, p. 3). Instead, prostitution stigma has been shown to vary in history and across cultures (Hallgrimsdottir et al., 2006; Hallgrimsdottir et al., 2008). As noted above regarding other stigmatized groups, sex workers are aware that negative judgments from others are not inevitable and can be challenged. Thus, they do not blindly accept their fate but rather engage in an assortment of passive and active strategies to challenge stigmatizers and stigmatization processes. To effectively challenge stigma, researchers recommend intervening within and across levels and working in partnership with those who are negatively affected (Dunn, Van Der Meulen, O'Campo, & Muntaner, 2013). Indeed, "stigma interventions at the individual or interpersonal level may, over time, 'cascade up' to change social structures" (Hatzenbuehler & Link, 2014, p. 4). In the next section, we summarize the existing knowledge base on these different strategies among sex workers.

#### Managing Prostitution Stigma

By far the most extensively discussed approach for managing stigmas across groups is information management

techniques. Goffman (1963) presented two types of stigmatized persons: the discredited and the discreditable. There is overlap between the two types in terms of manifestation and impact, and both are applicable to sex workers, depending on their work location in particular, but we focus on sex workers as being discreditable given that the vast majority of them work in off-street settings (Bernstein, 2007; Sanders, 2005) and are not easily identifiable on sight as “sex workers.” According to Goffman (1963), for the discreditable “the issue is not that of managing tension generated during social contact, but rather that of managing information about his failing. To display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where” (p. 42).

Regarding to whom knowledge will be disclosed, Goffman (1963) discusses the importance of information management techniques across a spectrum of interactions, ranging from public to private to intimate encounters. Sex workers must manage the stigma they face and navigate interactions with service providers, as well as with intimate partners, family, and friends. Workers draw on techniques aimed at controlling the spread of information about their sexual commerce; these techniques range from complete concealment to selective disclosure to attempts to disengage from stigmatizing information.

All sex workers are faced with a dilemma of disclosure, which is widely described among sex workers across a variety of settings and personal characteristics (Abel & Fitzgerald, 2010; Basnyat, 2015; Closson et al., 2015; Forsyth & Deshotels, 1998; Ganju & Saggurti, 2017; King et al., 2013; Koken, 2012; Koken et al., 2004; Kong, 2006; Lazarus et al., 2012; Murphy, Dunk-West, & Chonody, 2015; Sanders, 2005; Tomura, 2009; Wong et al., 2011). In some cases, workers attempt complete concealment of their job. However, this type of “closeting” poses its own challenge because workers have to create cover stories to hide their work activities from partners, family, friends, and their communities—not only to protect themselves from being stigmatized by these individuals (Closson et al., 2015; Ganju & Saggurti, 2017; Kong, 2006; Ngo et al., 2007; Roche & Keith, 2014; Zalwango et al., 2010) but also to protect those with whom they interact from courtesy stigma (Dodsworth, 2014; Murphy et al., 2015). George (2010) found that “secret” sex workers and their families used “silence strategically to maintain the ‘good’ status of the woman involved in sex work” (p. 261).

Other researchers report that sex workers undertake a rational assessment of the risk of stigmatization in the decision to disclose or not on a case-by-case basis. Koken (2012) found that “anticipatory stigma” creates the dilemma of disclosure for independent female escorts because they did not know what effect disclosing would have in a particular social context: “The anticipatory stigma of being labeled as a prostitute and the potential loss of status accompanying this label is likely to motivate individuals to approach any disclosure with caution” (p. 211).

Nevertheless, selectively disclosing their occupation was associated with greater social support, whereas concealment was associated with feelings of isolation and limitations for leaving the job (Koken, 2012). In their sample of male escorts, Koken et al. (2004) also found that job stress was linked with the need to hide involvement in escort work. As noted above, other research shows that sex workers often keep their occupation secret from health care providers out of fear of stigmatization, despite the potential negative effects this can have on the comprehensiveness of the health care provided (Basnyat, 2015; Wong et al., 2011).

Sex workers also weigh the pros and cons of disclosing their job to their intimate partners. Studies have shown that workers are less likely to use condoms with their intimate partners than with clients, as a way to preserve intimacy with romantic partners but also to protect their relationship (Bellhouse, Crebbin, Fairley, & Bilardi, 2015; Warr & Pyett, 1999). Studies show workers are reluctant to openly discuss their job with their intimate partners because of concerns of negative judgment and/or jealousy (Murphy et al., 2015).

Decisions to disclose sex work involvement vary across cultures, legal regimes, and individuals. Research by Foley (2017) in Senegal demonstrates the dilemma of disclosure among sex workers within a legalized and regulated context. In Senegal, workers must abide by certain regulations, including registration with the state and monthly medical screenings. The regulation process creates an institutionalized procedure that serves to exclude and marginalize women. The institutionalization of sex work in Senegal delineates the “whores” or “bad” women from the “good” women in society. Accounts of the Senegalese sex workers in Foley’s (2017) study show that many are single mothers and cannot find other suitable work. Due to perceived stigma, the workers conceal their occupation, including from their children and siblings. Abel and Fitzgerald (2010) noted that, even post-decriminalization, sex workers in New Zealand continue to use selective disclosure as a main strategy for dodging stigmatization.

In a study of Hong Kong sex workers, nearly all stated they did not disclose or plan to disclose their occupation but instead “accommodate the whore stigma mainly through closeting, and manoeuvre between a stigmatized working persona (the whore) and a public self of good woman/wife/mother” (Kong, 2006, p. 423). Kong (2006) concluded it is the social stigma that makes sex work problematic, not the nature of the work itself. In their examination of the impact of prostitution stigma on the lives of sex workers in India, Swendeman et al. (2015) stated the “monetary gains and exercising agency in using money to gain achievements of property and supporting family eventually compensated for stigma associated with their work” (p. 1017). Swendeman et al. (2015) concluded that an increase in economic and social status from earning in sex work was seen as a partial compensation for the enduring stigma. As one sex worker in Koken et al.’s study (2004) stated, “[T]he money makes it worth it” (p. 27).

Aside from disclosure (or the lack of it), sex workers employ other methods of information management to

control the risks they face in regard to stigmatization. Information management techniques were also expressed by sex workers through discourses around distancing or disengaging oneself from sex work, often through maintaining a “double life” or alternative personas. In some cases, geographical boundaries separating work and personal life were enforced to minimize the chance of being identified as a sex worker (Closson et al., 2015; Robillard, 2010; Sanders, 2005). For example, a participant in the Closson et al. (2015) study stressed that he did not take clients from his hometown: “I do not accept to work if they are from Nha Tang because I am afraid of being discovered” (p. 526). Other research identifies that it is the physical presentation of the worker which is altered to disassociate the work self from the personal self. This is achieved by using different clothing, makeup, and hairstyles to represent these different identities (Foley, 2017; Murphy et al., 2015; Robillard, 2010). Speaking of changes to dress and appearance, Robillard (2010) stated, regarding his study’s participants, that “[a] second set of defense perimeters was established by subjective or bodily perimeters” (p. 537).

More frequently, however, it is less explicit and more abstract disengagement that workers employ to mediate the stigma they experienced or expected. This type of disengagement is described as “living a double life” (Begum et al., 2013; Sanders, 2005; Tomura, 2009; Weitzer, 2000). One of the hallmarks of living a double life is the establishment of a less stigmatizing cover story (Whitaker, Ryan, & Cox, 2011), such as being a telemarketer rather than a phone-sex operator (Weitzer, 2000). Thompson and Harred (1992) observed that the exotic dancers in their study used alternative (often vague and nonspecific) terms to describe their work; for example, one of their participants stated she is “an entertainer—I’m just not telling the whole truth” (p. 303). The participants in Zalwango et al.’s (2010) study refrained from describing themselves as either prostitutes or sex workers due to the associated stigma and shame they anticipated. Other studies discuss how sex workers are careful to separate their personal lives from their work lives through the construction of specific work identities that often include pseudonyms and alternative personas or presentations of self to maintain distance from the stigma (Abel, 2011; Abel & Fitzgerald, 2010; Barton, 2006; Sanders, 2005; Scambler, 2007). Most frequently, these less tainted identities are centered around parental status or positioning themselves as valued members of a family or community. Kong (2006) and Beckham, Shembilu, Winch, Beyrer, and Kerrigan (2015) both discussed how motherhood is a critical shield against prostitution stigma because it allows workers to draw from the respectability afforded through motherhood which is lacking in the public perception of their occupation. Dodsworth (2014) also found the theme of motherhood among her study participants, stating that “women felt that sex work enabled them to be ‘good mothers’ and being ‘good mothers’ enabled them to cope with being sex workers” (p. 104). Rael (2015) observed that those workers living in the same household as dependent

children perceived less stigma from family members, possibly due to narratives of “good” motherhood in being able to provide financially. Rivers-Moore (2010) found that involvement in sex work was deemed acceptable only when the worker had children to support. The women workers called upon “the moral stability of motherhood” (Rivers-Moore, 2010, p. 722) to separate themselves from public disapprovals of sex work. This theme is absent in the literature on stigma management among male sex workers, suggesting that motherhood but not fatherhood is a morally acceptable role for sex workers in some instances (Koken et al., 2004; Morrison & Whitehead, 2005). In a similar manner, George (2010) described how participants drew on alternative identities as wives and family members who are embedded in familial networks to mediate against the stigma of sex work.

Beyond family membership and parental status, other research has identified that some workers emphasize their conforming to established gender or sexual norms in an attempt to minimize the deviance of their sex work. Padilla et al. (2008) and Okal et al. (2009) both account for this by observing strict maintenance to normative masculine heterosexuality and heteronormative expectations among their male participants. Foley (2017) also found this to be the case among women sex workers in Senegal, where they conformed to dominant gender ideals in an attempt to counteract the diminished respectability they experienced as sex workers.

This rift between identities requires continual management of the presentation of self and identity so that the double life is not revealed to those who are not “in the know” (Tomura, 2009). This separation is emotionally difficult and burdensome (Abel, 2011; Abel & Fitzgerald, 2010). If the double life is exposed, workers may be left feeling guilty (Weitzer, 2000).

### Reframing Prostitution Stigma

According to Morrison and Whitehead (2005), “[R]eframing techniques apply a counter lens to sex work in order to reduce stigma” (p. 173). Reframing techniques include seeing sex work as a routine economic activity and reframing sex work in terms that emphasize its normality and acceptability as a facet of one’s social identity.

Some sex workers emphasize what they do is a normal business pursuit—a common human service in exchange for money (Koken et al., 2004; Morrison & Whitehead, 2005; Murray, Lippman, Donini, & Kerrigan, 2010; Wong et al., 2011). They contend that their occupation makes more sense than working in low-prestige, low-paying jobs, such as fast food (Barton, 2006). The male escorts who Morrison and Whitehead (2005) interviewed saw themselves as “professional” workers who spoke of “client volume” and their work as a “business.” For the female Costa Rican sex workers in Robillard’s (2010) study, sex work was reframed as just work and the “identity of *trabajadora sexual* (sex worker) was only used in cases where it was necessary to

claim respect in situations when it was lacking. Most, if not all, women identified themselves as workers, but not as sex workers” (p. 538).

Reframing sometimes occurs beyond the level of the individual. In Jackson’s (2016) study of sex worker activists, they countered the “victim” frame used by radical feminists and abolitionists with a “rights-based” framework. Jackson (2016) concluded that reframing of sex work as work rather than a form of violence is actually “correcting” an improper frame that anti-rights groups use to describe sex work for their own political purposes.

### Resisting Prostitution Stigma

As noted by Weitzer (2017), early stigma theorists focused on personal management strategies of the stigmatized and not on ways stigma can be resisted. However, the apparent immutability of prostitution stigma is mainly challenged through collective action by sex workers and their allies.

The sex worker rights conference held in Nevada, and described by (Jackson, 2016) is an example of how individual sex workers can collectively resist stigma. Other means of collective resistance occur through the public activities of sex worker organizations, legal challenges, balanced media coverage, and marches and protests. Basu and Dutta (2008) noted that sex workers’ participation in community-driven initiatives provides spaces where they can share their experiences and plan collective action, which creates the medium in which change happens at a higher level. The authors noted that “[p]articipation is not merely a matter of going to ready-made platforms that fit the dominant agendas but rather is embodied in creating alternative structures that challenge the basic inequities and injustices bred by the mainstream structures” (p. 98). This is also echoed by Parent et al.’s (2013) study where the shared experience of stigma was a key connection among sex workers. This mobilization of sex workers via community organizations and advocacy thus serves to challenge prostitution stigma by promoting alternative narratives around sex work and by influencing policies at the political, social, or legal level (Benoit, Belle, Isle, et al., 2017).

Worldwide, there are roughly 98 sex worker organizations. Examples include the English Collective of Prostitutes (United Kingdom); International Union of Sex Workers (United Kingdom); Global Network of Sex Work Projects (NSWP) (international); Stella, l’amie de Maimie (Canada); New Zealand Prostitutes’ Collective (New Zealand); Sex Workers Outreach Project (United States); Red Umbrella Project (United States); Peers Victoria Resource Society (Canada); Durbar Mahila Samanwaya Committee (India); Cabiria (France); and PACE Society (Canada). Parent et al. (2013) noted that sex worker organizations are globally connected in an effort to develop a common front and tackle issues by including all the unique perspectives of sex workers in advocacy. Through this collective action, several sex work–related initiatives take place annually, including the World Whores Congress (Amsterdam) and the International Day to End Violence Against Sex Workers.

The Sonagachi Project, run by the Durbar Mahila Samanwaya Committee, is a community-led HIV intervention program for sex workers and their children. The project has been heralded by the United Nations as an effective model to empower sex workers (Provost, 2012). Positive outcomes, in addition to HIV prevention, have been attributed to the project. Research by Ali, Ghose, Jana, and Chaudhuri (2014) has shown that the project provided the platform for sex workers to mobilize and participate in civic life, including involvement in protests against India’s punitive prostitution laws. Another informative Indian study assessed the successes of a nongovernment organization (NGO) in improving police strategies with the aim to prevent HIV among sex workers (Biradavolu et al., 2009). The study included the NGO setting up community-based organizations with sex workers to address police practices and promote sex workers’ health. Results showed the presence of the NGO brought legitimacy and a voice to sex workers who were able to draw on “a new discursive power in interacting with police. Affiliation with a transnational NGO and a global donor signaled to sex workers, police and local officials the presence of networked power that might be called upon in a conflict” (Biradavolu et al., 2009, p. 1544). Other research on the activities of Durbar and comparable initiatives have shown similar results with respect to community mobilization, empowerment, and advocacy (Biradavolu, Blankenship, Jena, & Dhungana, 2012; Evans, Jana, & Lambert, 2010; Murray et al., 2010).

New Zealand prioritized the inclusion of sex workers in the process of shifting from criminalization to decriminalization of prostitution with the implementation of the Prostitution Reform Act (PRA) in 2003. Instrumental to this process was the New Zealand Prostitutes’ Collective, which was originally funded by the government for HIV prevention but has grown into a broader organization aimed at advocating for sex workers’ rights (Healy, Bennachie, & Reed, 2010). The collective was involved in the development of New Zealand’s new regulatory model, which has been shown effective at ensuring sex workers’ safety and upholding their rights (Abel, 2014; Dunn et al., 2013; Van Der Meulen, 2011). It is this type of mobilization from the collective and other sex worker rights groups and allies that provided guidance from knowledgeable insiders in order to make the PRA a success. The decriminalization and regulation of sex work in New Zealand has resulted in sex workers reporting feeling more protected by the laws governing workplace health and safety and experiencing a decrease in stigmatization through the legitimization of the work as being like other forms of labor in society (Abel & Fitzgerald, 2010).

A final example comes from Canada, where in 2010 there was a successful challenge of the constitutionality of prostitution-related laws in the Canadian criminal code (Benoit, Jansson, et al., 2017). The plaintiffs in the case were three former or current sex workers who were represented by a social justice–based community legal organization. The case was first heard in the Ontario Court and, after

a series of appeals, was finally heard in the Supreme Court of Canada in 2013 (*Canada v. Bedford*, 2013, SCC 72). The Supreme Court ruled in favor of the plaintiffs and deemed three prostitution-related sections of the criminal code in violation of sex workers' rights under the Canadian Charter of Rights and Freedoms. In response to the ruling, the government of Canada (under the Conservative Party) implemented an abolitionist law. The new law, the Protection of Communities and Exploited Persons Act, granted sex workers immunity but criminalized clients. Based on examination of the abolitionist laws in Nordic countries, it is likely that the criminalization of clients will do little to protect the health and safety of sex workers or diminish prostitution stigma and its associated harms (Levy & Jakobsson, 2014). Sex worker organizations and researchers continue to voice concerns about the new law (Benoit, Jansson, et al., 2017).

### Conclusion

Our aim in this review article was to make a convincing case for the inclusion of sex workers among other groups commonly investigated by stigma theorists. Similar to what Hatzenbuehler and Link (2014) summarized in their special journal issue on stigma, we conclude that the evidence put forward by the current body of literature on sex work stigma shows that it is a fundamental cause of inequality for those in the sex work jobs. The available evidence indicates that prostitution stigma originates in cultural norms about gender and sexuality, is often unrecognized by stigmatizers, results in social exclusion, and reduces life chances for sex workers. This stigmatization process works at micro, meso, and macro levels. Sex workers, as active agents of their own fate, manage the stigma by drawing on available tactics, with variable success. Some sex workers actively reframe and attempt to resist occupational stigma by engaging in collective action.

Yet the extant literature on the stigmatization process as it applies to sex work remains limited by terminology confusion, as well as research design and methodological issues. Street-based female sex workers remain the focus of attention in many studies, leaving gaps in knowledge about the variable impact of where stigma across work locations (Bungay, Oliffe, & Atchison, 2016; Phillips et al., 2012). A second weakness is that most studies lack comparison with other occupational groups, perpetuating the mistaken assumption that sex workers are an atypical population that shares few if any characteristics with other workers (Benoit et al., 2015a, 2015b; Shaver, 2005). Sex work researchers have also not been challenged to use validated measures for key concepts commonplace in other stigma studies (e.g., stigma, discrimination, self-esteem, victimization, health, social belonging). Robust studies drawing on diverse samples and validated measures tested among other marginalized populations would result in comparative data about the relative weight of sex work stigma

and contribute substantially to the ongoing project of destigmatization.

In the long run, as is the case for other stigmatized groups (Benoit et al., 2013; Hatzenbuehler et al., 2014; Link & Phelan, 2001; Scambler, 2009), successful destigmatization is possible only with inclusion of the “experts”—in other words, those with lived experience of the stigmatizing condition/attribute—in the development of progressive laws, policies, and practices (Benoit, Jansson, et al., 2017a; Corrigan & Fong, 2014; Sanders, 2017; Scoular, 2016; Vanwesenbeeck, 2017). A call to action is also warranted for stigma theorists and researchers to incorporate what we collectively now know about prostitution stigma and its effects on the working conditions, personal lives, and health of sex workers, as well as the different strategies under way to reduce it. Not only will the overall quality of the research evidence on stigmatization be improved, but we will also better understand why some stigmas are more powerful than others, shedding a greater light on the fundamental causes of social inequality in our society and calling attention to where change is urgently needed.

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