

# **Guidelines: Mental Health Professionals Working with Individuals Involved in the Sex Trade**

**Guideline 1.** Therapists understand that involvement in the sex trade is **not a manifestation of a mental illness**, nor, in the absence of environmental factors (internalized and social stigma, violence, social isolation and exclusion, lack of job autonomy) a cause of mental illness.

**Guideline 2.** Therapists are aware that **risks vary tremendously between types of sex work** and recognize that **individual workers can take precautions to reduce risks** (i.e., by screening clients, by limiting services offered, by protecting privacy, by working with friends, by switching employers or working independently).

**Guideline 3.** Therapists recognize **diverse ways** that individuals involved in the sex trade **experience work** and **construct sex-trade work vis-a-vis the rest of their life**. For some individuals, sex trade work may be a major source of satisfaction (or dissatisfaction) and an important identity attribute. For others, sex trade work may be a small part of their sense of self, as a temporary, short-term way to earn money, and something they only spend a small time thinking about and that has a very small role in their total self-concept.

Therapists are encouraged to focus on the patient's therapeutic goals and recognize that focusing on sex-trade work when the client wishes to discuss and work on other issues may, in and of itself, be experienced as stigmatizing and cause harm.

**Guideline 4.** Therapists **strive to understand different coping mechanisms for dealing with stigma** (role-differentiation, humor, focusing on other identity attributes vis-a-vis the stigmatized attribute, future-focus, concealment/divided social networks, affiliating primarily with other stigmatized populations) and **avoid make statements or recommendations that may compromise the individuals' stigma-neutralization techniques**, unless those techniques are visibly harming the patient.

Examples: If an exotic dancer differentiates herself from other dancers, a statement like "That's interesting. Other dancers I've worked with in the past felt x, but you experience it like y." If an individual focuses on other identity attributes, attempts to discuss and explore feelings about sex-trade-work may be harmful.

**Guideline 5.** Therapists strive to **understand the effects of stigma** (i.e., prejudice, discrimination, and violence) and its various contextual manifestations in the lives of individuals involved in the sex trade.

Because stigma is so culturally pervasive, its effects may not even be evident to a worker. Therefore, it may be helpful for Therapists to consider the ways in which stigma may be manifest in the lives of their clients even if it is not raised as a presenting complaint. The effects of stigma can be addressed directly or indirectly as appropriate, given the client's psychological readiness. A collaborative approach in establishing therapeutic goals and examining the negative effects of prejudicial beliefs can be useful.

It's important to note that examining the impact of stigma on an individual workers' experience with sex work is not the same as encouraging continued involvement in the sex trade. Rather, addressing the negative impact of internalized stigma and role-conflict can co-exist with support around other types of personal and professional development, and help an individual come to terms with previous or current involvement in the sex trade, even when the client expresses 'exit' as a goal.

Among the interventions Therapists are urged to consider are (1) increasing the client's sense of safety and reducing stress, (2) developing personal and social resources, (3) resolving residual trauma, and (4) empowering the client to confront social stigma and discrimination, when appropriate.

**Guideline 6.** Therapists **do not assume exit-goals a priori but rather learn about and honor individual beliefs about sex work and experiences in the sex trade**. Therapists **support clients with issues relating to sex trade work** (emotional exhaustion, stigma-management, isolation, etc.) alongside exit, if immediately leaving the sex trade is not a

feasible option and these issues present.

**Guideline 7.** Therapists are aware of the interplay between stigma and sensitivity to language, and are careful to avoid language that may imply judgement, negative assumptions and/or tokenization.

**Guideline 8.** Therapists are aware of the biases and approaches of other referral agencies and either ensure that the referral agency will not stigmatize the client or, if no non-judgemental resources are available, warn the client of the agency/resource's approach and allow him/her to make their own decision about whether or not to utilize that resource.

**Guideline 9.** In supporting an individual who expresses desire to leave the sex trade, Therapists are aware of barriers to exit, understand exit as a process (and not an instant change), focus on developing personal/professional goals and affirm/support such development and provide resources and information to support exit rather than on the benefits of leaving the sex trade .

**Guideline 10.** Therapists are encouraged to examine how their attitudes and knowledge about sex work, and their personal experiences with sex and sexual relationships, may impact assessment and treatment and seek consultation or make appropriate referrals when indicated.

## **Guidelines - Sex Trade Workers' Relationships and Partners of Sex Workers**

1. Many of the same guidelines for working with sex workers also apply to couples therapy and working with the partners of sex workers.
2. Partners of sex workers are likely to have internalized stigma about sex work. They may also experience stigma relating to their partners' involvement in sex-trade work. The impact of stigma on how the client views his/her partner or their relationship can be addressed directly or indirectly as appropriate. A collaborative approach in establishing therapeutic goals and examining the negative effects of prejudicial beliefs can be useful.
3. Sex Workers have diverse ways of conceptualizing sex work while involved in relationships. During couples therapy, Therapists should affirm the worker's subjective understanding of client-interactions and also express understanding of insecurity, sense-of-betrayal, etc. the partner experiences as result of his/her partner's involvement in sex trade work.
4. It's critical that the therapy does not make sex work the central issue in therapy unless the couple explicitly expresses it.
5. The therapist should be aware of personal biases relating to differently-configured relationships (poly, kinky, etc.) and be objective around these types of relationships.

\*Adapted from *Practice Guidelines for LGB Clients Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients* by Katherine Koster, with Cassandra Avenatti.