

Stigma as a Fundamental Cause of Health Inequities among Sex Workers

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Defining stigma

- Stigma, according to Goffman (1963: 3), is a deeply discrediting attribute for an individual or group
 - ...it reduces the bearer from “usual” to “tainted and discounted”... a permanent mark of disgrace”

stigma (noun)

a mark or characteristic
indicative of an abnormality

The stigma-power process

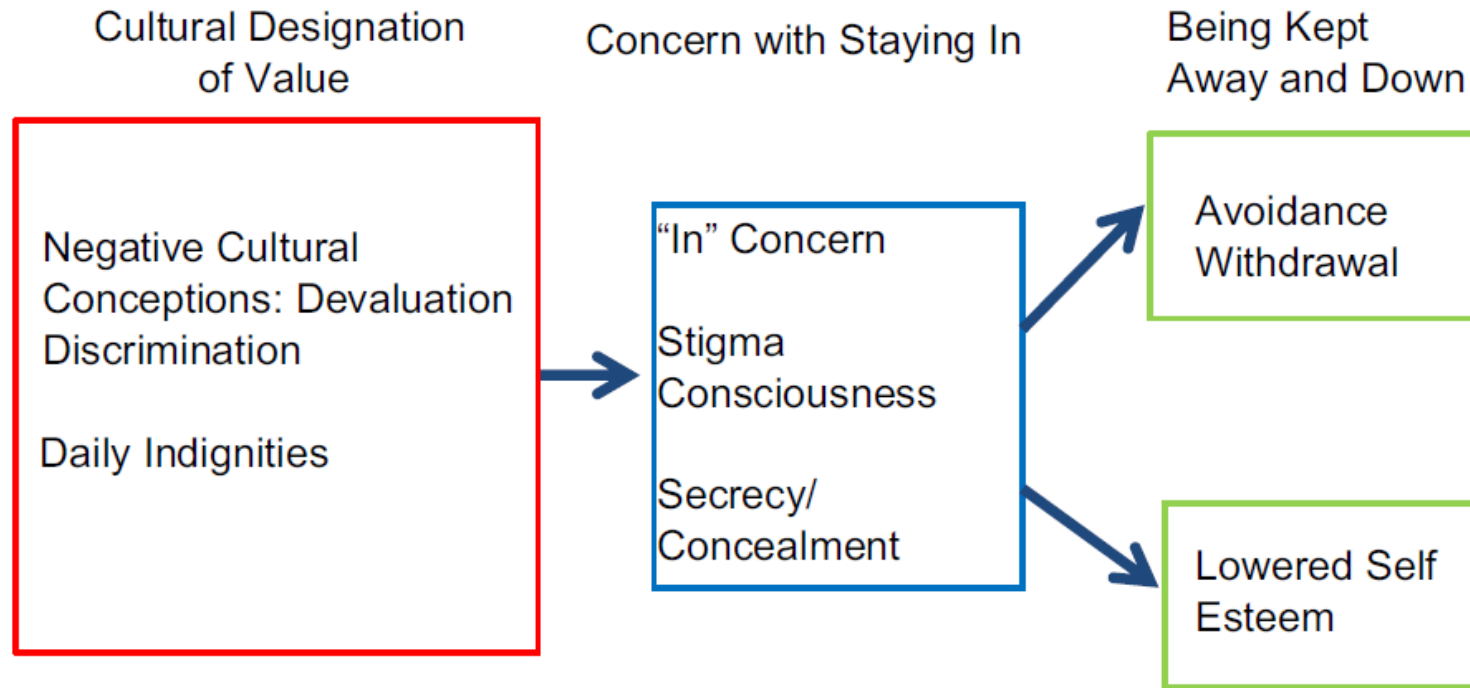
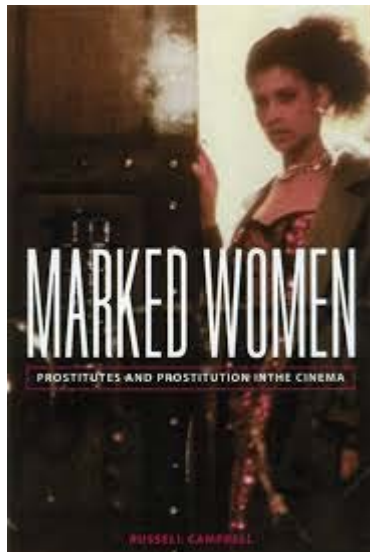


Fig. 1. The stigma-power process – concepts and operationalizations.

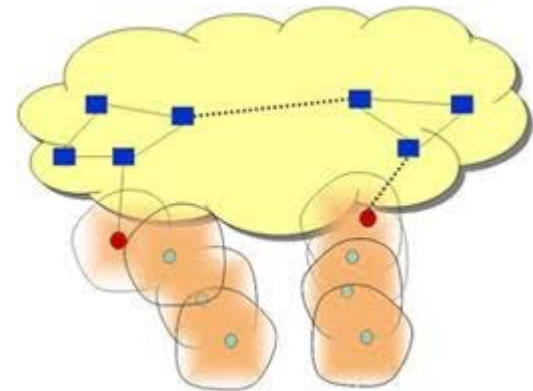
Prostitution stigma

- How powerful is prostitution stigma?
- Is it linked to health behaviours?



Limitations of studies of prostitution stigma

- Reliance on small mainly street-based samples
- Few comparative studies
- Failure to examine mediation effects between stigma and a negative outcome
- Failure to account for change



Impact of Stigma on Marginalized Populations' Work, Health & Access to Services in Canada & USA

- Two country study of impact of sex work on health & well-being (CIHR funded)
- 2002-2007
- Victoria, BC & Sacramento, CA
- Longitudinal survey & qualitative interview data (4 waves)

Sample characteristics

- Serving & hairstyling
- Sex work

- Frontline service work/emotional labour
- Predominantly female identified
- Low barrier to entry
- Low median income

- 595 usable interviews: 157 stylists; 223 servers; 211 sex workers

Hypotheses & measures

- Hypotheses:
 - Perceived stigma mediates the relationship between sex work and socially less acceptable (SLA) drug use
 - Perceived stigma have noticeably less effect on the use of socially more acceptable (SMA) drugs
- Measures:
 - Standardized instruments
 - Substance use continuum
 - Perceived stigma

Descriptive statistics (%)

Variable	Sex workers	Servers	Stylists
% women	82	70	83
Average age	36	32	44
Racial minority	43	17	24
Sexual minority	41	8	10
Single	54	32	31
Partner unempl.	20	10	17
Current poverty	1.8	1.4	1.3

Early life experiences (%)

Variable	Sex workers	Servers	Stylists
Parent social ass.	50	29	26
# Guardians	3.5	2.8	2.7
Foster care	24	3	1
Homeless	8	3	1
Vict of crime	14	4	3
Emot abused	41	27	19
Sex abused	37	15	15
Phy abused	32	15	9

Negative Binomial Regression of Second Wave Drug Use

	Marijuana		Socially Less Acceptable	
	(3.3)	(3.4)	(3.5)	(3.6)
Sex work (W1)	-0.071 (0.360)	-0.066 (0.357)	2.212** (0.427)	1.937** (0.424)
Serving (W1)	0.633* (0.250)	0.657** (0.247)	1.235** (0.420)	1.269** (0.427)
IMR	0.617** (0.195)	0.601** (0.193)	-0.133 (0.282)	-0.129 (0.298)
Prior drug use (W1)	0.119** (0.013)	0.117** (0.012)	0.149** (0.038)	0.152** (0.038)
Poverty (W1)	0.237	0.197	0.382* (0.297)	0.239 (0.300)
Gender (W1)	0.475* (0.234)	0.491* (0.231)	0.064 (0.297)	0.121 (0.300)
Racial minority (W1)	-0.561* (0.252)	-0.553* (0.251)	0.136 (0.267)	0.248 (0.260)
Perceived stigma (W2)		0.210 (0.173)		0.604** (0.162)
Constant	0.982	0.654	-3.849	-4.617
Ln alpha	0.967**	0.961**	0.868**	0.790**
N	431	431	438	438
Unstandardized regression coefficients; robust standard errors in parentheses				
** p<0.01, * p<0.05 (two-tailed)				

Conclusion

- Perceived stigma is linked to use of SLA drugs, controlling for prior use
- Perceived stigma reduces the association between sex work & SLA drug use
- Perceived stigma does not affect the relationship between occupation and SMA drug use
- Perception of being discriminated against by others is one of the most consequential components of stigmatization (Link and Phelan 2001)
- As a result, many find themselves in what Wailoo (2006) refers to as a “web of stigmatization”