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Community Engagement for Suicide Prevention: Exploring Sex Worker Experiences in Ireland

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Connecting for Life

PROJECT TITLE

Community Engagement for Suicide Prevention: Exploring Sex Worker Experiences in Ireland

KEY MESSAGES

- Structural inequalities, for example, precarious housing, debt, immigration status, poor educational attainment and immigration status leave sex workers more excluded from access to justice, healthcare, and welfare. This has profound impacts for sex worker safety and wellbeing.
- Housing insecurity, financial precarity, immigration status, and criminalisation and policing all factor into the high levels of stress that sex workers are facing.
- Sex workers are struggling with significant levels of mental ill health and are not currently receiving adequate care from healthcare services. Stigma, poor treatment, and a lack of knowledge about sex work have led to sex workers not trusting mental health professionals.
- Connection within the sex worker community is key to addressing mental health challenges but the development of peer support networks is inhibited by the law, leaving sex workers isolated from each other and from support services.

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HIV Ireland, Sex Workers Alliance Ireland, Irish Sex Work Research Network

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CONTEXT AND BACKGROUND

A recent study by the Irish Sex Work Research Network for HIV Ireland, in collaboration with Sex Workers Alliance Ireland (SWAI) uncovered the lived realities of sex workers managing their safety, well-being and mental health (McGarry and Ryan, 2020). It found great reluctance amongst sex workers to disclose to their work to their GPs and other health care professionals leading to less holistic care being provided. We suspected there would be similar difficulties for sex workers with regard to accessing mental health services.

The study sought to build upon previous research by furthering our understandings of sex worker experiences of managing their mental health, their feelings of connectedness and/or disconnection and their strategies for everyday resilience. The criminalisation of sex workers and associated structural violence that impacts on their access to health and justice is understood through the underlying concept of stigma, which can cause isolation, anxiety, loss of social ties, low self-esteem and the restriction of freedom (Oliveira 2012, 2018; Koken, 2012: 211; Campbell et al. 2020; Minescu et al. 2022). Previous studies have found that environments where sex workers feel compelled to hide their involvement in sex work, can increase stress and contribute to negative health outcomes for sex workers (Lazarus et al, 2012; Benoit et al, 2018; Ryan and McGarry, 2022).

The study engaged with a variety of sex worker voices and experiences in order to build a body of knowledge on intersections of vulnerability as well as capacities for enabling and empowering sex workers in their mental health and well-being. Foregrounding the concept of "connection", as a key concept in the Government Suicide Prevention Strategy, this study sought to address a gap in our knowledge on connections for positive mental health and suicide harm reduction for minority groups in Ireland.

AIM/OBJECTIVE(S)

- To explore the issue of mental health, mental health risks and suicide prevention with sex workers
- To strengthen connections amongst sex workers and empower sex working communities in suicide prevention work
- To explore sex workers' experiences of mental health supports and service
- To engage with sex workers to inform and develop Government suicide prevention strategies

METHODOLOGY

This research project employed a Participatory Action Research (PAR) design which was peer led and community engaged, reflecting the study objectives of building connections with and empowerment for sex workers. Peer researchers were involved in designing, organizing, undertaking, and analyzing one-to-one in-depth interviews with sex workers about their well-being and mental health in Dublin and Limerick, as well as the key informant interviews with service providers. The project was guided by a Research Advisory Committee which provided advice and guidance to the researchers throughout. The committee included Prof. Maggie O'Neill, Adeline Berry, Stephen O'Hare, Linda Kavanagh, Mardi Kennedy, and Lianne O'Hara. The study conducted 18 semi structured interviews with sex workers in Dublin and Limerick. Ten interviewees identified as Irish (including one Traveller Irish), two Romanian, two Mexican, one Nigerian, one Pashtun, one US and one Italian. Fourteen participants identified as cis women, one as Trans, two as gay male and one as non-binary. The youngest participant was twenty-six and the oldest was fifty-one with over half participants aged in the thirties. The eighteen interviewees represented sex workers from escorting, street work, stripping and cam work.

The interview questions encouraged participants to speak about their general mental health, their mental health in relation to sex work, their coping strategies, and the resources they drew upon that generated resilience in their lives. Participants were asked what services they used when in mental health crisis (suicidal ideation) and what their experiences of those services was. Participants were also asked to suggest improvements to the services they had tried to access.

Our study received ethical approval from Maynooth University and recognized the sensitive and potentially distressing content of the interviews, for both our participants and our peer researchers who conducted the interviews. We recruited Orla McLoughlin, MSc, CPyschol, PSI, a counselling psychologist to offer two free sessions to participants after the interviews were completed. Alternatively, we agreed to pay for two free sessions with the participant's existing psychologist or counsellor.

Three semi-structured interviews with service providers (Women's Health Project, Sex Workers Alliance Ireland & MPower). One service provider, Ruhuma, declined to be interviewed. These services were chosen because they had direct contact with sex workers. Participants were asked to describe their services and reflect on their encounters with sex worker clients and how they dealt with their mental health needs, particularly when in crisis. Pseudonyms were assigned to all participants.

Thematic content analysis was employed to identify key issues arising from the research and recommendations for policy and practice.

RESULTS / FINDINGS

The Structural Context of Sex Worker Mental Health

The findings identified that poor sex worker mental health (depression, anxiety, self-harm, suicidal ideation) was made more acute by structural inequalities that disconnected sex workers from access to mental health services. These included:

- Financial stress caused by the cost-of-living crisis. Issues of debt, stress associated with the payment of bills and general high cost of living was referred to by 35% of interview participants.

  This had a devastating effects on many participants. Ambrose (28), and then Tanya below, describe the effect of this stress on their lives:

  'At the beginning of this month I was telling my therapist, I was like, 'I want to kill myself', Like I'm constantly thinking about things like … you know. Because I'm like I don't want to live like this. I don't want to be in this place again where I', constantly worried about my survival'

  'It's like as if I'm in a … someone's after burying me alive and I'm just, I'm clawing my way out, but I can't get to the top'

  Kathryn, from the Women's Health Project also spoke of debt as a key contributing stress factor for sex workers accessing their service, She goes on to describe situations where women have borrowed money to travel to Ireland for sex work –

  'Another one would be like debts or, you know, trying to support a family maybe or other people, you know, that can put huge pressure and stress on women as well' (KATHRYN)

  They've agreed to work in the sex industry for a period of time, you know to fund say their travel or their education, their classes and all of that, and they owe so much, and that they have to go to the end of that. You know, so it's not necessarily a trafficking situation where you know there is an amount owed, you know where the amount goes up and they can't get out. But it's a situation whereby well this is what was agreed and often the terms and conditions do not, you know, aren't what really the person thought they were signing up to, you know?' (KATHRYN)

- Poor working environments (long hours, low pay & bullying in the workplace). Participants reported negative experience from previous employment where they had experienced workplace bullying (Ambrose) and being made redundant (Silver). Another participant, (Katie), suffered from a serious chronic illness and was unable to maintain full time employment.

- Housing Precarity was identified by several interview participants as a contributor to stress and insomnia. Roberto, and then Jade describes their experiences:

  'The housing issue in August last year also had me without sleeping, because I was, my former landlord sold the place, he gave me plenty of time to find a new place, but I couldn't, I just couldn't. I was getting harder and harder. We were literally not able to sleep, we were taking pills to sleep' (ROBERTO)

  'One of the biggest stressors for me is thinking about the future and I not feeling like I have any tangible future, if I start thinking ahead, I start to panic, it was my housing for a while because that was threatened… people have nowhere to live, no long-term security, that naturally increases anxiety' (JADE)

- Experiences of the care systems were cited by a few participants; either been in care themselves or having their children taken into care. Finally, the experience of having been in the Direct Provision system was also mentioned.

These experiences had a significant impact on how our participants navigated mental health services and whether they were believed, treated, or referred onwards to specialist care.

The Experience of Accessing Mental Health Services

The findings revealed that the stigmatized nature of sex work directly contributed to poorer outcomes for the participants when they accessed mental health services.

- Twenty-five per-cent of interview participants felt that mental health services that viewed sex work as exclusively a form of gender-based violence led some professionals to often restrict participants' access to therapy until a commitment to an 'exit-strategy' from sex work was identified. Ambrose describes their experience with a therapist which is representative of this finding –

  'It very much came across that she [the therapist] was disappointed in me, you know? And then sometimes she would say things about like you know, potentially leaving the industry, or you know like doing something else because I'm so smart blah, blah, blah … she broke up with me about six months into the pandemic, and her whole thing was like – 'I don't think I can help you anymore' **(AMBROSE)**

  Suzanne had a similar experience with her counsellor who ended their sessions –

  'Like I got told by my counsellor in the crisis center that they couldn't keep on seeing me while I kept doing sex work because it weren't respecting myself' **(SUZANNE)**

- This framing of sex work as a form of gender-based violence led participants to report experiences of infantilization by mental health services.

- Over 40% of participants with experiences of addiction regularly felt excluded from mainstream mental health services and those services supporting victims of gender-based violence. Tanya describes her experience at city center hospital and at a city center drug clinic:

'You feel like you're a lump of bleeding dirt off someone's shoe … like once they see your file of addiction, like your treated like, I don't know how many times it's been said to me, ah come on, there's real sick people up here like. So, what am I? Do you know what I mean? Like am I not a person? (TANYA)

'I've been asking to see a counsellor [at a city center drug clinic] which is unusual for me – and there's been nothing. Nothing. I've heard nothing back. (TANYA)

Jade had a similar experience when accessing rape crisis and domestic violence services –

'When I went to the rape crisis center when I was 16, I was sent there and they refused to see me again after a while because of sex work and addiction and it was seen as if, you know, I was actively self-harming by working' (JADE)

- Participants reported difficulties in getting a GP appointment, even when in crisis. Mandy describes:

  'Every day is a struggle to just live, like just not want to kill myself … Even sometimes just trying to phone people to get an answer isn't doable some days … I was in my room, I tried to cut my wrists and I rang my GP. And this day receptionist, I asked her what to do because I didn't know where to present myself because I'm living in a different county … and she didn't know, she gave me a number and when I rang that number, they said they don't deal with outpatients. So, I could have killed myself that day' (MANDY)

- GP's unwillingness to refer participants in crisis to psychological services – often recommending exercise or anxiety treatments by social media influencers (Roberto). Participants regularly described GPs as the gatekeepers of further assessment and treatment to which they were regularly blocked, while others accessed services through their GPs, although they felt the system was slow. This was particularly for those who were suicidal or in crisis (Jade) and/or they saw a range of GPs in their medical practice which led to a lack of holistic care (Niki). Other participants (Mandy; John) felt that GPs wanted to medicate rather than refer patients to other mental health services. Kathryn, from the Women's Health Project, also spoke of difficulties of presenting mental health issues through GP services –

  'The other thing would be I suppose where there's mental health needs that are acute – not suicidal necessarily – but that would need maybe a referral to a community mental health team. And that's through a GP and that can often be problematic because a lot wouldn't have a GP, or accessing a GP can be very challenging and difficult' (KATHRYN)

- Participants, particularly those with children, **distrusted mental health services** and did not disclose their sex work due to concern about how the information might be used. Those who could access private medicine vetted their 'sex worker friendly' counsellors, while others felt if they had trust in the service (housing, addiction, sex work) they were accessing, this would lead to greater trust in the mental health professions they were referred to.
- Participants believed that considering the failure of mental health services to meet the needs of sex workers – **peer resources** must be developed to address the shortcomings in state provision.

Sex Worker Mental Health in a Criminalized Environment

Participants identified the criminalized environment in which they worked as having a significant negative impact on their mental health. The 2017 Criminal Law Amendment Act (2017) criminalized the purchase of sex but retained and increased the penalties for brothel keeping (defined as two or more sex workers working together). This criminalized environment impacted on the mental health of participants. This included:

- Stress arising from the fear of eviction following 'welfare checks' by the Gardai to their homes. This finding is related to the concerns over housing precarity and cost, with participants feeling doubly threatened with eviction if a Garda 'welfare check' was carried out on their homes. Bya talks about the experience of the Gardai calling to her apartment –

  'They [Gardai] came, they came at the door and there was two men, no, not a woman … saying we know you are there, open, open the door. Otherwise, we'll take a key, and we'll enter. I asked them if they have to have a warrant? And they say they don't need to … and I told them, I know you need a warrant, I know the laws here. And they say, we are not here causing you problems. We are here to check if you are okay. You are already causing me problems because I'd be put outside [evicted] tomorrow morning like' (BYA)

- The criminalized environment increased sex work stigma, contributing to isolation and loneliness. Participants felt they were unable to confide in others and were increasingly working alone and being disconnected from peer networks for fear of arrest (under Brothel Keeping laws). Mardi, from Sex Worker Alliance Ireland, explained –

  'We absolutely speak to people who express suicidal ideation, and we speak to people who are unable to, I guess, talk to other people openly about the impacts of being a sex worker… if they're experiencing the stigma and discrimination or they're threatened to be outed or if they've experienced sexual violence or domestic violence' (MARDI)

- Reluctance to report assaults or robberies to the Gardai and access mental health services (particularly for migrant workers who feared deportation). Kathryn, from the Women's Health Project (WHP) recognized that immigration was a barrier in getting sex workers to access the service. She explained –

  'Immigration status is definitely an obstacle, like, you know, and like, you know, if you're undocumented or you're less likely to present to services because there's a fear that, well actually is this going to be reported, or, do you know, is this going to be reported to immigration or… you know, even though there aren't health services, it's not the brief of a health service to do that. But it can be, you know, and our service is completely free and there's no need to have any ID, or permission or status' (KATHRYN, WHP)

- Participants reported that the criminalized environment contributed to less regular and reliable clients, lower prices, and the increased risk of violence.

Making Mental Health Services More Accessible to Sex Workers

Improvements must be made to mental health services to enhance their understanding of the mental health needs of sex workers and this in turn may increase the quality of service provision to sex workers which is currently inadequate.

- A large majority of participants believed that sex workers should be involved in providing training to mental health professionals. Participants from service organisations providing services or engaging with sex workers thought that a toolkit for mental health professionals to raise awareness of the complex needs of sex workers and to ensure they are best placed to meet these needs would be beneficial.
- Sex Workers should foster connections within their community through the provision of peer mental health support. Both sex work and service provision participants expressed the importance of peer support – Mardi, from Sex Work Alliance Ireland, explains:

  'Well, there's a level of trust. There's a level of understanding. When you're in a peer-to-peer space or a peer only space there is a freedom that comes with that because you know you're not going to be judged in way that you potentially could be...' **(MARDI)**
- Mardi (Sex Workers Alliance Ireland) believed that decriminalization would contribute to the de-stigmatization of sex work, creating an environment of trust where workers would fully disclose to mental health professionals – but warned that even this measure would not be a magic bullet in addressing stigma.
- Sex workers and services providers who work with sex workers believed that mental health services should be free from ideological and/or religious bias that framed sex work as exclusively a form of gender-based violence. This would contribute to a non-judgmental service environment that sex workers would trust and participate in. Suzanne describes what she believes needs to happen to make services more inclusive –

  'Definitely services devoted to sex workers, especially mental health, like even the workers in Merchant's Quay are clued in about addiction and everything... they have not much experience with working girls... and the services like Ruhuma are there forcing an ideology down people's throats and like making you feel like what you do to survive is a sickness' **(SUZANNE)**
- Service providers working with sex workers thought that flexible services (in terms of hours) and hiring sex worker peer workers would contribute to the best delivery of services. Mardi explains –

  'Like any marginalised population there would be organisational responsibility around staff having awareness, services being accessible ... alternative hours, you know if someone has been working all night it's really hard to get up first thing in the morning' **(MARDI)**

  Diego (MPower) also points to the role of this flexibility has in the challenges of a service meeting the needs of the sex work community:

  'The clinic will offer ... I'll see you at 10am. But that's not how it works and so it's challenging to get the clinics to understand that they can't book an appointment for a sex worker at 9am in the morning, expecting that they're going to be there ... people don't understand

sex worker life, I think that would be huge benefit to have like specific training around it' (DIEGO)

- Service providers need reliable referral pathways for sex workers in crisis.

LINKS / SUPPLEMENTARY MATERIALS

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