



Burden and Correlates of Mental Health Diagnoses Among Sex Workers in an Urban Setting

Background

Women involved in both street-level and off-street sex work face more health and social inequities compared to the general population. While a lot of research has focused on HIV and sexually transmitted infections (STIs) among sex workers, there is still a gap in our understanding of their mental health.

The Question

What is the lifetime prevalence of having been diagnosed with a mental health condition among women who do sex work in Metro Vancouver, Canada, and what factors are associated with these diagnoses?

The Study

This research team drew upon data from interviews with 692 women in sex work in Vancouver, Canada between 2010 and 2013. This project is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing study on working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with a range of community partners, with ongoing outreach to street and indoor sex work venues (by experiential and non-experiential team members).

The Results

Of the 692 women interviewed, 338 (48.8%) reported being diagnosed with a mental health condition at some point in their life. The most common diagnoses were **depression** (35.1%), **anxiety** (19.9%) and **post-traumatic stress disorder** (12.7%).

Factors associated with a history of having been diagnosed with a mental health condition include:

- Identifying as a sexual/gender minority (LGBTQ/2S)
- Those who use non injection drugs
- Those who have experienced childhood physical/sexual trauma
- Those who work in informal indoor spaces, such as crack/drug houses, bars, nightclubs, hotels, client's place, worker's place, and housing, or outdoor/public spaces, such as street, vehicles, and other public areas.

Among women who do sex work in Metro Vancouver, LGBTQ/2S identities, non-injection substance use, history of physical or sexual trauma, and working in informal indoor or outdoor/public environments were associated with having mental health diagnoses, including depression, anxiety and post-traumatic stress disorder.

The Policy Implications

- There is a need to further develop trauma-informed care and practice across the mental health system, since trauma contributes to mental health conditions. These practices should aim to adopt resiliency perspectives and address intersections between stigma/discrimination, policing, and substance use.
- There is a need for connections between substance use and mental health treatment and research programs to address the extensive overlap and interconnection between these areas.
- There is a need to further explore appropriate outreach and safer workplace interventions to support sex workers' mental health, especially in outdoor and informal indoor environments.

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