

“Look, we actually do have a brain!” Sex Workers Challenging the Psychomedicalisation of Commercial Sex

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Abstract

This article provides an account of the way in which sex workers participate in debates around the interplay of commercial sex and mental health, offering their own definitions of sex work-related psychosocial risks. While previous political sociology literature has reflected on how psychiatric arguments on sex work are mobilised in abolitionist discourses, little has been said about the ways in which sex worker activists participate in this debate and trouble the category of mental health. By examining the interplay between external political conjunctures and transformations within the French sex work movement, the article shows how psychomedical ideas on commercial sex are neither stable nor hegemonic. Instead, they become the very object of credibility struggles. Combining frameworks found in the sociology of public problems frameworks with political sociology of sciences’ analysis, this article aims to shed original light on epistemic injustices which permeate the debate around sex workers’ mental health debates.

Keywords: sex work, psychomedicalisation, mental health, credibility struggles.

1. Introduction

They are ready to say anything, to put themselves in our place. Either way, we don't have the right to speak anymore. So, what's so dramatic in terms of mental health, it's how we experience this. Because no one believes us. And that, you have to admit it, is huge. That's the worst thing you can do to an adult. (Interview with Antoinette, sex work activist, December 2022)

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When I interviewed Antoinette, a 70-year-old French retired Sex Worker (henceforth SW), she seemed profoundly angry about the topic of ‘mental health’. She began our interview by clearing things up with me:

Being a SW... [...] You put yourself in situations where you have to compose. So that can be dangerous [...] I'm talking about the traps that we know about our mental health. Okay? That way, you'll know where we stand intellectually. We don't need their caricature. (ibidem)

For Antoinette, “they” refers to politicians, doctors, researchers and activists committed to the neo-abolitionist cause¹. Having witnessed the rise of the sex work movement in France, she intensely opposed the purchase ban in the 2010s. At one point, she said in a quiet, sad voice: “Actually, we lost the fight. [...] We can't say we won anything” (ibidem). This sentiment is shared by many SWs active in the French context during the 2000s and 2010s: a feeling of losing the battle to define their activity and the belief that their voices go unheard, as they are seen as “crazy and sick” (ibidem). The labels of craziness and sickness which are reported by SW interviewees are the product of historically intertwining social imaginaries of commercial sex and psychiatric categories, considering sex work both as the cause and the symptom of sexual violence-based trauma (David 2008; Lobato 2023). This idea is clearly illustrated in the work of French forensic pathologist and psychiatrist, Judith Trinquart. Trinquart is a key figure in the psychomedicalisation of sex work in France, the process in line with a longstanding international psychosocial tradition that dates back to the late 70's and 80's (James and Meyerding 1977, Silbert et al 1981, Bagley 1985) by which scientific, activist and institutional discourses establish causal relationships between commercial sex and psychopathologies. Trinquart's 2002 thesis on the “harmful psychological consequences of prostitution” was the first French paper to present both a definition of commercial sex as intrinsic violence and causal chains between sex work and psychotrauma. According to her, “the poor physical and psychological health of prostitutes depends not on improving their access to healthcare [...] but rather [...] on the presence of disorders of self-awareness and bodily experience [...] generated by the prostitutorial situation itself” (Trinquart 2002, 10). While Trinquart's work has largely been criticised by community health organisations and SWs' collectives, it has been recognised as a scientific reference by numerous parliamentary reports and institutional discourses, specifically during the purchase ban's debates. She has since become a leading figure in the French neo-abolitionist movement.

Framing sex work in such a psychopathological register is not without consequences as it contributes to fabricate the very object of commercial sex. This definitional work has

¹ Neo-abolitionism is an ideological current which considers commercial sex as a commodification of bodies and as an attack on dignity, particularly for women (Ward and Wylie 2017).

repercussions in public action as well as in SW's healthcare trajectories insofar as they shape the conditions under which this activity is practised, for example, through administrative by-laws (David 2014, 330). Yet such 'truth' (Foucault 2001) of sex work is not unequivocal: it is the topic of much dispute between experts and lay stakeholders. Particularly, neo-abolitionist discourses around SWs' mental health have been gradually called into question by sex work activists (SWAs). From 2020 onwards, mental health has gradually become an issue for the SW's rights movement at an international level, with collaborative and participative research being produced (Macioti et al 2021) as well as community-based mental health resources (ESWA 2021). While some of the literature in the French context has reflected on how psychiatric arguments on sex work are mobilised by neo-abolitionist actors (David 2008, Mathieu 2014), research has given little attention to the way in which SWs join this debate. Combining frameworks found in the sociology of public problems with political sociology of sciences' analysis, this paper provides an account of the way in which SWs in the French context participate in 'definitional struggles' (Gilbert and Henry 2012) around the interplay of commercial sex and mental health, offering their own definitions of sex work-related psychosocial risks and mental health care.

The article is presented in four sections. The first section describes the methodology applied in the study from which this article originates, and highlights my position within the different SW communities which this study focuses on. The second section revisits the psychomedical argument² around sex work as put forward by the abolitionist camp in light of recent sex work politics in France. In this section, I will describe how a particular political and public health conjuncture led to a gradual questioning of these ideas within SW activism. From such contestation, an appropriation of the topic of mental health has arisen within the French sex work movement. The third section examines this appropriation, and more specifically the way through which SWAs mobilise scientific discourses and tools in order to challenge the link between sex work and psychotrauma. Lastly, the concluding section presents some reflections on the role of science in sex work politics as well as on the demedicalised framework developed by SWAs.

2. Methodology

This article is part of a larger ongoing research project on the intersection of commercial sex and mental health in France. Data collection began in 2022 for a Master's thesis and continued in

² The umbrella term 'psychomedical argument' refers to the constellation of arguments that are psychiatric, psychological and psychoanalytic in nature.

2023 for doctoral research in sociology, involving three methods. First, archival research on relevant scientific and activist documents tracing the genealogy of the french knowledge and discourse which links sex work with mental health in the French context. This was done through consulting a wide array of media and documents, published between 1857 and 2022. Second, interviews with stakeholders in sex work politics. Third, participant observations at community health organisations serving SWs. The analysis presented in this paper utilised manual thematic coding and an inductive approach, focusing primarily on interviews with SWAs.

In order to identify key stakeholders in French debates on the intersection of sex work and mental health, from which I could build an interview panel, I first conducted an exploratory analysis of various written sources. These helped me to engage with the activist landscape surrounding mental health and sex work, targeting individuals who publicly engaged with this issue, primarily activists, health professionals, politicians and lawyers. Using a snowball approach, I also connected with less visible stakeholders crucial in these debates. Between 2022 and 2023, I conducted 39 semi-structured interviews, including 17 with SWAs and their allies³ (see Table 1).

The interviews aimed to explore stakeholders' journeys into sex work politics and their views on the mental health debate. Through questions about their political engagement, interviewees revealed their trajectories of mobility, education, and professional development. In regard to interviews with SWAs specifically, such questions highlighted the diverse positions sex workers occupy in social space (Bourdieu 1984) and their varied approaches to mental health debates. Because SWs' politicisation of mental health is influenced by gender, race, and class, it is relevant to classify referenced interviewees based on such characteristics. To protect interviewees' anonymity, I will categorise their categories under two typologies, namely SWA and "expert-activist"⁴, the latter referring to SW's rights activists who are not sex workers themselves and who mobilise their psychomedical or research expertise in their advocacy.

| Interviewee | Activity | Gender | Approximative age | Racialisation |
|-------------|-------------|------------------|-------------------|---------------|
| Alice | Expert-ally | Cisgender female | 40s | White |
| Antoinette | SWA | Cisgender female | 70s | White |
| Joseph | Expert-ally | Cisgender male | 40s | White |
| Léon | SWA | Cisgender male | 30s | White |
| Louise | SWA | Cisgender female | 30s | White |
| Lucie | SWA | Cisgender female | 30s | White |

³ Meaning individuals involved in the fight for sex workers' rights without engaging in this activity themselves.

⁴ In her work on the mobilisation of psychologists for victims of the Chilean dictatorship, Daniela Cuadros Garland (2009) characterises these mental health professionals as "expert-activists". Beyond their specialised roles, these professionals actively engage in defending and mobilising victims through activist networks.

| | | | | |
|-------------|-------------|------------------|-----|-------|
| Noa | SWA | Non-binary | 30s | White |
| Julia | Expert-ally | Cisgender female | 30s | White |
| Mathilde | Expert-ally | Cisgender female | 30s | White |
| Magali | Expert-ally | Cisgender female | 30s | White |
| Marie | Expert-ally | Cisgender female | 20s | White |
| Victoire | Expert-ally | Cisgender female | 30s | White |
| Charlotte | Expert-ally | Cisgender female | 50s | White |
| Sarah | SWA | Cisgender female | 20s | White |
| Coline | Expert-ally | Cisgender female | 40s | White |
| Théo | SWA | Cisgender male | 40s | White |
| Jean-Michel | Expert-ally | Cisgender male | 40s | White |

The study also included participant observations in two health NGOs in France: Central Latino, focused on Latin American transgender women and cisgender men, and Violeta, serving primarily cisgender women from Latin America, West Africa, and Eastern Europe. Most people in these spaces face material and legal precarity and are not involved in activism. The observations, spanning nine months, were possible thanks to my long term volunteer work in these organisations, and aimed to understand healthcare interactions and how psychological suffering is framed. Weekly observations were conducted at Central Latino, and less frequently at Violeta.

Finally, since most of the data presented here stems from interactions with SWs in the context of interviews or participant observations, I shall clarify my positionality and relationship with these participants. I am a young, queer and migrant Brazilian woman. As racial profiling in France is largely determined by cultural background (Mazouz, 2024), I am not entirely considered as white, even though my appearance and language skills often allow me to pass as white and as French in public spaces. I am not, and have never been, a sex worker. As a funded doctoral student, my migratory status is extremely privileged. Additionally, I have a background of volunteering within sex workers' rights NGOs for several years. Therefore, I regularly interact and bond with sex workers in the context of my research, activism and personal life. In this sense, my research is situated both within an intellectual reflection and a personal/political engagement. Despite the distance that separates me as a non-sex worker, my interest in the SW's movement is based on the similarities I perceive between some of the issues concerning sex workers in France and my own situation. I have engaged as an ally in the struggle of sex workers before conducting research on the subject, while also navigating challenging experiences related to my sexuality, my migratory status, and a medicalised life pathway. This closeness in terms of social and ideological position means that – following the lead of other researchers who have worked on this topic in France (Simonin 2016, Guillaumin 1992) – I view my research as an opportunity to

contribute to the SW's rights movement, and consider that the fight against oppression is linked to both theoretical and empirical analysis and solidarity among marginalised groups. This complex positionality intricacies in the relationship I have developed with sex workers who participated in my research, not only affecting data collection, but also implying questions on research ethics and methodological challenges.

SW individuals encountered during my field-work fall into two groups situated at opposite ends of sex work's social space (Mathieu 2000). As mentioned in Table 1, SWs encountered during interviews are predominantly white, French, and cisgender activists who possess legitimate cultural capital and work indoors. Meetings with these interviewees, especially in the beginning of my research, were not straightforward. My legitimacy in producing knowledge on sex work was challenged, if not outright contested, by some interviewees. I have perceived hesitance from them, sometimes through refusal to discuss my research, but mainly through questions regarding my background or intentions, particularly inquiries about why I am not myself a sex worker. These questions and suspicions can be explained by the conflictual history of interactions between SWs and exterior "observers" (researchers, journalists, photographers, filmmakers...), in a context where the former have often seen their voices appropriated and questioned to their detriment, as I will show in this article. A second explanation pertains to the methodological limitations of the sociological interview, which is punctual and relatively short in time, hindering the development of a stronger bond between the interviewer and the interviewee (Bourdieu 1990). Finally, distance and hesitation expressed by SWA interviewees can relate to broader challenges of research on political activism. Indeed, political activists tend to be explicitly critical and suspicious of researchers and outsiders in general (Broqua 2009, Fourment 2019).

Overall, suspicions expressed by SWA interviewees relate to existing tensions in the politics of knowledge on sex work, as well as on the both transformative and oppressive nature of scholarly knowledge, which ties back to the very topic of this article and this special issue. In this sense, my voice as a researcher can be perceived both as that of an expert ally and as that of an intrusive scholar.

These questions become even more intricate when considering my positionality during participant observations. During observations, I have primarily interacted with racialised migrant, street-based and precarious SWs, particularly Latin American trans and cisgender women. Despite our significant distance in terms of social class (a much greater distance than that which I maintain with French SW interviewees), a strong bond of trust has been developed, particularly with Brazilian participants. For instance, during observations at Violeta, most of the Brazilian SWs I encountered often expressed a preference for being accompanied by me during their administrative and health-related challenges rather than by Violeta's social workers, probably because I am the only Brazilian person working there. These SWs have frequently invited me to

share meals, spoke a great deal about their personal lives and expressed affection both verbally and through physical gestures. This ambivalent relationship meant that I often had to juggle and negotiate this closeness during my fieldwork, while constantly reminding participants of my position as a researcher.

As a second-year doctoral student, I do not yet have answers to all the questions that this ambivalent positionality raises. However, I believe that these questions lie at the heart of the broader process I attempt to describe in this article, namely the effort of the SWAs to fight epistemic injustices and build transformative knowledge on their own, both with and without non-SW allies.

3. Politicising mental health in French sex work debates

Part of the political sociology of sex work in France has chosen to analyse commercial sex through the angle of “public problems” (Mathieu 2014, Calderaro 2018), in other words, as a phenomenon that gradually enters the political agenda under the label of a moral and social problem. The inclusion of a phenomenon on the political agenda as “public problem” is the result of an active work made by various institutional and political stakeholders. Each of them put forward their own definition of the “problem” and, consequently, of ideal solutions. In the context of French sex work politics, the emergence of texts, discourses and policies associating sex work with mental health is part of this wider process of struggles to define and frame it as a “problem” which should be solved through through public policies. In this first section, I will show that the emergence of the 'mental health problem' in the context of sex work politics in France is the result of both internal and external transformations impacting this community.

3.1. The role of the psychomedical argument in French abolitionist crusades

Since the 2000s, and continuing throughout the 2010s, France has gradually embraced neo-abolitionist policies⁵, influenced by an institutionalised political project committed to the fight against gender-based violence (Bereni and Revillard 2007; Bereni 2009). This resulted in the return of the “problem of prostitution”⁶ and the adoption of the purchase ban in 2016.

⁵ The incorporation of the abolitionist perspective in terms of public policy implies thinking about sex work as a social and moral problem which must be abolished, notably through the introduction of repressive policies.

⁶ The term “problem of prostitution” is understood in the sense given by the sociology of public problems as the cognitive work carried out by multiple stakeholders in the arenas of public action who interpret commercial sexuality as a problem to be solved, mainly through public policies.

Extensive literature has examined the French neo-abolitionist movement, including the argument linking commercial sex with psychological disorders, particularly post-traumatic stress disorder (David 2014; Mathieu 2014). Previous research has shown how sex work has gradually been psychomedicalised, in the sense that actors in the political, militant, scientific and health fields are framing the 'problem of prostitution' from a psychomedical perspective (Author, 2023). This psychiatric framework is based on the assertion of a correlation (Schultz et al. 2020), or even a causal link (Farley et al. 1998; Trinquart, 2002), between the practice of paid sex and the prevalence of PTSD. According to this argument, supported by clinical and epidemiological studies (Farley et al. 1998; Alegria et al. 1994; Trinquart 2002; Brody et al. 2005; Schultz et al. 2020), paid sex would be both a source and a consequence of psychotrauma: engagement in sex work would result from dissociation caused by past sexual trauma, especially early sexual violence; but also, commercial sex would be inherently violent, having harmful psychological effects.

Positioned within the abolitionist paradigm and inspired mainly by the resurgence of this movement in Europe, such studies are very often produced and promoted by “activist-experts” who adhere to the abolitionist cause, playing the role of brokers between the scientific, political, activist and health fields (Mathieu 2014). These stakeholders thus constitute an essential resource in the array of evidence put forward by the French abolitionist movement, particularly in the context of debates preceding the adoption of the French purchase ban in 2016. Indeed, mental-health professionals committed to the fight against commercial sex were repeatedly referenced in official reports and even included as members of parliamentary discussions. Through explicitly advocating for coercive measures against sex work, these health professionals mobilised psychomedical ideas as an argument of authority, “scientifically validating” the neo-abolitionist approach (Calderaro 2018).

Since “specific public problems are the legitimate domain of specific persons, roles and functions that can command public attention, public influence and public trust” (Gusfield 1981, 10), not all actors engaged in the “problem of prostitution” (Calderaro and Giametta 2019) are equal in the arenas of public action. In this sense, French political scientists have argued that the first to be affected, SWs, had little control over the definitional work of their activity in the social world (Mathieu 2001, David 2014). As a result, the psychomedical categorisation made by social workers, doctors and organisations committed to the abolitionist cause seems to take precedence over that of the SWs themselves.

Tensions are illustrated by conflicting discourses between interviewees. Christine, 65-year-old French psychologist and abolitionist activist recalled SWAs protesting a conference on “violence and prostitution” and argued that, despite defending their work, SWs’ views are shaped by cognitive dissonance and denial due to the violence they’ve experienced:

We know that those who say [that] they choose prostitution have experienced violence. [...] To maintain the posture of “I prostitute myself and leave me be”, there needs to be a certain denial of this violence. Defence mechanisms are powerful in helping us protect ourselves. (Interview with Christine, psychologist and abolitionist activist, October 2022)

SWAs' rights interviewees frequently criticised arguments like Christine's. Louise, a former spokesperson for a pro-SWs' rights French organisation, voiced her confusion and anger over how her media appearances were received:

It's true that I've often heard abolitionists say 'she's just not aware' or whatever [...] Every time I spoke publicly, my voice was silenced all the time using the excuse of mental health. [...] Once, I was interviewed by a magazine and they published a second article saying 'we interviewed Louise [...] but as many of our readers have pointed out, actually, it's possible that this person is suffering from mental health problems, dissociation, whatever' and I was like “what?!” [...] I couldn't understand why. (Interview with Louise, SWA, September 2022)

Louise later disclosed that the denial of her agency whenever she would speak publicly was so strong that she decided to give up her position as her organisation's spokesperson. Louise's experience shows that the definitional power held by abolitionists seems to be more important than the one held by SWs, for two reasons. Firstly, the historical stigma which weighs on SWs undermines the perceived legitimacy of their voices, impacting by extension the way in which they are heard both on a collective and individual level. Secondly, as has been explored in previous sections, a large proportion of the individuals which constitute the SW population belong to marginalised social groups, including but not limited to their gender, sexuality or racial identity. The stigma associated with these social characteristics can further deepen the perceived illegitimacy of these SWs' voices. In this context, the psychomedical argument against sex work seems to reinforce abolitionists' definitional power. Ultimately, this mechanism relates to the differential capacity of knowledge to circulate in politics (Bergeron and Castel 2014, 409). By creating new cognitive categories and new causal responsibilities around the “problem of prostitution” and by invalidating the words of SWAs who demand labour rights, the psychomedicalisation of commercial sex enhances abolitionist claims. In other words, abolitionist discourse becomes more engaging and capable of appearing legitimate, that is, more “credible” in Steven Epstein's (1996) terms.

It would be misleading, however, to think of the psychomedicalisation of commercial sexualities as a stable category. While proponents of abolitionism seem to hold the 'property' (Gusfield 1981) of the 'prostitution problem' in arenas of public action, these activists lack the power to impose their preferred version of reality on their targets.

3.2. *"It was much of a blind spot until [...] well, it had to stop being a blind spot". Mental health as the 'elephant in the room'*

While the association between commercial sex and psychological sequelae became a recurring abolitionist argument in the early 2000s, it wasn't until twenty years later that the French sex work movement started engaging in speech acts and written communications on the topic. Participants who were active in the movement during the 2000s and 2010s stated that mental healthcare was not the focus of their organisations, prioritising instead HIV/AIDS and STIs prevention. Moreover, parliamentary session reports on the French purchase ban show that the topic of mental health is never directly addressed by SWs' rights advocates during these discussions, while the psychomedical argument is central in abolitionist discourses during these same sessions. Activists interviewed consider that this absence is partly due to the lack of structuring of the sex work movement in France in the 2000s and early 2010s.

Indeed, French SWs were already mobilising in the 1970s. In 1975, SWs in Lyon launched a major action against police repression. For a week, they occupied the city's renowned Saint-Nizier Church, marking a seminal event in the international history of the SWs' movement. But in the absence of stable political organisations to defend them, their demands were not widely disseminated and were quickly forgotten (Simonin 2016, 146). In the 1980s, the HIV/AIDS epidemic spotlighted sex work as a 'risk factor' while SWs were widely excluded from HIV/AIDS awareness movements. As the decade unfolded, French SWs undertook gradual collective movement against the blaming for the spread of the disease (ibidem, 165). From the 1990s onwards, HIV/AIDS-prevention policies through action research projects and community health organisations were developed but remained relatively informal and restricted to HIV/AIDS related issues. As discussed in the section above, the emergence of a neo-abolitionist movement in France in the late 1990s gave rise to repressive national policies against sex work, particularly in the following decade. In response to these repressive policies and their rhetoric, a SWs-lead counter mobilisation took place in the second half of the 2000s. The first organisations composed exclusively of SWs appeared in France, giving rise to a renewal of the 1975 movement's demands and to the consecration of SWs as a political group in the national landscape (ibidem, 203). These new organisations remained however relatively unstructured in their early days, at any rate they were less structured than their abolitionist counterparts, the latter possessing significant material resources and institutional support.

Parallel to its lack of structure, French SW activism in its contemporary form is historically marked by a reluctance towards psychiatry. Emerging from LGBTQI+ activism and primarily composed of individuals belonging to gender, sexual, or ethnic-racial minorities, the movement has incorporated the apprehensions that these social groups hold towards the psychomedical

realm. Alice, a participant who has worked in health and SW's rights organisations since the beginning of the 2000s, argues that she has seen many SWs hold a negative perception of the topic of mental health:

There is a reticence on the issue of mental health [...] in different [SW] populations, it's still quite stigmatised. If you go and see a therapist, [it means] you're crazy. [...] They think that if they go see a therapist it means that their activity is going to be an issue [in therapy] and all and so they don't do it. [...] There's also a cultural issue: among Nigerian and Chinese women, if you go and see a therapist [it means] you're crazy (Interview with Alice, SW's rights activist, August 2022).

It is well established in the sociology of mental illness as well as in psychiatric literature that individuals suffering from psychiatric troubles suffer from a severe process of stigmatisation⁷ (Goffman 1963, Hayward and Bright 1997, Byrne 2001). Literature tracing the history of the psychomedicalisation of homosexuality (Terry 1999), transgender identity (Tomsej and Patternote 2021), women (Vilela 1992), and African-American communities (Summers 2019) has shown how these social minorities have been historically affected by psychiatric stigma and thus particularly distrustful of mental healthcare. Such fears are present at an individual as well as collective level: French community health organisations have for a long-time feared that mental health initiatives could increase the stigma surrounding the SWs population. Joseph, a former SW's rights activist who worked in a community health organisation during the 2000s, described his colleagues' resistance when he suggested setting up a psychological counselling service within the organisation:

There were long debates [...] at the board of directors: "Yes, but if we open a counselling service, it means that women who engage in sex work have a mental problem!" [...] You see, right away, there was this thing: "Oh, careful what you're walking into!" (Interview with Joseph, former SWs' rights activist, November 2022)

This evasion of the subject can be understood as a discursive strategy in order to avoid stigmatisation. Interviewed SWAs mention their "mistrust" and the "risk"⁸ that discussions around mental health represented to them, mainly due to abolitionist discourses. A shift occurred in the late 2010s when governmental reports started to highlight psychomedical arguments, thus potentially affecting sex work-related policies. As a reaction, SWs' organisations felt compelled to include the topic on their agenda, as it was noticed by several SWA interviewees.

⁷ Meaning "the process whereby one condition or aspect of an individual is attributionally linked to some pervasive dimension of the target person's identity" (Mansouri & Dowell 1989, as cited in Byrne 2001).

⁸ See interview with Noa, SWA, August 2022.

Moreover, interviews with SWs' rights activists mention a series of events in the French context that have seriously deteriorated the mental health of SWs over the past five years. According to these participants, the combination of these events has led to 'mental health' becoming an unavoidable concern within their organisations:

It was much of a blind spot until the moment when mental health, well, it had to stop being a blind spot... for very concrete reasons. There were SWs who had serious mental health problems, and it was becoming much more important, there were more. And so, something had to be done. (Interview with Alice, SW's rights activist, August 2022.)

Such a crisis is even more harmful as this population found itself particularly isolated and precarious during the COVID-19 epidemic (Matambanadzo et al. 2021; King et al. 2023; Dziuban et al. 2021), continuing the trend of increasing vulnerability within the community. Literature describing the living conditions of SWs in France has shown how this population has faced ongoing precarisation over the past twenty years (Mathieu 2007; Le Bail and Giametta 2018), within a context of isolation (both social and geographical) and increased repression. In addition to material precarity, a wave of murders and suicides striking SWs in France between 2019 and 2020 has further increased the vulnerability of the community. Among these deaths, two suicides of unionised activists gained widespread visibility. Justine, an interviewee who was active in the same trade union as that of those who have committed suicide, explains that such deaths generated a momentum of "widespread awareness" in which "mental health issues became much more verbalised"⁹.

The widespread precarity within the SW community has caused a significant emotional impact on SWAs. Since the 2016 purchase ban and the COVID crisis, community health organisations have become vital support more than ever before, and SW peer workers report feeling overwhelmed by the demands of their community. Justine was involved in a SW support hotline in 2019 and reported having felt "overwhelmed" by the multiple suicidal calls, stating that with her own mental issues, she couldn't "absorb all of this" and experienced "severe activist burnout" after a few months (ibidem).

Many participants noted the "additional burden" on SWs who are also activists or peer workers. As noted by literature on 'activist burnout' (Chen and Gorski 2015), SWAs often play dual roles as caregivers and as personally affected by sex work-related psychosocial risks, making them both prone to emotional overwhelm and motivated to address mental health issues.

⁹ Interview with Justine, SWA, September 2022.

The accumulation of crises faced by SWs in France has sparked discussions on mental health from a SWs' perspective. As such, the following section will explore how the authority of the abolitionist stance is being contested, paving the way for a reframing of the topic of mental health within the French SWs' rights movement.

4. Fighting science with science: Credibility struggles around mental health

Steven Epstein (1996, 3) examines how HIV/AIDS knowledge in the U.S. emerged from disputes over claim-makers' credibility—specifically, their ability to legitimise their arguments as authoritative and present themselves as truth-tellers. Epstein shows that credibility in the HIV/AIDS controversy relied on the mobilisation of scientific statements, support from 'expert' allies, and symbolic recognition. Similarly, credibility struggles between abolitionist and SWs' rights groups arise in debates over mental health and commercial sexualities. In order to counteract the psychomedical framework, SWAs - particularly white individuals endowed with legitimate forms of cultural capital - assert the scientific credibility of their framework at the expense of their opponents' credibility.

4.1. Opening the “black box” of the link between commercial sex and psychotrauma

During the rise of a speak-up movement against incest taking place in France in 2021, one of the biggest French abolitionist organisations celebrated the power of such mobilisation in an article published on its website. Titled “Incest, Prostitution: Coming Out of Denial”, the text asserts:

These former victims of incest learned 'the trade' within the family framework. They have internalised the logic of abuse when they were children so much that it seems natural to them as adults. They degrade themselves, self-destructing by becoming sexual playthings in the hands of men in prostitution. (Mouvement du Nid, 2021)

As a response, a column written by a SWs' collective and signed by around twenty mental health professionals was published in a French media outlet, aiming to criticise “the instrumentalisation of SWs' traumas, real or supposed” (La Grande Horizontale 2021) :

As a reaction to the supposed “expert” discourse [...] following the surge of #metoincest, we have decided to ally ourselves with other professions: healthcare professionals, social workers, scientists [...]. We [...] seek to:

- *Restore a few psychological notions in order to show their ideological weaponizing by abolitionists,*
- *Debunk misleading figures upon which are based abolitionist's discourse and legislation based on this rhetoric*
- *Bring into light the concrete impact of this discourse in our everyday lives.*
(ibidem)

The text condemns arguments put forward by abolitionist experts such as Melissa Farley, whose visible and popular work has deeply increased the perceived legitimacy of theories associating sex work and PTSD on an international level. By analysing the conditions under which Farley's data were produced, authors criticise not only the scientificity of abolitionist research, but also its ethics:

This is a far cry from Melissa Farley's 10-minute self-questionnaires (the abolitionist movement's major scientific guarantor), distributed to people in particularly fragile situations: in the care of an addictology clinic, having been or being homeless (for 75% of them), or having been hospitalised by the police to be screened for sexual infections. This protocol will then be used to assert that 67% of prostitutes are affected by PTSD... but their symptoms were necessarily unrelated to their environment, since they were SWs... (ibidem)

These successive publications illustrate the competition between frameworks surrounding mental health and commercial sex, but also, it shows SWs' efforts in deconstructing the scientific nature of abolitionist medical ideas. Indeed, SWA interviewees define it as a "pseudoscience" whose goal would be to disqualify SWs' voices:

It's clear that they instrumentalise science, which for me is not science. [...] They create fake science to have an argument of authority [...] It's to say, 'In fact, they're crazy'. We're crazy, so we shouldn't be listened to. (Interview with Leon, SWA, September 2022.)

To support their argument, these activists claim the value of the scientific method. My interview with long-time activist Alice provided an insightful illustration of this scientific critique. During our interview, Alice repeatedly quoted abolitionist psychiatrist Muriel Salmona, who is widely recognised in the field of victimology and psychotrauma in France and who has been heard on numerous occasions expressing her scientific stance on sex work during parliamentary debates. In 2009, Salmona founded the Institut mémoire traumatique et victimologie (Institute for Traumatic Memory and Victimology), with the support of Judith Trinquart, who became the organisation's General Secretary.

Like other participants, Alice acknowledges the fact that Muriel Salmona is a reference in the field of psychotrauma in France. Nevertheless, she insists during our interview that the psychiatrist's arguments regarding sex work are “nonsense”. Alice cites Karl Popper, arguing that Salmona's affirmations don't apply “conditions of possibility of science”. Rather, her work is unfairly legitimised by her use of IRM images and scientific terms, as well as by her institutional anchoring¹⁰. Louise, a SW interviewee, provided a similar analysis :

These anti-SW rights arguments work because they are simple. It's very easy to say A plus B equals C, and so if you were raped in childhood, you do sex work, you're a victim, you have to stop. [...] I would never go see a therapist who has such a simplistic discourse. (Interview with Louise, SWA, September 2022)

These critiques of the legitimacy of psychomedical discourses go far beyond individual perspectives - on the contrary, SWAs strive to disseminate their ideas in the arenas of public debate. In 2022, Justine and Louise, both SWAs who I have interviewed, have independently conducted research on the figures presented by abolitionist research. They aimed to investigate the context, bias and manipulations behind abolitionist figures, which they considered as “false or decontextualised”¹¹. Finally, these self-taught studies are carefully presented using academic language, as expressed by an SWA interviewee who co-authored the SW's opinion piece quoted previously:

There's a bit of a style in this column, I find. Going through a somewhat documented writing, polished text where you can see there's some work put into it! [...] We used big scholarly words, you see? [...] I think it's no small matter; it's a kind of desperate effort to be heard, [...] to say, “Look, we have a brain, actually! We can think about our conditions, actually!” (Interview with Lucie, SWA, August 2022.)

Akin to activists committed to HIV/AIDS treatment in the 1990s, these politically engaged SWs do not seek to reject science but to transform it (Epstein, 1996: 235). For this, they must impose themselves “from within”, that is, by acquiring credibility specific to scientific practice. By learning the psychological and neurobiological mechanisms behind psychotrauma, these activists strive to open the “black box” (Latour, 1987) of the link between psychotrauma and commercial sex. Behind the seemingly obvious link between psychotrauma and sex work lies a social history of actions and decisions, experiences, arguments, controversies, and uncertainties. From a more or less constructivist stance, these activists seek to highlight this social history. However, they

¹⁰ Interview with Alice, SWs' rights activist, August 2022.

¹¹ Interview with Justine and Louise by a French media outlet, April 2021.

are not alone in such an endeavour: they mobilise mental health professionals, building a genuine network of allied expert-activists..

4.2. The support of expert-activists

While SW interviewees vehemently criticise most mental health professionals, they also mention the support of expert allies, namely those working within the mental health field. The emergence of such alliances is an essential avenue for understanding the history of SW's counter-framing¹². Studies tracing the construction of framing processes point out that “the greater the status and/or perceived expertise of the frame articulator [...] from the vantage point of potential adherents and constituents, the more plausible and resonant the framings or claims” (Benford and Snow, 2000, 621). By calling on mental health professionals with a personal involvement in the LGBTQIA+ movement or intersectional feminism - and thus more likely to adopt a pro-SWs' rights perspective - these activists attempt to counteract the psychiatric expertise emphasised by abolitionists, as Lucie, who participated in the drafting of the tribune mentioned in the previous section:

We could have had it signed by a thousand SWs. We wanted it to be healthcare professionals validating what we're saying [...]. So we wanted a medical endorsement. (Interview with Lucie, SWA, August 2022)

Interviews with mental health professionals who signed this opinion piece reveal direct or indirect connections with the SW movement such as friendship with SWAs, previous SW activity or involvement in “SW's friendly” LGBTQIA+ and feminist spaces. Indeed, the “scientisation of politics” simultaneously entails a “politicisation of science”: “The fact that political disputes tend to become technical disputes means that different parties rally their own experts to support them in a controversy, much like lawyers offering to the jury a parade of expert witnesses” (Epstein 1996, 6). Like trans-rights activists - who organise against the psychiatrization of trans people by combining activism with medical and psychological expertise (Bento and Pelucio 2012, Nownes 2019) - politically active SWs strengthen their scientific argumentation through the enlistment of these expert allies.

Allies in healthcare or scientific fields, like interviewees Julia and Joseph—psychology graduates and long-time SWs' rights advocates—help strengthen this counter-framing by offering more legitimised approaches for institutional actors. During our interviews, they have presented themselves as expert-allies, and mobilised their professional knowledge in their discourse.

¹² Namely the “attempt to rebut, undermine, or neutralise [...] a group's myths, version of reality, or interpretive framework” (Benford 1987, 75).

Finally, contesting expert legitimacy while relying on expert allies reflects a sense of legitimacy tied to privileged social backgrounds. The next section explores how this is shaped by social and racial factors.

4.3. The ‘scientisation of politics’ as a socially and racially determined political action

Among the SWAs interviewed, those who addressed the question of abolitionist scientific legitimacy correspond to individuals with institutionalised or incorporated cultural capital (Bourdieu 1979), specifically with higher education degrees in social or health sciences. This profile of activists is more inclined to devote themselves to academic readings and contest their opponents' scientific legitimacy. If Louise researched the scientific controversies surrounding the 'problem of prostitution', it is also because she was able to write her thesis on the topic:

I did a master's degree in sex education, and my thesis was on deconstructing stereotypes about sex work. [...] It's very silly, but being in a Master's program and therefore having access to literature, having access to methodology and therefore feeling legitimate, foolishly, in research. Thinking, “Wait, if they did that, I can look into it too. I can do as well as them, or better than them because apparently, these things don't seem great” (Interview with Louise, SWA, September 2022)

As with HIV/AIDS activists in the 1980s who contested doctors regarding the conditions of their medical treatment (Epstein 1996) or cancer patients who decided to follow alternative therapies (Cassileth and Brown 1988), the objection of psychiatric expertise by these SWAs seems to result less from the oppression they suffer or from their despair than from their social positions and relative resources. Louise is a nurse and sex educator, Justine spent a decade at university, and Leon, with a Master's in women's history, has published books critiquing abolitionists' psychomedical arguments. Even SW participants without formal cultural capital possess legitimate incorporated cultural capital. Noa, who did not pursue higher education, has worked in theatre and is deeply involved in the arts community. Holding legitimate institutionalised or incorporated cultural capital thus translates into dispositions to apprehend scientific knowledge.

Moreover, legitimate cultural capital serves as a springboard for individuals to speak about themselves, as well as to develop a speech system based on abstract propositions (Bourdieu 2014). Since psychotherapy is a form of treatment “where the referent for the communication is the discrete experience of the patient” (Bersntein 1964, 55), individuals with legitimate cultural capital tend to be more sensitive to the form of communication expected in talking treatments, precisely because their speech system is based to a greater extent on abstract propositions as well as to those that refer to their subjective experience (ibidem). It is well-established in the

sociology of mental health that talking treatments are underused by working-class and less-educated individuals (Hollingshead and Redlich 1958, Hollman 2014), but also that these individuals tend to not see their own identity or subjectivity as a relevant issue (Bershtein 1964, 56). In light of these considerations, it is not surprising to find that, within the French SWs' movement, debates around mental health are largely dominated by SWs with higher education degrees and/or other forms of legitimate cultural capital.

Finally, among the SWAs I interviewed, those who have publicly committed themselves to debates around mental health are exclusively white individuals of French nationality, holding a European cultural background. Such a finding is all the more striking given that a large portion of SWs in France are migrants and that most of these migrants are racialised individuals, primarily coming from Latin America, West Africa, and Asia. Ongoing participant observations reveal a lack of discussions about mental health in the social circles of migrant and racialised SWs. Although some individuals may experience mental health issues, including severe post-traumatic stress disorder, the topic is rarely brought up and in any way politicised. Far from being depoliticised, migrant SWs were key actors in the fight against the purchase ban in France. So why are these communities absent from political debates on mental health?

Research on the interplay between race, migrant status and cultural capital allows us to put forth a few hypotheses to explain such absence. A first hypothesis could be that, since non-white individuals have much more restricted access to legitimate cultural capital in France (Van Zanten and Duru-Bellat, 1992), racialised SWs also have less access to legitimate cultural capital and, consequently, would be less present in political debates around mental health and science. A second hypothesis could relate to the potential impact of migratory trajectories. We know that migrant SWs are particularly precarious among SW populations (Ehrenreich 2004), mainly due to their fragile administrative status, which leads them to have minimal access to education and healthcare (Goldenberg et al. 2014). Additionally, the reasons why these individuals decided to leave their countries are often associated with economic precarity and gender identity-related discrimination (Mai, 2018). In both cases, precarity and social marginalisation experienced in their countries of origin constitute significant barriers to accessing higher education, potentially resulting in a sense of non-legitimacy or lack of interest in debates surrounding mental health. Finally, this administrative and economic precariousness represents an immense mental and emotional burden in migrant SWs' daily lives, which can make it very hard to consider psychotherapeutic care as a possible treatment. Such feeling of overload is clearly expressed by Rosiane, a SW I have met in a Parisian community health association:

In the waiting room, I sit down with Rosiane, a Brazilian transgender woman who must be in her thirties. [...] She's come to see Joana [social worker] because she has a housing problem. [...]:

"In fact, I'm renting my flat from a Portuguese woman, but with no contract or anything. It's very expensive, the flat is worn out, and now I've simply run out of money. I've spent all my money on Airbnbs but there are no clients. As a result, I've gone into debt and also Airbnb has blocked my account. [...] The girls¹³ tell me 'if you've got nowhere to go, go to the woods'¹⁴, but if it's for dying there, I don't want it¹⁵. Never before in my life would I work for 50 [euros], but now, I can't even manage to make 50 [euros]."

Rosiane seems heavily stressed. She talks quickly, sometimes shaking her hands. She tells me she's at the end of her rope, that she can't take it anymore. Naively, I ask her if she has ever thought about seeing a mental health professional. She tells me she actually went to see the psychologist from the NGO [...] and that he referred her to a psychiatrist, but that it was impossible for her to take such a thing at the moment:

"How am I going to look after myself in this situation? It's not possible to think about psychiatrists right now, I've got too many things to sort out first." (Field notes, 14 February 2024)

In this third section, I have shown how the possession of legitimated resources by mostly French nationals and white SWs seems to have contributed to the development of a lay expertise against the psychomedical argument. By structuring a scientific critique of research on sex work and Post-Traumatic Stress Disorder and by relying on the support of professional allies, these privileged segments of the French SWs community politicise scientific discussions on mental health while "scientificyng" sex work politics. Yet such expertise doesn't solely depend on the grasp of scientific knowledge. Following the footsteps of the movement against HIV/AIDS (Epstein, 1996), SWAs assert their own situated and experiential knowledge in the debate.

4.4. "We were dealing with reality": Valuing situated and experiential knowledge

Among the efforts undertaken by SWs to enhance their credibility, one can distinguish the way SWAs highlight their knowledge as the product of lived experience in sex work. They stress the importance of their situated knowledge as SWs (Haraway 2007, 107-135), but also their experiential knowledge (Borkman 1976) as potentially dealing with mental illness. By combining these two types of "lay" knowledge, these activists suggest a counter-framing of the issue of mental health. By criticising the precariousness and stigma surrounding sex work as potential

¹³ Which means her transgender colleagues.

¹⁴ For "woods", Rosiane means the Bois de Boulogne, a well-known forest in Paris in which many street-based SWs work, especially Latin American transgender women.

¹⁵ I was not sure whether she meant 'dying' metaphorically, meaning she would work a lot for little money, or 'dying' in its literal sense, since many transgender SWs have actually been killed in these woods in the past few years.

sources of mental health issues, these actors suggest a new political aetiology to the problem of mental health, placing the topic on the agenda of the French SW movement.

This new framework is based on the premise that SWs, due to their personal experience and situated viewpoint, are best placed to assess their own mental health. SWAs interviewed will assert that they have “experience but also scientific results”¹⁶: in other words, they assert their understanding of the scientific tools and writings on mental health debates, but emphasise their lived experience. SWA interviewees believe that access to reality involves bodily experience, claiming that, in SWs’ mental health debates, SWs are the ones “dealing with reality”, while abolitionists are “stuck on their presumptions”¹⁷.

Putting forward their grassroots experience, SWAs acknowledge the issue of mental health and its link to violence, all the while challenging abolitionist arguments on its causes. Hence, Noa, who deals with trauma herself, asserts that “the primary violence [...] comes from the police and healthcare providers, not from clients” and that “these are things that cannot be understood until they are experienced”. The SW movement shares this perspective and acknowledges the existence of violence surrounding sex work, which can generate psychological trauma. However, they argue that exposure to violence is the result of the marginalisation of this activity due to repressive laws, its stigmatisation, and the precarious labour conditions surrounding it. Therefore, they consider that engaging in sex work is not inherently violent, but that the violence comes from the “outside”, in other words, from the circumstances in which this activity is carried out:

It took us some time to say “actually no, we can develop a discourse on mental health” [...] which is: at some point, we observe that SWs in the context of their activity are very exposed to violence. The accepted doctrine would be that sex work exposes to violence, or that sex work is dangerous from a mental health perspective. Maybe we can have a different analysis, which is the one that SWs have, which is that they are exposed to violence or they are exposed to mental health issues because of repressive laws, because of stigma, and that it's not the sex work itself. (Interview with Alice, SWs' rights activist, August 2022)

Such counter-framing suggests a new political aetiology (Hamdy, 2008) of the problem of mental health in sex work. In other words, the involvement of groups in the “politics of claims” usually takes the form of investigations aiming to reconstruct chains of causality, “demonstrating” the issue that affects them (Barthe, 2010). A second argument put forward by

¹⁶ Interview with Noa, SWA, August 2022.

¹⁷ Interview with Antoinette, SWA, December 2022.

these activists in the French context consists of normalising the psychological suffering of SWs by aligning it with that of socially legitimated professions:

People in my community who need mental health care, there are plenty [...]. Like everyone else, our work impacts our mental health. But just like someone working in a bottling factory or in a lousy office. [...] Once again, the instrumentalisation strategy is to say that it's our profession that is the source of the problem. I'm not saying that's false; I'm saying it's false to frame the question that way. (Interview with Lucie, SWA, August 2022)

Finally, a third argument relies on the specific experience of SWs living with mental health issues and who are willing to speak publicly about it. By mobilising their experiential knowledge as patients, these activists argue that many people with mental health problems might choose to engage in sex work because of the flexibility it offers but also because - due to the stigma associated with mental health - these individuals are excluded from the traditional job market. This particular type of situated knowledge helps reinforce the credibility of the sex work movement's framework, but it also nuances and complexifies notions of choice and freedom in sex work. Noa, an autistic SW, explains how their career choice was a necessity in a context where employment options for disabled people are almost nonexistent. Noa sees their activity not as a free choice but as a decision made in a context limited by their condition and the associated precariousness:

I'm autistic [...] I was on welfare until I was 34 [...]. So I started doing sex work to get out of this precarious situation [...] I see that in the community, there are really a lot of very marginalised people, of which I am a part. [...] I didn't choose sex work because I'm disabled. I'm part of that category that didn't choose it, but on the other hand, I decided. [...] There's nothing adapted [in the labour market] for [disabled people]. (Interview with Noa, SWA, August 2022)

Many interviews highlight this dynamic: Lucie began this job after experiencing burnout from her previous one in craftsmanship, while Louise feels she was traumatised by her previous job as a nurse, a depression leading her to switch to sex work. These testimonies fit into the broader trend of inclusion of the mental health topic within the French SW movement, where an increasing number of SWs have publicly shared their mental health problems over the past five years, seeing in this sharing an effective strategy to counter abolitionist discourses. During my interview with Justine, a long-time SWA with Bipolar Personality Disorder, she explained how she uses her mental health issues “to give (herself) an image of a person who's almost like less

privileged”¹⁸, aiming to counter the abolitionist claim that SWs defending their activity are a privileged minority. For Justine, what she shares about her mental health will be “performative anyway”¹⁹, meaning it will reflect a public persona rather than her true subjectivity.

The sharing of psychological suffering by SWs in the French context - including suffering caused by sexual violence - over the past five years represents a radical change in the movement's discursive strategy. Yet, it is anchored in the same premises that structured the movement since its beginning. Indeed, when defending their ability to reflect and make decisions despite the suffering they face, these activists assert their agency, thus aligning their arguments with the cognitive repertoire of “empowerment” historically mobilised by the sex work movement (Simonin, 2016). By asserting their capacity to act both individually and collectively, SWA interviewees strive to redefine the condition of being a “traumatised prostitute” to which they are assigned as collective and individual subjects with self-determination and singularity.

The counter-framing advocated by these activists suggests that the figure of the “traumatised prostitute” would constitute a stigma with harmful emotional impact. They argue that the assimilation between sex work and sexual violence would hinder the clinician-patient relationship within this population:

They say that because we are victims, [...] we are not capable of thinking for ourselves [...]. So, when will an uninformed doctor believe us? And consequently, provide us with appropriate care? They will provide us with care based on their prism of “she's a victim”. (Interview with Lucie, SWA, August 2022)

In this regard, many interviewees declared having felt “traumatised” by “violent discourses” and expressions used by what they consider as “judgmental” and “stigmatising” mental health professionals, similar to that described in the literature on sex workers' access to healthcare (Lazarus and al. 2012, Grittner and al. 2020, Mccausland and al. 2020, ESWA 2023). Through such descriptions and vocabulary choices, interviewed SWs reframe the category of “trauma”, claiming that judgemental medical interactions might also become a source of psychological harm. The counter-framing of mental health advocated by the French sex work movement thus critiques the difficulties of access to care for the SW population, particularly mental healthcare.

¹⁸ Interview with Justine, SWA, September 2022.

¹⁹ *Ibidem*.

5. Conclusion

This article draws on the case of the French SW's movement to analyse the way through which SWAs challenge the psychomedicalisation of their activity, offering their own definitions of sex work-related psychosocial risks. Mental health was overlooked during the re-birth of the movement in France in the 2000s and its evolution in the early 2010s, stemming from the lack of structure within the French SWs' movement at the time but also from activists' fear of stigmatisation. However, increased visibility of psychomedical discourses, integration into spaces like the LGBTQIA+ movement, and recent crises have led SWs to claim ownership over the topic of mental health. By employing a scientific repertoire, allying with mental health experts and valuing their situated and experiential knowledge, these activists question abolitionists' credibility in mental health debates.

Findings on the role of the psychomedical argument in French sex work politics highlight the role of science, and in particular of psychomedical sciences, in the framing, control and wider governance of dissident/marginalised sexualities and subjectivities. Moreover, the article gives insights on the way mental health stigma interplays with sex work's occupational stigma, profoundly infringing on sex workers' self-determination. But above all, it highlights the possibility of a reversal of stigma and, more broadly, of a dynamic of emancipation through the very use of a dissident science. In other words, through the circulation of knowledge which appropriates the scientific method while integrating situated and experiential knowledge.

In this sense, it would be relevant to analyse the present case in the light of other emancipatory processes of demedicalisation, such as that undertaken by trans and crip activism, or by psychiatry patients.

Finally, the article raises questions about the way in which SWs' knowledge on their own mental health might translate into varied demedicalised care practices across SWs' communities. In this respect, further research into the cultural and social dynamics of mental healthcare within SW communities is necessary. Ongoing research addresses some of these overlooked areas by examining the interplay between sex work's psychomedicalisation and obstacles to mental healthcare access, as well as the relationship between SWs' politicisation of mental health and the emergency of demedicalised mental healthcare practices within these communities.

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