Mental health symptoms and STI/HIV testing in female exotic dancers and sex workers

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HIV and STI prevalence in FSWs

7.8% HIV-infected, NHBS 2011 Baltimore (N=68)

9% HIV-infected, NHBS 2007 New York (N=176)

8% HIV, 14% chlamydia, 18% gonorrhea among newly incarcerated FSWs in New York (N=700)

German 2013; Jenness, 2011 JUH; Parvez, 2013 STIs
Mental health in FSWs

74% street-based FSWs report anxiety, depression or PTSD
  - PTSD - 47%-72%
  - Depression ≈ 85% across studies

46-96% report drug dependence
  - Manage symptoms
  - Facilitate job performance

(Farley, Lynne, & Cotton, 2005; Roxburgh, Degenhardt, & Copeland, 2006; Sagtani, 2013; Surratt, Kurtz, Chen, & Mooss, 2011)
Mental health and risk behavior

Among FSWs w/mental health problems

- Fewer sexual health exams
- Inconsistent condom use with clients
- Irregular use of preventive services
- More oral/anal sex
- More drug/alcohol use, esp. IDU

Drug/alcohol exacerbate risk

- Less likely to use condom
- Can interfere with mental health treatment

(Lau, Tsui, Ho, Wong, & Yang, 2010)
The world is a scary place. I could get hurt at any moment. I must be a worthless person to have these horrifying things happen to me. I don’t deserve safety/health/happiness. I just can’t handle another bad thing happening. I am too fragile. Nothing good will ever happen. I have no future. I don’t even have the energy to take care of myself. I am worthless and unlovable.
## STILETTO study (N=117)

<table>
<thead>
<tr>
<th>Socio-demographic</th>
<th>Stability indicators</th>
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<tbody>
<tr>
<td>Median age (range), years 23 (18-43)</td>
<td>≥2 residences* 44%</td>
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<tr>
<td>% African American 59%</td>
<td>Arrested, ever 37%</td>
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<tr>
<td>% graduated high school 91%</td>
<td>Opioids, crack, cocaine 25%</td>
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<tr>
<td>Median monthly income (IQR) $2.2K ($1.6-$3.6K)</td>
<td>Sell sex, ever 34%</td>
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<td></td>
<td>Childhood physical or sex abuse 44%</td>
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<td>Partner violence* past 6 months 33%</td>
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### Current study

<table>
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<tr>
<th></th>
<th>% (n)</th>
<th>Mean score (SD)</th>
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<tbody>
<tr>
<td><strong>PTSD (PCL)</strong></td>
<td></td>
<td>32.76 (16.42), range-17-85</td>
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<tr>
<td>Meet criteria for PTSD</td>
<td>19.66 (23)</td>
<td></td>
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<tr>
<td><strong>Depression (CES-D)</strong></td>
<td></td>
<td>20 (10.63), range-0-60</td>
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<td>Symptoms above diagnostic</td>
<td>58.97 (69)</td>
<td></td>
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<tr>
<td>cutoff</td>
<td></td>
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<tr>
<td><strong>Female sex workers (FSW)</strong></td>
<td>41 (48)</td>
<td></td>
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<tr>
<td><strong>STI/HIV testing</strong></td>
<td></td>
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<tr>
<td>STI and/or HIV testing ever</td>
<td>90.6 (106)</td>
<td># years since last test=2.05 (3.95), range=0-15 years</td>
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<tr>
<td>HIV only testing ever</td>
<td>77.78 (91)</td>
<td># years since last test=1.94 (4.11), range=0-21 years</td>
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</tbody>
</table>
Results: Depression

Differences between dancers who exchange sex and dancers who do not exchange sex
- No differences on depression symptoms
- No differences on depression diagnosis

Among all dancers
- Depression symptoms and diagnosis were not significantly associated with STI/HIV testing.
Results: PTSD

Differences between those who exchange and those who don’t

– FSWs reported greater PTSD symptom severity (p < .05)

– FSWs had higher prevalence of PTSD diagnosis (p < .05)
Results: PTSD

Among all dancers

– Dancers with greater number of PTSD symptoms were significantly less likely to ever have been tested for STI/HIV (p < .05)

– Having clinically significant PTSD Criterion C symptoms (avoidance and numbing) was associated with never having STI/HIV testing

– PTSD diagnosis was not significantly associated with having STI/HIV testing
Conclusions

Internalizing symptoms are prevalent among exotic dancers, particularly those who exchange sex.

PTSD symptoms are associated with risk behavior.
  – Avoidance/numbing may be key.
Limitations

Data are cross-sectional
  – Can’t establish causality or temporal precedence

Sample consists solely of female exotic dancers and sex workers in Baltimore
  – May not be generalizable

Measures of mental health were brief screeners
  – Can’t make definitive diagnoses
  – Did not examine types/frequency of traumatic experiences
Implications: Intervention

Interventions: target symptoms to reduce risk, increase testing and promote overall functioning

– Treatment outcome research with this population is sorely needed

Drugs can facilitate avoidance

– Treatment would benefit from integration of assessment/treatment of problematic substance use
Implications: Research

Examine between group differences and changes over time

- Street v. venue based sex workers
- Exotic dancers only v. dancers who sell and/or exchange sex

Other risk behaviors

Better characterize traumatic stressors and their unique effects

Other diagnoses

- Impulse control disorders, personality disorders, antisocial behavior
Acknowledgments

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