Chapter 31
An Intimate Portrait of Shared Trauma Amid COVID-19 and Racial Unrest Between a Black Cisgender Femme Sex Worker and Her Black Cisgender Femme Therapist

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Introduction

The number of sex workers in the United States (US) is unknown. However, in the last three decades, increasing access to this knowledge through growing bodies of literature, research studies, first-hand narratives of sex workers, and social media has been contributing to the expanding academic discourse about the commercial sex industry. Overall, the consensual sex work market is divided into two main categories: indoor providers and outdoor providers (Flowers 2011). Each consists of multiple subgroups, which are influenced by the practitioner’s race, age, perceived physical attractiveness, geographical location, and professional experience.

Indoor providers tend to be young, white, cisgender women. They often work with a third party, such as escort agency or brothel, which facilitates the financial and logistical transactions with the clients. Indoor work is significantly safer. Providers have access to better and consistent medical care, reputable work environments, and the continued emotional support of a reliable peer group, and their clients are routinely screened for psychological stability and physical health risks.

Outdoor providers comprise the bulk of the US-based sex worker demographic. The literature describes them as predominantly young cisgender women of color who originate from low-income urban communities. Yet, these statistics are somewhat inflated because Black cisgender female sex workers are arrested at higher rates than their white counterparts and have more contact with the legal system (Flowers 2011). The arrest records of the women, particularly when there is high recidivism, are conflated with estimations of the actual number of black cisgender
women among outdoor providers. According to the US Bureau of Justice Statistics (2011) and the National Center for Victims of Crime (2013), in metropolitan areas, Black female sex workers comprise 40% of the street-level sex work demographic, and the proportion is probably lower in suburbs and nonurban communities. In fact, the largest outdoor US-based sex worker demographic is that of white adolescent cisgender women (Flowers 2011). Most are either runaways or “throwaways,” referring to a minor who was forced to leave home. This statistic is supported by numerous studies that reflect the perspective of white female sex workers. In contrast to indoor providers, personal safety is not built into the outdoor provider’s professional experience; and these women operate in unsafe working environments and are significantly more vulnerable to high-risk clients who are psychologically unstable and physically unhealthy (Blair 2010; Ditmore 2011, 2006; Flowers 2011; Krusi et al. 2012).

The Fight Against Sex Trafficking

The Allow States and Victims to Fight Online Sex Trafficking Act (FOSTA) and the Stop Enabling Sex Traffickers Act (SESTA), signed into law in April 2018, have significantly transformed the lives of sex workers across the United States. These laws are not new. They emerged out of Section 230 Amendment of the Communications Decency Act of 1996, which protects domain hosts from liability caused by user-generated content. In the late 1990s, the personal advertising sections of printed media moved online and free listing sites, such as Craigslist, rapidly became a new and safer means to negotiate with clients replacing transactions that theretofore had been taking place on the streets.

Originally, the intent of FOSTA/SESTA was to shut down websites that could potentially facilitate trafficking. However, the law also retracted all its previous protections for hosts. The result was the collapse of an online infrastructure that many sex workers relied heavily on. The sex worker community asserts that FOSTA/SESTA has put their lives in danger and in response they created grassroots movements to help vocalize their concerns. One such organization is Hacking/Hustling, a collective of sex workers, researchers, and computer technologists. Their focus is to discern the financial and psychological impacts of FOSTA/SESTA on diverse groups of US-based providers.

Pre- and Current COVID-19 Outdoor Sex Work

Social isolation is familiar to sex workers. It makes them vulnerable to many of the social ills that preclude personal safety and a sense of stable community support. COVID-19 mitigation by mandatory social distancing hit female providers the hardest across all demographics (Wenham et al. 2020; Walter and McGregor 2020). It
follows that lower-income Black cisgender female providers may become more amenable to engaging in high-risk behavior to survive (Blair 2010; Gentile 2020; Tharoor 2020). Webcam, phone sex, and interactive porn offer opportunities for safer and paid contact, but Black street sex workers may not be able to take full advantage of these opportunities unless it had been a component of their work pre-COVID-19 (Naftulin 2020). Sex workers report that it is sometimes inconceivable to stop working, and the decision to stop is based on a host of external factors that influence daily behaviors, such as whether or not to travel to a reliable “big money” client or to an unsafe location chosen by a violent pimp (Gentile 2020; Holmes 2013). It is not surprising that Black cisgender female sex workers are among the most vulnerable groups during the pandemic. Anti-Black sentiment and the lack of access to crucial resources, including health care, support groups, and alternative financial opportunities, threaten the sex worker’s ability to survive the global crisis.

Dana

Dana¹ is a 42-year-old Black cisgender femme sex worker (BCFSW). She was a “throwaway” when she began sex work at 14 years of age. Her biological father, who began molesting her when she was 3, demanded that she leave “his house” after she refused to submit to his sexual advances. She was homeless for a month until she met Damian rummaging through a trash bin on 33rd Street looking for food. He offered security. She eagerly accepted. It was at that time that she began her life as an outdoor sex provider.

Dana described her experiences during both pandemics, COVID-19, and racism. She anticipates that the industry will shift for the worse, now that many minority women will be forced further underground. Five years before COVID-19, Dana attended individual therapy sessions twice a week, ostensibly to explore safe ways to transition out of sex work. Our focus was the sustained physical toll of the work, coupled with the painful emotional ambivalence when articulating her personal needs in the face of the perceived expectations of her colleagues and friends. In mid-March, Dana asserted that leaving the work and her community were no longer realistic options. She requested that the treatment should instead focus on her health and physical safety.

¹The patient’s name and other personal identifiers have been changed to protect privacy and confidentiality.
The initial transition of therapy into remote videoconferences using the Zoom platform was challenging for us both but in different ways. Our primary concerns were confidentiality and privacy. In-person sessions were emotionally intense. After 5 years of working together, we had crafted our own language. We were both US-born, first generation children of Black Panamanian working-class immigrants. Nonverbal communication was a crucial component of the treatment because she was a sex worker of color. The use of our bodies, specific facial expressions, and eye movements to convey delicate information is part of our cultural heritage. Implicitly, we both understood that certain things just cannot be said out loud, even when no one else was listening. The videoconference modality threatened that connection. Neither of us felt safe with the new platform. The popular Zoom videoconference computer program represented an oppressive entity, as we were forced to stop in-person sessions, at least temporarily. Dana was preoccupied about the duration of the online sessions. She foresaw that her resistance to attend remote sessions could have a negative impact on our new online relationship. I, on the other hand, was secretly pleased. I was facing the final presentation of my doctoral program, and she knew about it; but she did not know the urge I felt to cancel our sessions until I had completed my degree.

It was mid-March when we both agreed that the comfort of our respective apartments seemed a lot nicer than the twice-a-week, virally risky commute to my Manhattan office. We both preferred warmer weather, and pre-COVID-19 we often joked about working from home in the winter. Now the chance presented itself. Working from home also helped me avoid the concerns that the coronavirus pandemic presented for my own health and safety. Despite my initial reservations about remote therapy, I was ultimately content with the transition. It gave me more time to prepare for my graduation project. I expressed this to Dana during a FaceTime call. She shared her anger about what she interpreted as “my nonchalant attitude” towards her emotional struggle with our new arrangement.

Her disclosure made me aware of another feeling I noticed within myself but was ashamed to admit. I was near to the successful completion of my doctoral program, which filled me with a sense of enormous pride and even hubris. The closer I came to realizing this tremendous goal, the more disdain I felt towards Dana. I resented our sessions, especially as my deadline drew closer and the anxiety became harder to manage. Viewed from the perspective of shared trauma (Tosone 2011), I was dealing with my own reactions to the COVID-19 crisis, but was grateful that I did not share her predicament. Her situation was terrifying and exacerbated my own fears. Focusing on my impending graduation helped me to distance emotionally from Dana’s experience and avoid the full impact of the COVID-19 crisis.

I explored my countertransference in supervision. My supervisor is a 78-year-old white woman from Alabama who asserted that I was struggling between seeing myself as superior to Dana and wanting to represent a positive, empathic role model.
Her observation was difficult to hear and made me defensive, but we continued to explore the idea for several weeks.

I began online sessions with Dana on March 25, as I had cancelled the previous week, letting her know that I was extremely fatigued. She appeared to understand, but she didn’t. Her disappointment was apparent when we finally met. Dana was reliably effusive and gregarious in person. But on March 25, she had a flat affect and minimal body language and responded to my inquiries vaguely. The interaction felt as if we were slightly hostile acquaintances. Throughout the session she continued to sit quietly, looking down at what seemed to be the floor, occasionally glancing up at the camera, but her gaze never directly met mine. I thought “I could be using this time for my project.” I resented this awkward exchange and ended the session prematurely, advising that it would be more productive if we spoke at a time that was better for her. In retrospect, I must have sounded condescending and patronizing. I justified my response, reasoning that social distancing significantly impacted her ability to work, affecting her mood. We concluded the session confirming that we would continue meeting but, at her suggestion, reducing the frequency to once a week until she felt more comfortable with the new format. I was not curious, nor did I inquire about her request. I was ecstatic. On April 1, Dana was 15 minutes late to our second online session. She spoke a bit more freely; however, she remained stoic and sullen. At her request, we ended 10 minutes before schedule. It was 2 days before my presentation. I was again grateful for the extra time.

On our meeting after my presentation, I was drained yet alert. My resentment towards her subsided. She commented that she entertained terminating therapy because of the palpable distance between us. I was unprepared to appropriately address the topic. However, I silently acknowledged her concern. Subsequent sessions continued to focus on financial anxieties and the anticipated loss of her fellow sex worker colleagues due to increased substance abuse and possible COVID-19-related illness and death. We also explored her “basic dread,” which she described as a sense of severe hopelessness and constant presence in her life. To provide a more nuanced sense of our exchange and the feelings it evoked in me as we shifted to teletherapy, while we contended with the dual pandemics, I have included an excerpt from our 10th Zoom treatment session, a week after George Floyd’s public assassination in Minneapolis. Dana provided a written consent for our conversations to be transcribed and published.

**Transcript**

**Therapist:** How do you think COVID will change traditional sex work?

**Dana:** The money. It will not be the same. We lost a lot of money. We stand to lose more. I have savings, but I have been up at night pacing around my apartment, my chest tight, pulling my hair, drinking, trying to figure out how I am going to manage after that runs out. I have been homeless a few times in my life when I was younger, but not now, not at 42 years old. I cannot imagine. I am estranged from my
family members, and my sex work sisters are in the same predicament that I am, some worse.

**Therapist:** Before COVID, we were working on exploring possible alternative career paths. Is that still an option?

**Dana:** Part of me wants to say yes; part of me wants to say no. It is an extremely challenging question. We (sex workers) were already struggling with the FOSTA/SESTA reform.

It made sure that we cannot properly screen. That is scary! I know a lot of girls who continued to advertise off the radar at the increased risk of becoming another statistic. But COVID, completely unexpected, no time to plan, no time to think, I am in survival mode now. I am glad it is just me; if I had kids to worry about, I would be jumping off the walls right now. I thought about starting training or a job search from scratch. Truly daunting, what am I supposed to put on a cover letter or a résumé? What do I say when they ask what I have been doing for the last 27 years of my life? Smile nicely and say “Sir/Madam, I’ve been giving blow jobs.” That will not be in my favor unless I have a pervert boss. For that I might as well stay on the street. Every girl I know is trying to figure side hustles right now, but that does not look like a “traditional job.” Sex and sex work are my identity; that is all I know… at least for right now.

**Therapist:** I get it. There are a lot of difficult intersections between survival and identity and the choices one makes based on self-perception.

[But I did not really get it. However, I do feel sad and connected to Dana. As a Black woman, I do instinctively understand what she meant: that her skin color marked her for life and she felt pigeonholed and boxed in, despite attempts to seize control of her internal narrative. I had struggled with the same issue quite often. However, I still could not fully engage or connect with Dana. I also felt quite entitled. I was thinking to myself: you should have gone to school, invested in yourself. Look at me: you could have done something different. It is your fault. I was also terrified about her choice to continue to work with clients who she did not know. Absolutely terrified about her health and safety. I was also preoccupied about liability that I may have in this situation. We discussed safety precautions; however, our conversations did not feel as if they were enough. So many people were dying daily. I am not sure that I did my best here and judged myself harshly for it. I had hopes of working with Dana on a transition plan and assisting her with creating a new identity; when I was sure that those hopes were no longer a priority to Dana, I became even more resentful. I felt immense shame for thinking this way, but the thoughts flooded me, and I did not have the control or perspective to stop them.]

**Dana:** It is true. Look at everything that is happening now with the police. I am scared in a very different way than I have ever been. My life is at stake in a very different way. I sometimes feel a lack of inherent self-worth. I try, I really do, to feel good, to care for myself, and then I figure what is the point? When there is a loud voice telling you are nothing, you hear it; even when you try to tune it out, you hear it, and you believe it.

[As she spoke, I felt more shame; I tried to ask myself what had shifted in me? I understand her. I knew her story all too well. Was my completion of a doctoral
degree able to silence the voice of not good enough? Was I now able to have a better sense amid all the murders and the grief? Was my voice valid? Was I going to be able to write the articles, teach the classes, reform structural injustice in existing institutions, or create my own? Was I going to live up to the expectations of my family, friends, and professors who believed in me and dedicated their time to get me through this arduous journey? All I could feel as she continued to speak was a sense of embarrassment. I was ashamed that I represented a group who is disdained by white society. I was ashamed that I had worked so hard in my doctoral program to flee the common stereotypes, but that someone could still mistake me for a sex worker, a criminal instead of a doctor. I was angry at her for not being “a credit to her race”; I continued to listen as my stomach slowly churned.

**Therapist:** Tell me more about the “new” threats on your life.

**Dana:** I have always been under siege, in a sense. My father raped me. My first pimp/boyfriend raped me too and beat me. I am an intimate partner violence survivor, always have been. I experience very subtle forms of racism, so I am trying to put my finger on it. It is hard to identify; it kind of feels like I am slowly being erased. It is hard to describe. I am losing my community and my health. My resources are being threatened; it feels like we are slowly disappearing. It is strange to have this feeling amid protests, rallies, empowering social media posts where people are standing up and speaking out. I feel a sort of slippage though like I am going to wake up, be alive, but not exist. Cannot really explain it. This fuels my increased anxiety, panic, drinking, and hair-pulling. I do not have suicidal thoughts, but I sometimes think about the fine line between existing as a body and not as a person, remaining in a dissociative state so I can be just numb.

[I recognized that I was also a new threat, in fact, more dangerous than the police. I was a black woman who had somehow lost touch with her and the sense of empathy that had previously provided Dana with a feeling of strength and empowerment, at a time she needed me the most. Moreover, how was I going to process these feelings with a white supervisor who, I knew, held implicit bias towards me and towards the patient despite our connection. My supervisor and I had also been working together for 5 years, and we got along very well, but she was an older white woman who grew up in the forties in Middle America where racist ideology was, and is, a part of her cultural perspective. I do not believe for a second that my inner turmoil was lost on Dana. Because of her history and sophisticated understanding of trauma, she is incredibly intuitive and hypervigilant. She also seeks my approval and wants me to be proud of her; my new doctoral degree is as much hers as it is mine. I know that her unspoken desire is to connect again. We both need mutual confirmation that our collective and individual contributions to life do matter. To assist my endeavor, I concluded supervision sessions and now seek the guidance of a Black woman to work through these issues. I cannot afford to let Dana down.

I may look the part, but I do not have the stereotypical proletariat Black experience. My dual identity creates a multifaceted complexity to our interactions. On the one hand, my skin color, accent, and implicit cultural understanding deepen the bond between us. Dana often shares that our bond allows her to feel and articulate the most vulnerable parts of herself. She is a therapist’s dream. Yet, the other
identity, the one about which I am still not entirely certain, creates a divide between us and complicates the treatment. I feel a combination of negative judgment and shame towards her and towards myself. The fundamental challenge is to remain empathic, while still feeling that no matter how much professional success I have, I could still be mistaken for a sex worker.

Final Thoughts

As the current societal discourse has unfolded, the Black experience in the United States can only be fully appreciated by fellow Blacks. For that reason, Black therapists are expected to have better outcomes with their Black patients. While it can be assumed that Dana and I share several collective traumas in common, namely, the COVID-19 crisis and the ongoing pandemic of racism, our reactions reflect our respective positions in society – me as a newly minted doctoral graduate and Dana as a sex worker trapped by her history and present circumstances due to COVID-19. Although we have demographics and potential exposure to COVID-19 in common, shared trauma does not imply that we “share” the same experience. Rather, the term acknowledges that I, as Dana’s therapist, have reactions to her trauma history and discussion of COVID-19, while also contending with my own independent reactions to the convergence of the two pandemics. As a Black woman who has been chronically exposed to racism and now to the coronavirus pandemic, I have my own trauma narrative to tell. Paradoxically, our differences in background, family situations, professions, and societal positions need to be respected to more fully appreciate the trauma we share. To conclude, the complex empathy and rejection reactions experienced by a therapist who has endured similar lifelong societal abuse as their patient (as outlined here) need further exploration in the professional literature. This chapter is but a modest beginning step towards that end, as it is a nascent but essential step for Dana to enter the societal discourse on racism in America.

References

Blair, C. M. (2010). I’ve got to make my livin’: Black Women’s sex work in turn-of-the-century Chicago. Chicago: University of Chicago Press.

Bureau of Justice Statistics. (2011). Characteristics of suspected trafficking incidents, 2008–2010. Retrieved from https://www.bjs.gov/content/pub/pdf/cshti0810.pdf

Ditmore, M. H. (Ed.). (2006). Encyclopedia of prostitution and sex work (Vol. 1). Westport: Greenwood Press.

Ditmore, M. H. (2011). Prostitution and sex work. Santa Barbara: Greenwood Press.

Flowers, R. B. (2011). Prostitution in the digital age: Selling sex from the suite to the street. Santa Barbara: Praeger.

Gentile, D. (2020). SF sex workers forced to make tough and risky choices during pandemic. SF Gate. https://www.sfgate.com/offbeat/article/SF-sex-workers-weigh-in-on-working-through-the-15177239.php
Holmes, H. (2013). Fairfax prostitution sting nets 23 arrests. WJLA-ABC7 news. http://www.wjla.com/articles/2013/08/fairfax-prostitution-sting-nets-23-arrests-93028.html
Krüsi, A., Chettiar, J., Ridgway, A., Abbott, J., Strathdee, S. A., & Shannon, K. (2012). Negotiating safety and sexual risk reduction with clients in unsanctioned safer indoor sex work environments: a qualitative study. American Journal of Public Health, 102(6), 1154–1159.
Naftulin, J. (2020, April 2). Strippers, dominatrixes, and sex workers are being left out of a major US coronavirus relief package. Insider.com. Retrieved from: https://www.insider.com/sx-workers-are-ineligible-for-us-coronavirus-relief-package-2020-4
Tharoor, I. (2020). The pandemic is ravaging the world’s poor, even if they’re untouched by the virus. Washington Post. https://www.washingtonpost.com/world/2020/04/15/pandemic-is-ravaging-worlds-poor-even-if-theyre-untouched-by-virus/
The National Center for Victims of Crime, NCVRW Resource Guide. (2013). https://victimsofcrime.org/docs/ncvrw2013/2013ncvrw_stats_humantrafficking.pdf
Tosone, C. (2011). The legacy of September 11th: Shared trauma, therapeutic intimacy and professional posttraumatic growth. Traumatology, 17(3), 25–29.
Walter, L. A., & McGregor, A. J. (2020). Sex-and gender-specific observations and implications for COVID-19. The Western Journal of Emergency Medicine, 21(3), 507.
Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19 is an opportunity for gender equality within the workplace and at home. BMJ, 369, m1546. https://www.bmj.com/content/369/bmj.m.1546.