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Let's talk about sex: Discourses on sexual relations, sugar dating and "prostitution-like" behaviour in drug treatment for young people

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Abstract

Background: Sexual relations are a recurrent theme in drug treatment that aims for a holistic inclusion of concerns considered important in young people's lives. Nevertheless, it remains understudied how counselors attend to this theme **Aim:** To investigate the discourses on sexual relations in drug treatment for young people provided by the Scandinavian welfare state of Denmark **Analysis:** Drawing on qualitative interviews with 16 counselors the analysis first identifies three discourses that legitimize sexual relations as a theme in drug treatment by linking the theme to a) pleasure, b) risks, and c) problems. These discourses legitimize the theme by constructing sexual relations as part of the good life, as potentially harmful, or as related to past trauma triggering present problems. Second, the analysis identifies a gendered storyline on sexual relations in exchange economies, e.g., sugar dating, described by some counselors as "prostitution-like" behavior. **Findings:** The gendered storyline is almost exclusively linked to young women's behavior and produces a gendered shame by indicating deviant femininity. Simultaneously, the storyline taboos how the young men may experience vulnerable sexual relations in exchange economies **Conclusion:** Alternative discourses can provide a broader repertoire of subject positions to the benefit of all genders.

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Keywords
discourse, gender, holistic drug treatment, pleasure, risk, sex, sexual relations, shame, storyline, sugar dating

Should counsellors discuss sex and sexual relations with young people in drug treatment? In contemporary Danish drug treatment, counsellors seek to enact a holistic approach that includes all domains of young people's lives that are considered important, and this makes sexual relations a recurrent theme (Herold et al., 2019). Nevertheless, it remains understudied how counsellors talk about sexual relations with young people in the context of drug treatment. In this article, we examine the counsellors' discourses about *why* sexual relations should be addressed in drug treatment, *how* the discourses on sexual relations are activated differently in cases with young women and young men, and *what* the consequences are for the young people in terms of access to subject positions. We show how the current mainstream discourses inadvertently produce gendered shame and taboos that are harmful for both men and women, and we highlight an alternative discourse that provides young people with an expanded range of subject positions to the benefit of all genders.

The context of our study is Denmark; a case example of a Scandinavian public welfare model that provides citizens with a range of healthcare and welfare services. Local municipalities are obliged to provide free, community-based drug treatment to all citizens in need thereof. Young people who express a need for drug treatment are legally entitled to receive an appropriate treatment offer within 14 days (Termansen et al., 2015). Approximately 5,250 young people under 25 are enrolled in public drug treatment (Sundhedsstyrelsen, 2015). The majority, 83%, identifies cannabis as the drug they mainly use, often in combination with other drugs such as amphetamines or cocaine (Sundhedsstyrelsen, 2017). National guidelines commend a harm-reduction approach, and drug treatment programmes for young people do not aim at abstinence per se (Termansen et al., 2015). The legal basis of drug treatment (Law on Social Services, 1997), explicates that counsellors must be holistic and take the citizen's everyday life as a point of departure. The holistic approach incites counsellors to avoid seeing a problem drug use "in isolation" from the social context but rather to relate it to other challenges and resources in the young person's everyday life (Herold et al., 2019). Themes such as family relations, social networks, school/education/work, future plans and sexual relations are routinely addressed in drug treatment for young people (Andersen, 2014).

Previous research on how sexual relations are and should be addressed in the context of drug treatment has tended to focus on risks such as victimisation, sexually transmitted diseases, and unwanted pregnancies, and the studies often point to harm-reduction measures, such as initiatives on safe sex practices and family planning (Rash et al., 2016; Robinowitz et al., 2016; Rossi et al., 2000). Some researchers argue that a strong focus on risks tends to pathologize clients' sexuality and need for intimacy, as such an approach often neglects the positive aspects of sexual relationships (Hafford-Letchfield & Nelson, 2008). Rather than addressing sex merely in terms of risks, these researchers argue that sexual relations should be considered a basic human need (Simmons & Singer, 2006).

Another stream of research critically foregrounds gender issues and specifically the perceptions, performance, and (re)production thereof in drug treatment contexts (Campbell & Ettorre, 2011; Campbell & Herzberg 2017). Recommendations regarding the provision of gender-sensitive drug treatment or even gender-specific treatment models have long existed in the literature (Covington, 2002; Dahl

& Pedersen, 2008; Raven, 2007). Palm (2007) found that counsellors tend to exaggerate gender differences. Nevertheless, drug treatment is often performed differently for women and men (Fraser, 2010; Mattsson, 2005) reflecting distinct gendered assumptions (Laanemets, 2002; Samuelsson, 2015; Samuelsson & Wallander, 2014) that transcend national contexts (Moore et al., 2015).

Studies have shown how female sexuality and gender expressions are shaped and policed in community-based programmes (Andersen, 2015) as well as in prison-based programmes (Kolind & Bjønness, 2019) in ways that produce gendered shame targeting women who fail to enact "appropriate" femininity (Mattsson, 2005). These "failures" may concern heavy drug consumption as such (Campbell & Ettorre, 2011; Herold, 2015) but can also be linked to sexual relations and the suspicion of "prostitution-like" behaviour (Andersen, 2015). Women venturing into any type of sex selling have been considered violators of the "normative curfew" for decent, respectable women throughout the 20th century (Järvinen, 1993) and remain so to a large extent in contemporary society (Bjønness, 2012). While our study confirms that these considerations are still in force, we also identify ways to disrupt the production of gendered shame through an alternative approach to the theme of sexual relations in exchange economies.

Theoretical framework

In unpacking the discourses on sexual relations and identifying the subject positions these make available for young people in drug treatment, we draw on the work of Bronwyn Davies (1991), especially her concepts of discourse and positioning. Davies argues that subjectivity – the experience of being a person – is constituted through discourses in which people are positioned by themselves and others (Davies & Harré, 2018). Following Davies, we define a discourse as a multi-faceted public process through which meanings are progressively and dynamically achieved (Davies & Harré, 2018, p. 26). For example, discourses on gender may, over time, change the meaning of being a woman. The process is public in the sense that discourses concern shared rather than private meaning, and it is progressive in the sense that the meaning-making never starts from scratch but relates to already existing discourses.

Further, we define positioning as the practice of relating persons to discourses in ways that constitute their subjectivity (Davies, 1991; Davies & Harré, 2018). Positioning happens in relation to prevailing discourses that feature as "cultural master-narratives" (Herold, 2015, p. 194), and in relation to the other people involved; i.e., it is about the wider context as well as immediate interpersonal relations (Jansen, 2015, p. 34). Cultural master-narratives may shape people's perceptions of, e.g., "normal" sexuality and can have detrimental consequences for those who do not conform (Compton, 2020). Various discourses may be contradictory and the ways we think and feel about ourselves shift according to the subject positions we take up in various storylines (Jansen, 2015).

In counselling, therapists position themselves (e.g., as authorities), and at the same time they offer the person in therapy a position – or a choice of positions (Winslade, 2005, p. 253). These positions are loaded with meaning, and positioning may be described as manifestations of the politics of meaning-making (Winslade, 2005). What does it *mean*, for example, to be a young woman who engages in sexual relations with a man who offers drugs or clothes? The process of making meaning entails a production of subject positions and identities which are dynamically suggested, disputed and changed. As Maria Herold explicates:

> [P]eople continuously construct themselves and others through discursive practices which are carried out within, in opposition to, or in continuation of existing cultural understandings of for example drug use, romance, gender and age. (Herold, 2015, p. 194)

Various discourses co-exist and the possibility of multiple readings of the self affords the possibilities to resist, subvert, and change positioning through the activation of alternative discourses.

The opportunities to oppose a suggested subject position are, however, not the same for everyone. People who have insights into the constitutive power of discourses and learn to control them have greater opportunities to challenge positionings (Davies & Cath, 2000, p. 161). Young people enrolled in drug treatment often find themselves in vulnerable life conditions that may make it difficult for them to oppose the positions they are offered by counsellors. This means that "the socially available repertoire of storylines" (Davies, 1991, p. 49) in the counsellors' discourses on sexual relations can have major consequences for young people.

An important concern in our study is therefore whether the young people in drug treatment have "access to a subject position in which they have the right to speak and be heard" (Davies, 1991, p. 51) and whether the discursive constitution of that person allows them to "author their own multiple meanings and desires" (Davies, 1991, p. 51). Cases where the young people do contest the counsellors' positioning of them are particularly telling in relation to this. A young woman, for example, may angrily reject a counsellor's positioning of her as a prostitute, and if the counsellor, in response, aims to make her realise that in fact she is a prostitute, this counsellor enacts – we argue within this theoretical framework – a discursive approach that curbs the young woman's right to speak and be heard. As pointed out by John Winslade (2005), positioning cannot be released from the politics of meaning-making, but a counsellor can offer a person in therapy a choice of positions and seek to secure her right to author her own meanings and desires.

Data and methods

Empirically, this study draws on 16 qualitative individual interviews with counsellors working in drug treatment for young people conducted in 2018 by Ida Friis Thing and Viola Marie Skovgaard (Skovgaard and Thing, 2018). The study was developed in response to queries raised by Ditte Andersen's ethnographic research (Andersen, 2020). Her research indicated that counsellors and young people in drug treatment frequently talked about sexual relations and that the counsellors approached the theme in different ways depending on whether they were talking with a young woman or a young man. However, talk about sexual relations was not the focus of the original research project and hence the current study was designed to investigate this topic.

For this study, we recruited counsellors from public drug treatment programmes for young people in eight different municipalities covering both rural and urban Denmark. More women than men work as counsellors in Danish drug treatment (Benjaminsen et al., 2019; Albæk et al., 2019), and reflecting this 11 of the counsellors were female while five were male. Before each interview, the counsellors were provided verbal and written information about consent, the use of pseudonyms, and the retention of confidential data. The voluntary participation in the research project and the right to withdraw were emphasised. All interviewees gave informed consent and all the names of persons and places have been changed to protect the participants' identities.

In preparing for the interviews, the counsellors were encouraged to each think of three cases involving young people where sexual relations had been a concern. We started the interviews by inviting the counsellors to talk about these individual cases in as much detail as possible. This resulted in descriptions of 48 cases (16 × 3 cases) involving young people aged 15–25 years. We also asked the counsellors more general questions about whether and how they talked with the young people about issues such as contraception, sexually transmitted diseases, suspected or actual involvement in sex selling and whether addressing sexual relations was unnecessary

or inappropriate in some cases. The purpose of asking the counsellors to talk about specific cases from the outset was to encourage detailed, contextualised stories that enabled a nuanced analysis of how they ascribed meaning to the young people's sexual relations. The interviews were organised around a loose structure that allowed for digressions and provided space for novel surprising storylines in the empirical material (Mason, 2002). The interviews lasted 50–93 minutes. They were audio recorded and transcribed verbatim.

In the process of analysis, Thing and Skovgaard read the transcripts several times in order to gain an understanding of the empirical material and avoid a mechanic ad hoc coding (Coffey & Atkinson, 1996, p. 37). The cases chosen by the counsellors were summarised in ways that preserved coherent and detailed stories about each of the individuals. Subsequently, cross-sectional coding across interviews and stories was performed using QSR International's NVivo 10 qualitative data analysis software. Employing an abductive approach (Coffey & Atkinson, 1996, p. 47) the coding was carried out through a process of zooming in on details in the material, stepping back to see patterns, conceptualising findings and returning to the material. In this way we identified, among other things (Skovgaard and Thing, 2018), three discourses that legitimise sexual relations as a theme in drug treatment, and a storyline on "prostitution-like" behaviour which we present in the following section.

Discourses on sexual relations in drug treatment for young people

This section presents the findings of the analysis. The first part describes the three main discourses counsellors activate when legitimising sexual relations as a theme in drug treatment. In this part, we address the question of *why* sex and sexual relations should be a topic in drug treatment for young people. The second part addresses the questions of *how* the discourses on sexual relations are activated differently in cases with young women than young men and *what* the consequences are for the young people in terms of subject positions. Specifically, we examine a gendered storyline related to a discourse on sexual relations in exchange economies, i.e., relations where sex and resources (such as money, drugs or goods) are exchanged between the parties. Some of these sexual relations are referred to as sugar dating, and are described by some counsellors as "prostitution-like" behaviour.

Part I: Sexual relations as a theme in drug treatment for young people

The question we address in the first part of the analysis is *why* counsellors talk about sex and sexual relations with young people in drug treatment. Some of the counsellors explained that addressing the theme in treatment sessions sometimes felt "inappropriate" or "unnatural", and in various ways all of the counsellors described sexual relations as a sensitive theme that had to be articulated in specific ways to become a legitimate focus. Discourses develop around specific topics (Davies & Harré, 2018, p. 26), and through the analysis it became apparent how the specific case stories told by the counsellors were located within different discourses that varied in terms of concepts used, moral judgements and the subject positions made available within them (Davies & Harré, 2018, p. 27). We identified three main discourses that the counsellors activated when legitimising sexual relations as a theme in drug treatment. These were discourses on the pleasure, risks, and problems of sexual relations.

Pleasure: Sexual relations as part of the good life. The first discourse centres on pleasure and depicts young people's sexuality and sexual relations as important aspects of "a good life". In this discourse, sexual relations are a legitimate theme in drug treatment because it is important for the everyday wellbeing that counsellors are expected to help young people attain in a holistic approach (Herold et al., 2019). The

counsellor Carsten, for example, activates this discourse when stating that sexual relations should be included as a theme in drug treatment "because it is part of being a human being to have a sexuality". Annette provides another example of a story located within this discourse when she talks about a case involving a young gay man:

> **Annette**: That [sexuality] is what's going to carry him the rest of the time. It is such a basic condition of life, you know, who I am in terms of identity. Sexuality is a part of that, in my opinion. And that has to carry him for the rest of his life. He must identify the things that make it valuable for him to continue to abstain from smoking cannabis [which is what he wants]. [He must figure out]: "Why do I want this? What do I want with my life?" So yes, the future is hugely important, and figuring that out is what's going to carry him towards a life without drugs, where he have the guts to be who he is [in terms of sexual identity].

This discourse is also activated by Lars in response to the question: "There might be some who would argue that it [sexual relations] is not an issue drug treatment counsellors should pry into. What do you think about that view?" Lars answers:

> **Lars**: I think our job is to work towards a preferred life for the young people . . . Part of that is about having a good, normal well-functioning intimate life, whether it's an intimate good, close relationship with a boyfriend or girlfriend or another kind of sexual relationship. We also know that sex and intimate relationships are something that is being affected by being in a drug environment. And in general, living a youth life is all about [sentence left unfinished]. So if we shouldn't be able to deal with that too, I don't know how we should be able to help them.

In activating this discourse, counsellors often talked about the pleasure of future (rather than present) sexual relations. As Lars explains, counsellors "know that sex and intimate relationships are something that is being affected by being in a drug environment", and the counsellors' job is to help the young people establishing "good" and "normal" sexual relations. In subtle ways, many (but not all) of the stories located in this discourse temporally linked pleasure to sexual relations in the young person's future "life without drugs" rather than their current lives affected by drug environments.

Risks: Sexual relations as potentially harmful. The second discourse centres on risks, specifically "risk minimisation", as counsellors explain that including the theme of sex and sexual relations could prevent or reduce the risks associated with young people's sexual relations. The discourse was activated in various contexts, for example in relation to the prevention of unwanted pregnancies, the development of strategies to prevent sexual assaults in nightlife or drug-related environments, and the possible needs among young people for specialised services tailored to victims of sexual assault. The following quotation provides an example:

> **Karen**: Yes, it [pregnancy and parenthood] may well be topics [in drug treatment sessions]. Pregnancy is especially [a topic] when we meet young people who have a lot of sexual contacts. Then we talk about contraception, and how they protect themselves. And whether they protect themselves or not. And that they need to remember to protect themselves.

Another counsellor, Lisbeth, also activated the discourse of risk minimisation when explaining why sex and sexual relations should be addressed in drug treatment.

> **Lisbeth:** Well, because they need a lot of money and because the youth culture today is all about experimenting. And then we have the Internet, which is a very big factor, and nude pictures that are being circulated and films that are being recorded. I also have another girl who told me she was pressured to have sex with two [men], and because she was pressured so much, she eventually gave in. And it was recorded and posted online. And she feels terrible about it

> today. "You may want to have sex with two, but it does not have to be three", [Lisbeth repeats what she tells the young women] or "if you would like to have sex with someone, the door must be closed", or "if you're unsafe, keep your clothes on". So somehow, make them take care of themselves.

When activating the discourse on the risk minimisation, the counsellors link sexual relations to the potentially harmful consequences, e.g., unwanted pregnancies or revenge porn. Thus, the discourse legitimises the theme of sexual relations in drug treatment through the prospect of avoiding such ramifications. In this way, the discourse on risks orients towards the future in the same way as the discourse on pleasure, but substitutes the focus on desired futures with a focus on harms to avoid.

Problems: Sexual relations as related to past trauma triggering present problems. The third discourse centres on problems, specifically the "identification of problem drivers", i.e., the counsellors seek to identify the underlying cause of a young person's problematic drug use. In the following excerpt, Sara activates the discourse when describing the importance of addressing sexual traumas. Earlier in the interview, she talked about a young woman who had been subjected to sexual assault before she started using cocaine. Sara helped the young woman get sexual trauma therapy as a supplement to the drug treatment, and she subsequently stopped using drugs:

> **Sara:** She really didn't need to take cocaine [after the sexual trauma therapy]. It was really an escape. That's what she used it [the cocaine] for. She did not need that anymore because now she got her heart unburdened [in therapy].

On the one hand, the discourse suggests that the young people, deliberately or subconsciously, engage in problematic drug use to manage the effects of past trauma, such as a sexual assault (e.g., using drugs to avoid thinking about it). On the other hand, the discourse indicates that by addressing a young person's trauma, counsellors can mitigate problematic drug use. The counsellor Anna tells another story that activates the same discourse:

> **Anna:** I had a girl [in drug treatment] who had been raped, where it took us a really long time before we realised that the reason she needed to go out [partying] and take cocaine every weekend was simply to forget that assault, you know? And we [her counsellors] did not know that. And neither had she made that link in her mind. So it took [the counsellors] some time to figure out. But it is an attention like this I think we should have [in treatment sessions], and it must be there.

In contrast to the first two discourses, this discourse orients temporally towards the past. Thus, sexual relations are legitimised as a theme in drug treatment because past events such as sexual assaults are interpreted as reasons for the beginning or escalation of problem drug use.

Part II: Sexual relations in an exchange economy

In the second part of the analysis, we centre attention on *how* the discourses on sexual relations are activated differently in cases with young women than young men and *what* the consequences are for the young people in terms of subject positions. This section concentrates on one type of sexual relations which attracted much attention in the interviews; the type of sexual relations where sex and resources such as money, drugs or goods are exchanged between the parties.

The counsellors told many stories about this kind of sexual relations but they predominantly portrayed young women. Given the Scandinavian research that indicates that more young men than women actually have experience with some sort of selling sexual services (Bjønness & Jensen, 2019, pp. 33–36), we found the

absence of such stories involving young men remarkable.

In the main, the young people's need to finance illegal drug use on limited incomes caused the counsellors to question their methods for gaining access to the drugs. This concern, expressed by many of the counsellors, was largely gendered. While the counsellors linked the young men's support of their drug use to crime, e.g., drug dealing, they often guessed the young women's financing issue to be selling sex. To the question of whether the suspicion of engagement in sex selling is directed towards young men and young women, Katrine, a counsellor, answers:

> **Katrine:** Not about prostitution, no. It's only the women. And I do not think they [the women] get money. I think they get drugs.

Several counsellors told stories about confronting the young women with their concerns in order to encourage the young women to reflect upon their actions. In the following extract, Carsten describes confronting the young women he works with in drug treatment with the fact that they, according to him, might be involved in "prostitution-like" behaviour:

> **Carsten**: Sometimes I also phrase it like this: "It could sound like 'prostitution-like' behaviour, what you're doing. When you tell me that the guys you're with might not really be boyfriends after all but that it's quite nice because then you can get some clothes or some cannabis. . . ." Some [young women] get angry and say, "Not at all." They [say they] are "nothing like whores". And some get sad when they realise that there might be something to it. But they do not understand themselves as prostitutes. That's someone else. That's someone who is in the streets and something like that.

According to Carsten, the young women cannot identify themselves with the position of "prostitute" and the connotations of the term. He explains the necessity of confronting the young people with the word "prostitution" to make them reflect on their actions, but he also acknowledges the risk of their becoming angry enough to place his relationship with them in jeopardy (see also Bjønness, 2011).

In Carsten's story, the young women who, according to him, are involved in "prostitution-like" behaviour, are positioned as needing to "realise" that they belong to a different position from the one with which they identify. The counsellor Jonathan similarly described how it is his role as a counsellor to help the young women to recognise the problematic nature of their sexual relations. Earlier in the interview, Jonathan indicated that he knows many young women who have received food or clothes in exchange for sexual services. He explained that the young women did not perceive this as a problem or as crossing a line and offered his opinion that these young women were "pushing the boundaries like crazy". When asked how he talks about the theme with the young women, Jonathan explained:

> **Jonathan**: Well, you are getting involved in it [the conversation] and try to open it up by asking: "How would it be with your own children? Would you be okay if your own children did something like that? What do other people do? Do other girls also do like that? What do you think your mother would say if she knew?" So, I try to pose such reflexive questions that will, after all, make them pause and say, "God, you know what?" So . . . and then I think my ethics are that it is up to them [whether they want to continue]. But they owe themselves to think about it when they do it anyway.

In Jonathan's story, the young women who, according to him, are involved in selling sex need to realise that they are being positioned as deviating from the behaviour of "normal girls". In the excerpt, he discusses his attempts to make young women reflect on their actions, partly by positioning them as prospective mothers: "Would you be okay if your own children did something like that?" Another approach is

to get them to compare themselves with other young women: "Do other girls also do that?" In this way, the counsellor's reference to acceptable femininity becomes a way of conveying to the young women the perception of their behaviour as socially deviant: an insight intended to make them "pause" and, at the same time, warm to the socially accepted practices motivated by motherly feelings and the desire to perform "normal" femininity (Mattsson, 2005).

Jonathan's and Carsten's stories are examples of discursive practices in which the young women who, according to the counsellors, are involved in sex selling are positioned as deviant. The desirability of this position is doubtful. Whether or not the women actually are selling sex the stigmatised position of "the prostitute" may not be a desirable subject position from where to understand oneself. From Davies' perspective, the acquisition of the stigmatised position "prostitute" can shape young women's perceptions of themselves. For example, it can result in their acquiring negative and shameful attitudes about their sexuality (Järvinen, 1993). According to Link and Phelan (2001), stigmatisation is a process in which a characteristic, in this case the young women's sexual relations, is associated with unwanted stereotypes, and stigmatised people experience discrimination and loss of status. For these young women, the stigmatised positions may influence their social lives and their communities' perceptions of them. Furthermore, this type of positioning of the young women risks generating feelings of shame through the indication of deviant femininity.

An alternative storyline. Stories that problematised young women's sexual relations if they were (or were suspected to be) related to some kind of exchange economy were dominant in the empirical material. However, an alternative storyline that disrupted the mainstream discourse were also present. The counsellor Karen, for example, told a story about Amalie, a young woman who had a relationship with a man whom she herself referred to as her "sugar daddy". Karen described how the man acted as Amalie's "shoulder to lean on" and someone who offered companionship and peace of mind when she felt lonely. She indicated that Amalie, in addition to receiving food and money through this relationship, "gets sex", which she enjoyed engaging in with this man. In her account, Karen emphasised Amalie's own interpretation of the relationship as one in which "they both exploit each other".

In contrast to other counsellors, Karen presented a storyline where sex was part of the attraction for the young women engaging in sexual relations in exchange economies. This contrasts with other counsellors' stories in which sex was seen as a currency that the young women give in exchange for money or material goods, i.e., the women *give* sex while the men *get* sex. Unlike Carsten's and Jonathan's accounts, Karen's storyline positioned Amalie as a legitimate author of the readings of her own life rather than someone to be convinced of an incorrect interpretation of her relationship. From the perspective of Davies (1991), access to a subject position in which the young people can be the authors of their own multiple meanings, with "the right to speak and be heard" (Davies, 1991, p. 51), creates the foundation for agency. The alternative discourse activated by Karen allows the young women agency in navigating their own possibilities.

In the next passage, Karen talked about another young woman, Marie, who did not yet have a "sugar daddy" but was considering getting one.

> **Karen:** I had a girl who recently said, "But it's as easy as going out and buying cigarettes to find a sugar daddy". And just as ordinary, she kind of implied that she has begun to consider trying it out as a form of sexual adventure, where you, where I, with my age and my cultural understanding and norms, think, "Why that? Why not do it in a different way?" But I might have done it in a different way, which didn't have a name then [when Karen was young], or I don't know. It is also because now it ["sugar dating"] has a name.

> Perhaps it has always occurred to some extent, now it just has a name.[1]

The young woman, Marie, described the prospect of getting a sugar daddy as a "sexual adventure" and in her story about Marie, the counsellor Karen acknowledged Marie's own perception while also reflecting on her own position. Karen linked her initial puzzlement to her age and cultural background and noted that she as a young woman herself "might have done it in a different way, which didn't have a name then". Hence, she reduced the distance between Marie and herself by positioning herself as one who could have once thought and acted similarly to Marie. Rather than being positioned as deviant, Marie is not much different from the young persona of the counsellor.

Karen explained that instead of expressing her concerns in the conversations with the young women, she preferred to "plant the seeds for some new reflection". For example, she encouraged the young women to describe their ideas about sugar dating and think through the possible implications of engaging in such a relationship. Karen's storyline presented an alternative way of approaching the theme of sexual relations in exchange economies. Unlike other counsellors, Karen did not position the young women as prostitutes or victims. Rather she encouraged young women like Marie to reflect on strategies for avoiding harm while refraining from positioning the young women as deviants by virtue of their sexual relations.

Untold stories? Young men and the taboo of male prostitution. The same counsellors who highlighted sugar dating and sex selling as themes in their treatment sessions with the young women indicated that they rarely, or never, introduced the theme in conversations with young men, despite research indicating that more young men than women in the Nordic countries have experience with selling sexual services (Bjønness & Jensen, 2019, pp. 33–36; Dahl & Østergaard, 2021, p. 7). For some counsellors, this reflected an inability to imagine that some of the young men they work with are selling sexual services. For others, it is a suspicion they leave unarticulated in the treatment sessions. Rikke, a counsellor, explained that she was aware of young men's involvement in sugar dating and describes this group as "difficult to reach"; a perception shared by several other counsellors. She clarified:

> **Rikke**: It is more taboo for the young men to say "I'm actually selling myself" because it's often to other men, and then there's homosexuality involved. So it's my impression that young men are hiding it more.

Similarly, the counsellor Patrick pointed out that selling sex among men is even more likely to be associated with shame. He exemplified this by talking about a specific young man he had worked with:

> **Patrick**: Based on some of the things he talked about, I had a suspicion that we were dealing with prostitution: male prostitution. But it is such a shameful topic, so then he himself really has to say something first. Then I can take it from there. It's okay sometimes to be wrong [in your assumptions as a counsellor]. I am sometimes in a conversation. But when it comes to whether you as a young guy are selling your ass because you need drugs, it's bad to make mistakes . . . There must be something more concrete before I would take action.

In summary, this section highlighted a dominant gendered storyline in the counsellors' stories about sexual relations in exchange economies. While concerns about sex selling among the young women dominated the empirical material, descriptions of young men engaged in such behaviours were, with few exceptions, absent. When the young men were included in the counsellors' stories about selling sex, they were positioned as a particularly stigmatised group. The topic of young men engaging in selling sex was described as taboo that was rarely raised in treatment sessions with young men.

Discussion: Gendered storylines and the possibility of multiple readings

Sexual relations remain an intimate topic, even in Denmark, which, by international standards, have relatively relaxed attitudes about sex and sexuality (Hald, 2006). Consequently, the counsellors in drug treatment need to legitimise their attention to sexual relations in order to distance themselves from a violation of the young people's privacy. This study demonstrated how counsellors activate discourses that link sexual relations to pleasure, risks or traumas when they legitimise the theme of sexual relations in drug treatment.

The mere establishment of sexual relations as an important theme does not, however, provide guidance for how to address the theme. Drawing on the theoretical framework of Davies (1991), our study further argues that the ways in which counsellors discursively address the theme provide the young people with a limited or, conversely, diverse repertoire of subject positions (Winslade, 2005). This was exemplified through an analysis of the counsellors' storylines on young women with sexual relations in exchange economies. The majority of counsellors positioned these young women as engaged in "prostitution-like" behaviour. In contrast, an alternative approach offered the young women access to a subject position from which they could draw on discourses other than deviance, victimhood, or prostitution, for example allowing the young women to position themselves in the storyline of a sexual adventure.

The difference between the approach enacted by the majority of counsellors and the alternative approach is two-fold. First, there is a difference in terms of the content of the storyline. The majority approach discursively linked the sexual relations in exchange economies to social problems, regardless of whether the young women themselves experienced these sexual relations as problematic; the alternative did not. Second, there is a difference regarding who is positioned as the author of the meaning (Davies, 1991). The majority approach positioned the counsellor as the author of meaning; the counsellor was an authority who sometimes needed to make the young women "realise" the problems of sexual relations in exchange economies. In contrast, the alternative approach positioned the young women as the authors of their own multiple meanings and allowed them to express their concerns.

On the one hand, the alternative approach created a potential for young women to understand their sexuality in more varied ways, and it may facilitate a treatment alliance built upon trust and respect (Bjønness, 2011). Reviewing the approach through the theoretical lenses inspired by Davies, it appeared that the alternative storyline worked as a disruption with liberating potential by providing young women access to a broader range of subject positions (Davies, 2007, p. 203). On the other hand, the alternative approach could also be viewed as failing to address genuinely risky sexual relations. Thus, it could be perceived as neglectful rather than liberating. Empirical studies indicate that young women are more likely than men to experience sexual assaults and generally have a higher exposure to sex-related risks (Oldrup et al., 2016, p. 107). Such findings call for a greater awareness of the risks for women engaged in sexual relations in exchange economies.

Nevertheless, counsellors need to be aware of the pleasures, risks, and problems experienced by both young women and young men (Groes et al., 2021). The gendered storyline linking the sexual relations in exchange economies exclusively to young women is empirically flawed, as research indicates that young men may have more experiences with selling sex than young women (Bjønness & Jensen, 2019, pp. 33–36; Dahl & Østergaard, 2021, p. 7). Moreover, the gendered storyline is unsound given the goal of drug treatment for young people: namely, the facilitation of their pursuit of "the good life". For the young women, the current mainstream storyline

produced a gendered shame, e.g., by making them see their sexual relations through the eyes of disapproving others. For the young men, the counsellors' avoidance of the theme inadvertently created a taboo.

The gendered storyline made it difficult for the young women to talk about their sexual relations in the exchange economy without being positioned as either a victim or a deviant. For the young men the storyline made it difficult to discuss their experiences of selling sex and to address the possible related risks and feelings of vulnerability. Therefore, in terms of practical recommendations, the study indicates that counsellors need to develop ways of talking about sexual relations in exchange economies that avoid the creation of shame and taboos.

The absence of young men in the stories of sexual relations in the exchange economies reflects differences in the socio-cultural narratives available for young men and women (Henriksen et al., 2019). While counsellors can and do make significant efforts to be sensitive in accommodating the individual needs of young people, the treatment sessions take place in a societal context that frames them within a set of discourses. While the Scandinavian context is characterised by ideals of gender equality, female users of drugs still experience gendered expectations and often encounter a pressure to enact traditional femininities (Dahl & Sandberg, 2015). The gendered shame and taboos identified in this study are thus not an "on-site invention" produced by these particular counsellors. Rather, the gendered storyline echoes the "cultural master-narratives" (Herold, 2015, p. 194) of the society in which the sessions are embedded (Dennis, 2008; Järvinen, 1993). Recent research calls into question the gendered stereotypes of sex selling, and contributes to a more nuanced picture of differences – and similarities – in the experiences of young men and women (Järvinen & Henriksen, 2018). In line with this research, our study stresses the need for change in the societal discourses: change that goes well beyond the reach of individual counsellors.

Conclusion

This study identified three discourses activated by counsellors working in the context of public drug treatment in Denmark in their explanations of *why* sexual relations are an important theme to be addressed in during the treatment of young people. The discourses linked sexual relations to (a) pleasures, (b) risks, and (c) problems. Further, the study called attention to *how* the discourses on sexual relations are activated differently in cases with young women than with young men and *what* the consequences are for the young people in terms of subject positions. Specifically, the study documented how the counsellors routinely described a concern of "prostitution-like" behaviour among young women in a way that produced gendered shame targeting young women, while inadvertently making sexual relations in the exchange economies taboo in cases with young men. Counsellors need, this study suggests, a repertoire of ways to talk with young people in drug treatment about sexual relations in exchange economies that is neither neglectful of the risks and harms the young people may experience nor curbs their right to speak and author their own meaning. We demonstrated in this study how an alternative discourse has the potential to provide young people with an expanded range of subject positions to the benefit of all genders.

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Note

1. The concept of "sugar dating" was introduced to the mainstream public debate in Denmark in 2014 (www.dr.dk/nyheder/indland/sugardating-ny-graazone-prostitution-vinder-frem-paa-nettet). See Bjønness and Jensen (2019) for an overview of how the terminology in Danish public debate is changing.

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