



**What Happens When Sex Workers Actually
Need Mental Health Support?**

Sex Work and Mental Health

Access to Mental Health Services for People Who Sell Sex
in Germany, Italy, Sweden, and UK*

Policy-Relevant Report

**Dr P.G. Macioti
Dr Giulia Garofalo Geymonat
Prof. Nicola Mai**

June 2021

*Research funded by the Public Health Fund of the Open Society Foundations and
hosted by Hydra e.V., Berlin, Germany

Principal Investigators

(in alphabetical order)

Dr Giulia Garofalo Geymonat, Ca' Foscari University, Venice, Italy
Dr P.G. Macioti, ARCSHS, La Trobe University, Victoria, Australia
Prof Nicola Mai, University of Newcastle, New South Wales, Australia

Research Assistants Team

(in alphabetical order)

Yigit Aydinalp, Aura Cadeddu, Ophelia Eglentyn, Antonia Filipova,
Liad Hussein Kantorowicz, Olga Wennergren.

Acknowledgements

First and foremost, we wish to thank all sex worker participants for having shared their personal stories and experience with us, as well as their insights and expertise on the issues dealt in this research. We also wish to thank the mental health practitioners who agreed to be interviewed and helped this research take shape.

Also important to this research was the feedback we got on various parts of it that we presented at the following conferences: '9th European Public Health Conference', Vienna November 9-12, 2016; 'Displacing Sex for Sale' ProsPol COST Action Conference, Copenhagen March 29-31, 2017; Murder, Mental Health and Sex Work – a Symposium, London July 11, 2017; 'Sex Works!' Pink Therapy's 6th Annual Conference, London March 23-24, 2018, and 'Sex work, human rights and health: assessing 20 years of Swedish model' Fuckförbundet Conference, Stockholm September 30, 2019, as well as the attentive comments we received from the psychotherapists Idan Segev and Lucia Gonzo. Thank you.

Thank you to Denise Rinehart and J.P. Ducharme for their assistance with our website and report design.

A special thank goes to Luca Stevenson and the International Committee on the Rights of Sex Workers in Europe (ICRSE), for having provided support and advice throughout this project.

Sebastian Kohn at Open Society Foundations was incredibly helpful, reliable and patient with us. Thank you, Sebastian.

Finally, we also owe the successful completion of this research to the administrative skills and conceptual inputs of Simone Wiegatz at Hydra e.V., Berlin, whom we thank wholeheartedly for this, but also for the many tireless years she dedicated to SUPPORTING sex workers' rights to health, social wellbeing and acknowledgement in society.

SWMH Index

INTRODUCTION	3
METHODOLOGY AND SAMPLE	3
MAIN AIMS	5
KEY FINDINGS :	5
KEY POLICY RECOMMENDATIONS :	8
SWMH GERMANY	9
SEX WORKERS' EXPERIENCE OF MENTAL HEALTH - GERMANY	10
SEX WORKERS ACCESS TO AND EXPERIENCE OF MENTAL HEALTH SUPPORT - GERMANY	12
SUMMARY OF FINDINGS AND LEGAL CONTEXT - GERMANY	14
SWMH RECOMMENDATIONS SPECIFIC TO THE GERMAN CONTEXT:	15
SWMH ITALY	16
SEX WORKERS' EXPERIENCE OF MENTAL HEALTH – ITALY	16
SEX WORKERS ACCESS TO AND EXPERIENCE OF MENTAL HEALTH SUPPORT – ITALY	18
SUMMARY OF FINDINGS AND LEGAL CONTEXT - ITALY	20
SWMH RECOMMENDATIONS SPECIFIC TO THE ITALIAN CONTEXT:	21
SWMH SWEDEN	22
SEX WORKERS' EXPERIENCE OF MENTAL HEALTH - SWEDEN	22
SEX WORKERS ACCESS TO AND EXPERIENCE OF MENTAL HEALTH SUPPORT - SWEDEN	25
LEGAL CONTEXT AND SHORT SUMMARY OF FINDINGS - SWEDEN	30
SWMH RECOMMENDATIONS SPECIFIC TO THE SWEDISH CONTEXT:	31
SEX WORKERS' EXPERIENCE OF MENTAL HEALTH - UK	32
SEX WORKERS ACCESS TO AND EXPERIENCE OF MENTAL HEALTH SUPPORT - UK	36
LEGAL CONTEXT AND SHORT SUMMARY OF FINDINGS - UK	40
CONCLUSIONS	41

INTRODUCTION

The research project **Sex Work and Mental Health: Access to Mental Health Services for People Who Sell Sex (SWMH)** in Germany, Italy, Sweden and UK ran between March 2016 and December 2018. Funded by the Public Health Fund of the Open Society Foundations SWMH was hosted by the sex worker organisation Hydra e.V. in Berlin, Germany. SWMH investigated sex workers' own understandings of their mental health needs and analysed the way they perceive and evaluate mental health services that are actually available to them, in countries with diverging legal approaches to sex work (legalisation in Germany, and different forms of direct and indirect criminalisation in Sweden, Italy and UK) and quite distinct models of welfare, culture and economics in relation to gender, sexuality and mental health.

The team consisted of three principal investigators (PIs): Dr Giulia Garofalo Geymonat, Dr P.G. Macioti and Prof. Nicola Mai and six research assistants (RAs): Yigit Aydinalp (UK), Aura Cadeddu (Italy), Ophelia Eglentyn (Sweden), Antonia Filipova (Germany), Liad Hussein Kantorowicz (Germany) and Olga Wennergren (Sweden). The RAs conducted qualitative interviews with 118 sex workers of different genders, race, sexualities and residence status, and from different sections of the industry (e.g. indoor, street and internet based). The interviews with sex workers took place in private homes, outreach projects' private rooms, quiet public spaces or on Skype, they lasted an average of two hours, and followed the same guidelines across countries. Interviews took place in Bulgarian, English, German, Hebrew, Italian, Kurdish, Swedish and Turkish and were translated into English by the RAs and by Dr PG Macioti (Italian and German). The PIs and RAs also interviewed nine mental health providers with experience of working with sex workers in order to have a better understanding of their experiences and views on sex work and mental health, and of the possibilities they have or not to get trainings and supervisions on the matter.

Further information on SWMH can be found on its website: <https://www.sexworkmentalhealth.org/>

Methodology and Sample

SWMH was a participatory, peer-inclusive research project. 80% of the whole research team consisted of current and former sex workers and people working in sex worker led organisations. This in order to include people directly concerned in the study of issues regarding their communities, to gain better access to and insight within the highly stigmatised populations researched and to ensure non-judgemental research questions and approaches. Working with RAs of different genders, sexualities, ethnic backgrounds, migration and mental health histories enabled us to reach out to a great

variety of respondents. The RAs were consulted throughout the research and worked closely with the PIs to discuss research questions and recruitment methods. Sex worker participants received €50 (or its equivalent in other currencies) as a compensation for their time. To protect confidentiality, all (legal as well as working) names of sex workers interviewed have been changed to a pseudonym and interviews were typed rather than recorded. For the same reason, the names of outreach projects, mental health practitioners and service providers mentioned by respondents will not be disclosed in this report. In the case a participant was the only one from a specific country, to avoid possible identification we indicated the larger geographical region they came from instead (e.g. "Southern Europe" or "North America").

The interviews with sex workers were purposive: only those with some experience of mental health issues were contacted through informal networks, snowballing and support organisations. Therefore, the research does not reflect the prevalence of mental health issues amongst sex workers, nor does it identify causal links between mental health and selling sex. We aimed instead at shedding light on specific mental-health-related work hazards in different legal contexts and on sex workers' own experience of mental health and of support services, as well as their own understandings and views on the needs of sex workers in regard to mental health.

Our methodology partially addressed existing biases in research on sex work and mental health:

1. Scarcity of peer-based participatory research approaches
2. Scarcity of cross-sectional studies: tendency to focus on specific sections of the sex working population (e.g. street work or indoor work)
3. Tendency to focus on specific aspects of workers' mental health (e.g. drug abuse /PTSD/history of abuse and suicide).
4. Under-representation of men and trans workers, and scarcity of cross-sectional research in terms of gender.
5. Under-representation of migrant sex workers compared with trafficking victims. Existing literature is very poor on the implications of migration history, status and deportability on sex workers' mental health, it rather focuses on the implications of trafficking and coercion.

The aim was to avoid pathologising and victimising sex workers as a category, while engaging with their experiences of mental health and of the related support services.

Overall, among the 118 respondents were 78 (66%) cisgendered women, 13 cisgendered men (11%) 27 transgender and non-binary (22%), 29 Black, Indigenous, and Other People of Colour - BIPOC (22%) and 63 migrant sex workers (53%). Their

age ranged between 19 and 79. More detailed information on the sample will be given in the country-specific sections to follow.

Main Aims

The main aims of SWMH were to:

- Explore the impact of different legal sex work frameworks on the mental health needs of sex workers as well as on their access to, and the quality of, existing mental health services.
- Analyse how and which structural barriers affect sex workers' experiences of mental health and access to (quality) support.
- Map sex workers' mental health needs starting from their own understanding and experiences of mental health and sex work.
- Identify best support and care models for sex workers with mental health problems.
- Produce overall and country-specific policy making recommendations for the improvement of sex workers' mental health and access to care.

SWMH Key Findings :

Sex workers' experience of mental health and sex work:

- Sex work is an important source of income for many sex workers with mental health needs who experience exclusion from mainstream labour markets.
- Sex workers with mental health needs display a variety of problems. These problems are largely experienced as separate from sex work, but the conditions under which sex work is performed may aggravate them.
- Sex workers see stigma as the most common burden on one's mental health connected to sex work.
- Many BIPOC, migrant and transgender sex workers experience intersectional stigma in relation to their race, gender identity and ethnicity as an important burden on their mental health.

- Sex workers who work under criminalised, precarious and unsafe conditions; suffer violence on the job; and lack valid documents and/or housing experience these as greatly detrimental to their mental health.
- Coercion and trafficking are clearly experienced as separate from sex work and as harmful to one's mental health.
- Sex workers who feel forced to work see sex work as detrimental for their mental health.
- Some sex workers experience sex work as beneficial to their mental health - because of the financial independence they gain from it and because it allows them to process past traumas and gain self-esteem.
- Several sex workers saw aspects of their work as a form of mental health support or counselling for their clients.
- Many sex workers feel the way sex work will affect one's mental health depend on the personality and individuality of the worker, like in any other job or profession.

Sex workers' access to mental health services:

- Stigma (defined as the fear of being blamed or pitied within therapy/counselling and of being filed as sex workers on one's health records) is a great deterrent for sex workers from seeking mental health support or from opening up about their sex work experiences with mental health practitioners.
- Lack of valid documents and language barriers hinder migrant sex workers' access to mental health support.
- Many sex workers feel there is either no tailored mental health support for them or that they lack information about it.
- Sex workers feel that quality, specialised, non-judgemental and free mental health support should be widely available and accessible to all sex workers. Many feel mental health support staff should have sex work experience or be trained by sex workers.

Sex workers experience of mental health services:

- 86% of sex workers interviewed accessed some form of mental health support, ranging from social workers within outreach projects to psychologists or psychiatrists. 14% had no access because of lack of trust, documents, or information.

- The vast majority (93%) felt sex work was an important part of their lived experience and that it should be disclosed in therapy - even if they saw it as separate from their mental health problems.
- The majority (88%) of sex workers who accessed care mentioned sex work to some (16%) or all (72%) the mental health professionals they saw.
- 58% of sex workers who disclosed sex work had bad, judgemental and stigmatising experiences and found the care damaging rather than helpful. Most negative experiences were within the public health system. In Sweden they were also with private practitioners and specialised services for sex workers.
- Among 42% of sex workers who disclosed sex work and experienced good mental health provision, a majority (73%) accessed non-judgemental, specialised outreach projects for sex workers, for LGBTQI people, for drug users or for people living with HIV. 15% paid for private practitioners themselves and 12% received helpful public psychiatric care.
- Sex workers agreed that preconceptions and prejudice about sex work are hugely detrimental to good or successful therapy.
- Sex workers stated that mental health support is only helpful if it is non-judgemental and non-victimising towards sex workers.

Coping strategies:

- Sex workers displayed a great array of tools to face sex work stigma and to cope with their mental health needs. The most relevant were:
 - Building and belonging to peer communities and support networks.
 - Being out and not leading a double life (yet 44% were not out to their families of origin).
 - Self-care.
 - Learning to set boundaries at work.
- Some sex workers reported drugs and alcohol use as a way to self-medicate.

Legal frameworks and mental health provision:

- There is a positive proportional relationship between sex workers' experiences of isolation, stigma, lack of access to quality mental health support and peer networks, and the criminalisation of sex work/sex work related activities.
- There is a positive proportional relationship between sex workers' experience of non-judgemental attitudes towards sex work amongst mental health practitioners

/ specialised services and the degree to which sex work is acknowledged as work within a country's legal framework.

Mental health support:

- Mental health practitioners should:
 - receive anti-stigma training focussed on the intersections of sex work experience, race, gender and ethnicity - ideally provided by sex workers/peer community organisations.
 - never assume sex work is the reason for their sex worker clients' mental health problems.
 - be non-judgemental and accepting regardless of their own stance on sex work.
 - listen to their sex worker clients and ask them if they wish to talk about sex work in therapy before posing any further questions about it.
- Specialised, non-judgemental mental health support and services for sex workers should be funded and promoted. These should be:
 - free of charge for sex workers.
 - never require clients to stop sex work to access support.
 - always anonymous and accessible to all sex workers regardless of migration status.
 - available in different languages.
 - disseminated and advertised widely among different sex workers and sex work sectors, including a list of sex worker friendly/trained practitioners.
 - peer-led

SWMH Key Policy Recommendations :

Sex work legal framework:

- In order to prioritise the health and safety of all sex workers; address and decrease stigma; and maximise access to quality mental health support, housing and peer support we recommend law reform to:

- o fully decriminalise sex work, including third parties, sex work clients and migrant sex work.
- o involve sex workers in decision and policy making from their inception.
- o address sex work stigma by introducing targeted anti-discrimination laws and funding anti-stigma campaigns.
- o acknowledge existing stigma and safeguard sex workers' anonymity, abolishing the filing and registration of sex workers, and expunging any pre-existing records (including health and criminal ones) about their work.

SWMH Germany

Between 2016 and 2017, SWMH collected 30 interviews with sex workers with mental health needs in Germany. Respondents were contacted through the peer RA's personal contacts, snowballing and through the help of three outreach organisations for sex workers, for men who have sex with men (MSM) sex workers, for transgender people, and for migrant and drug using street sex workers in Berlin. Among the sex workers interviewed were 20 cisgender and three transgender women, two cisgender and two transgender men and three non-binary sex workers. 26 identified as white and four as BIPOC. 17 respondents were migrants (places of origins included Northeast Africa, Australia, East-, North- and Southern Europe, Israel Palestine, Thailand, and US), of which four had at some point worked without a valid work visa and three were BIPOC. Three sex workers had experienced trafficking in the past but had continued working independently after. The sex workers interviewed worked in different sectors, including street-based, indoor (brothels, saunas, bars and strip clubs), online-based escorting, BDSM, porn, webcamming - most had worked in different sectors. 13 were raised in middle class families, 15 had a working-class background, two described themselves as lower middle class, ten had higher education. Their age ranged between 19 and 57.

The respondents' mental health needs ranged from ADHD, anxiety, bipolar disorder, depression, suicidal thoughts and drug problems. Crucially, only three sex workers interviewed in Germany had not accessed any mental health support. This was because all three felt capable of managing without, yet one of them was not aware of any specific services available to migrant sex workers and would have wished to have known about them.

Among the 27 sex workers who had accessed mental health services, thirteen had some mental health support by social workers in specialised outreach projects for sex workers (including one project for sex workers, one specifically for MSM sex workers, and one specialised in street based and drug using sex workers) and/or for gay men or transgender persons. The rest saw general therapists, either paying for it themselves or covered by their health insurance.

Sex workers' experience of mental health - Germany

All respondents felt that stigma and double life played a central role in sex workers' experience of mental health. Intersectional stigma was also felt very strongly by multiply stigmatised sex workers, such as transgender persons or drug users.

People think sex work like something dirty and bad. That's not good for the psyche. I do not want to be ashamed cause I have this job.

Jasmine (24), cis female Bulgarian street and indoor sex worker, Germany

With me and the other trans people is even more difficult because often we have double lives with our families because many trans people dare not be themselves. And the sex work is added, many family members do not know that their family member is a sex worker. This can lead to mental health problems.

Isabella (36), trans female Eastern European migrant escort, Germany

Several sex workers saw sex work as the best available opportunity to support themselves financially in view of their mental health. Some experienced their mental health issues, as well as being transgender, migrant and of colour as factors hindering access to the mainstream labour market.

That's why I do sex work - it's the most fitting to my mental health.

Leo (23), trans male white southern European migrant who worked as female street and brothel worker and now as trans male escort, Germany

I'm a trans woman of colour with a migrant background and my mental health stuff doesn't allow me to seek out office-work type jobs. My social ramifications [i.e. identities] don't allow me to have a job that would fit normal standard qualifications'.

Andrea (24), trans female black Northeast African migrant street, indoor and fetish worker, Germany

Many sex workers interviewed made a clear point of the way bad working conditions, experiences of trafficking and coercion were related to bad mental health, rather than sex work itself:

Many sex workers feel very good doing it, are happy to do it and have no trouble with mental health. It is something very different I find, when they have bad working conditions and other problems, then that is connected with mental health very strongly.

Natalie (44), cis female Bulgarian migrant former indoor sex worker, Germany

There is a lot of stress in this job. Each comes to terms differently with it and each should find their way. Sex workers who do not work voluntarily often have problems with mental health.

Reni (36), cis female Eastern European formerly trafficked migrant street worker, now independent escort, Germany

Difficulty in finding housing was also largely experienced as negatively affecting mental well-being.

[Difficulty in finding housing] is a problem that many have in this industry. Therefore, it plays an important role in relation to mental health.

Kiesia (42), cis female Thai former indoor sex worker, Germany

Many felt there is a relationship between sex work and mental health inasmuch as work and sexuality always influence one's emotional well-being, while several mentioned sex work as potentially positive for one's mental health.

In the broadest scale- sex work is work, so human activity affects mental health cuz it's how you exist financially in the world and in a social structure. (...) There's an intercrossing that sexuality is a part of mental health and vice versa, and both are affected and affect sex work and body politics. (...) Without being black and white, it can be traumatizing, with all the stigmatization and abuse from clients, society, in relationship to your body, but it can be improving your mental health – it can be empowering. You can take on roles that are therapeutic by taking on characters that help you understand who you are.

Andrea (24), trans female Northeast African migrant street, indoor and fetish worker, Germany

It does my mental health very well, to be revered and appreciated and well paid. I am sexually sought after. I learned a lot about boundaries in sex work.

Alexa (41), cis female white German indoor sex worker and dominatrix, Germany

Sex work is a healing process. With sex work I can determine myself what I want from my body.

Emy (47), trans female white German indoor sex worker, escort and dominatrix, Germany

Sex workers access to and experience of mental health support - Germany

23 of the 27 sex workers who accessed services in Germany disclosed their sex work to their mental health practitioners. All but four eventually found non-judgemental, good and useful support (a few had some negative experiences in the past). Of these four, two felt the support they got was only useful in the short term, while two had ambivalent feelings about it. Social workers in outreach projects and non-judgemental practitioners (regardless of their knowledge of or stance on sex work) were experienced as very helpful, but only providing entry-level support and advice, which participants felt should ideally be followed up with some form of actual therapy.

As far as I know the therapist is straight and married. She told me that polyamory is a word that doesn't exist in German. But she doesn't give me sex work shit. She seems so ignorant about things that are my world but then she's like 'Oh in that context I could see how that makes you feel such and such'. Thanks, straight lady!

Giselle (38), gender queer white North American migrant working as female escort and stripper, Germany

At Y [outreach project for sex workers] the social counselling was good, positive (...) you are a 'client' there so when you are independent and you have your life back so to speak, you don't go anymore [she later went on to group therapy].

Monika (29), cis female white Bulgarian migrant former indoor sex worker, Germany

Though the vast majority had experienced some form of mental health support, the high cost of health insurance was seen as preventing many sex workers from accessing long term therapy or counselling.

Many sex workers have no way to go to therapy, they have no insurance and paying for it themselves is very expensive.

Kiesia (42), cis female Thai migrant former indoor sex worker, Germany

Yet, the majority of insured participants found it difficult to be taken as a new patient, as generally (not only for sex workers) the demand for therapy in Germany is higher than the supply actually available within the privatised health system covered by insurance.

Most respondents spoke about the need for more specialised mental health services for sex workers and for mental health practitioners to undergo specific trainings delivered by sex workers themselves. Several also wished for a better circulation of information about existing services for sex workers - in different languages.

If practitioners could become sex worker certified, if sex workers could come and educate you to not be an asshole and you'd have a stamp on your website, that would be nice.

Queen (33), cis female white northern European migrant escort, Germany

More employees with different language skills should be hired and more information should be sent to sex workers. I think there is not enough advertising and more offers should be available.

Isabella (36), trans female Eastern European migrant escort, Germany

Language barriers were seen as a problem for accessing services by most migrants. Working without a valid visa and anti-migrant biases were experienced as highly distressful.

Language is the main obstacle. I also hate when people are mean or angry at me. Whenever I try to get help in Germany, I feel like people are yelling at me like 'you're stupid, why are you here? You should go to some other place'. The German bureaucracy system doesn't always make sense. So the trouble and fear of being insulted is my main obstacle.

Queen (33), cis female white northern European migrant escort, Germany

[Does language affect how you get information about services?] Yes. And visa uncertainty brings instability.

Leila (39), cis female white Israeli migrant former escort, stripper, webcammer, Germany

On the other hand, many experienced peer support and community safe spaces as crucial to their mental well-being.

[Peer support is] lifesaving. When we do jobs that are stigmatised and isolating, we especially need to find people to share our lives and experiences and troubles with.

Dani (31), gender fluid Mizrahi/Arab Israeli migrant, working as male escort, Germany

The three German mental health practitioners interviewed (one social worker, one counsellor and one psychologist, all with specific experience of working with sex workers) shared the wish for more specialised services and training on issues relevant to sex work and stigma. The counsellor also specifically said these should be provided by sex workers. The psychologist and the social worker felt sex work was potentially harmful to people's mental health but maintained they would not impose that stance on their clients. They all referred to stigma as a main problem for sex workers.

Summary of findings and legal context - Germany

SWMH found that in Germany the vast majority of sex workers with mental health needs had access to some useful and non-judgemental services, including but not only by specialised outreach projects. Moreover, most respondents had access to the support of peer sex worker communities. While stigma was acknowledged by all as potentially affecting one's mental health, it was not experienced as the main barrier to accessing services. This suggests a link between the legalised status of sex work and the existence of specialised services, of safe community spaces and the likelihood of encountering non-judgemental attitudes amongst practitioners - albeit all these can and should be improved further as suggested below. Structural barriers linked to class, migration status, housing, race and language knowledge and, more generally the privatisation of the health system are nevertheless greatly affecting sex workers' access to services and information in the German context.

Since the time of our data collection (2016-2017), Germany has undergone some important changes to their 2001 Prostitution Act (ProstG). ProstG was in force between January 2002 and June 2017. It legalised the exercise of sex work for persons holding a valid work visa, requiring sex workers to register with the tax office

(which was possible to do in one's working name) and defining restricted employer rights for sex work business operators - which resulted in most sex workers working in premises having to operate as 'independent contractors' with no employee benefits. Local councils (Bezirksämte) held the power of granting approval to businesses, while each federal state could decide on zonings or other restrictions to the law such as compulsory condom use (the state of Berlin Brandenburg did not have any such restrictions). On July 1st 2017, the Prostitutes Protection Act (ProstSchutzG) came to force, under the pressure of anti-sex work, neo-abolitionist organisations claiming that the 2001 ProstG was promoting sex trafficking. The act was passed despite great opposition by sex worker advocates and organisations as well as sexual health professionals and researchers' associations. The ProstG introduced a much stricter regulation of the sex industry, including the compulsory registration of all sex workers (in their legal names), mandatory and regular health counselling, a compulsory license for sex businesses and mandatory condom use. This reform will have likely strongly affected sex workers' experience of and access to mental health services, possibly driving many into working illegally for fear of being fined. One of our respondents felt very anxious about the coming law:

If such new laws come here, I cannot work!

Andria, (21), cis female Bulgarian migrant indoor worker and escort, Germany

SWMH Recommendations specific to the German context:

- Health insurance should be free and accessible to everyone.
- Outreach projects and specialised organisations for sex workers (and other marginalised groups) should be funded to provide long-term, free non-judgmental mental health counselling to their clients.
- Peer community organisations/individuals should also be funded to provide anti-stigma training to mental health practitioners.
- Peer staff and leadership (including peers from migrant backgrounds and with language knowledge) should be prioritised within outreach projects for sex workers.
- We urgently call for further research into the ProstSchutzG's impact on sex workers' overall health and their access to quality mental health support.

SWMH Italy

In Italy, SWMH interviewed 28 sex workers in four cities in the Emilia Romagna region and in Rome. Interviewees were recruited through the personal contacts of the research team, snowballing and through the help of three outreach projects for (migrant) sex workers and victims of trafficking and one transgender rights organisation. Among the sex workers interviewed were 20 cisgender and seven transgender women and one cis man. 19 respondents were migrants, 12 of which were BIPOC. Places of origin included Eastern Europe, South America, Southeast Asia and Sub-Saharan Africa. 14 were working or had worked while undocumented, four had experienced trafficking but were now selling sex independently, and one was still under a debt contract. All but seven respondents had worked or were working on the street; other sectors included escorting, BDSM, working from home, in strip and nightclubs. Their age ranged between 19 and 62. Only five respondents stemmed from middle class families, the rest came primarily from the working class or lower middle class. Only four had completed higher education.

Several respondents in Italy had experienced some form of violence and trauma, and/or suffered from depression, panic attacks and anxiety. Other issues named were suicidal thoughts, drugs and alcohol problems and borderline personality disorder. Crucially, 24 out of 28 respondents had access to some form of support, and of these, 18 had used the services of specialised outreach projects for migrant sex workers, for women victims of violence or trafficking, for transgender people, for migrants and public services for drug users. The three who had not accessed services had not felt the need to, believing they could manage by themselves.

Sex workers' experience of mental health – Italy

Over half of the sex workers SWMH interviewed in Italy belonged to multiply marginalised cohorts and had experienced high levels of financial stress, exposure to trafficking and exploitation, violence at work, as well as police repression and abuse for being a drug user or an undocumented migrant working in the street. For many of these sex workers sex work was the only way they could survive financially, but it was also heavily linked with trauma. 19 respondents felt that their sex work was

negatively influencing their mental health, and some explicitly said they did not want to work in sex work but felt they had no other choice to survive.

What we have to endure can lead to problems in the long term.

Amalia (34), cis female white Italian street worker, Italy

You constantly need to be alert and careful, you can never relax, and this makes you feel bad in the long term.

Stella (24), cis female Nigerian migrant formerly undocumented and trafficked street worker, Italy

You have to behave as if you were acting in a movie all day, then you get confused and you don't know who you are anymore. You think of what you are doing, and you are doing it for the money, but you don't like it and you'd rather not do it, but you do because you must eat.

Linda (33), cis female Nigerian migrant formerly undocumented and trafficked street worker, Italy

The transgender women interviewed talked about transphobic violence on the street and demanding clients as negatively influencing their mental health.

You are on the street with sick [clients] who ask you to do absurd things, if you don't protect yourself, you go crazy yourself

Cadiz (32), trans female mixed race Indigenous Peruvian migrant, Italy

Other respondents, who had experienced comparatively less abuse connected to their sex work saw links between sex work and mental health as socially constructed:

I think the link is merely social or economic, it is the same for any other job, prostitution is everywhere, all jobs are prostitution.

Kira (45), cis female white Italian former stripper and currently working in BDSM from home, Italy

Six respondents did not think stigma was influencing their mental health, though they recognised it could do so for other workers. Two did not know or possibly did not understand our question. The rest strongly saw stigma and living a double life as a burden to one's mental health.

Of course [stigma] has an influence, you end up having two different lives, when you work, and when you don't.

Ana (55), cis female Eastern European migrant street worker, Italy

It does [influence your mental health]. You are constantly judged for the work you do.

Filomena (48), cis female white Italian street and indoor worker (from home), Italy

Crucially, migrant sex workers who were or had been undocumented saw this as extremely burdening on their mental well-being.

When you constantly have to run away from the police, you live in fear.

Linda (33), cis female Nigerian migrant formerly undocumented and trafficked street worker, Italy

Without documents, you can't even leave your home.

Stella (24), cis female Nigerian migrant formerly undocumented and trafficked street worker, Italy

If I had [permanent] documents, I'd have no problems.

Nina (33), cis female Nigerian migrant formerly undocumented on a 6 months permit street worker, Italy

Finally, lack of stable housing and homelessness was also seen as a huge burden on their mental health by the 15 sex workers who had experienced it.

Sex workers access to and experience of mental health support – Italy

13 of the 18 respondents who accessed mental health support within specialised organisations had not looked for services themselves. They were approached by outreach workers that offered them support with their health, with their documents, providing shelter and/or getting out from exploitative or violent work and personal relations. The rest had contacted them themselves, often upon advice by a peer. Mental health support (including in the form of proper counselling offered by qualified psychologists within the organisation) was one important aspect of the service they received and all but one (who still appreciated the service) saw it as extremely useful.

It changed my life.

Maria (37), trans female white Brazilian migrant escort [referring to a specialised service for drug users]

All of the 18 sex workers who accessed specialised services disclosed their sex work experience to them (in many cases it was already known), none felt judged for it.

Two (one national and one documented migrant) sex workers had accessed mental health support within the state's free public structure - the one Italian cis woman found it useful, the other, a migrant transgender woman, did not, and felt judged. Five respondents were paying for therapy themselves and two of them were the only respondents who had decided not to disclose their sex work experience in therapy, one for fear of being judged and the other as she found it was irrelevant to her mental health needs. The other three found the reaction of their practitioners non-judgemental and said that the therapist's acceptance of their sex work was fundamental for them to decide to proceed with counselling. All five found the support helpful thus far.

All but one of the undocumented migrants interviewed had accessed some free mental health support within specialised projects. Yet, many had experienced barriers to health care.

If I had had documents, I would have gone to hospital after I was attacked.

Olivia (62), cis female mixed race Peruvian migrant street and club worker, Italy

I would have accessed help with addiction if I had them [documents], maybe.

Ina (39), cis female southeast Asian migrant escort and indoor (from home) worker, Italy

While most sex worker interviewed had accessed support, two wished for information about specialised services to be more widely available. Asked about how to improve access to, and quality of, mental health support for sex workers, many talked about the need for more specialised, trained unjudgmental support (by and for sex workers) specifically for migrant sex worker. A few mentioned law reform on sex work, anti-stigma campaigns and providing viable work and housing options for those who want to leave the profession.

Reopen legal brothels: illegality and the lack of acknowledgment of our work impact on our mental health.

Alice (48), cis female white Italian street and indoor worker, Italy

We need to open a centre with people who do this work, where one can vent and let out.

Olivia (62), cis female mixed race Peruvian migrant street and club worker, Italy

Train qualified personnel to be non-judgemental and support particularly migrant workers.

Gertrude (29), cis female white Italian bar worker and escort, Italy

Help people who want to get out of this world with a job and a home.

Katja (36), cis female Eastern European migrant street worker, Italy

The four psychologists interviewed in Italy (all working for outreach services for sex workers) agreed on the necessity of non-judgemental attitudes in their work with sex workers and shared the wish for training to be available on sex work issues. One practitioner who worked with women with trafficking experiences stressed that non-judgemental attitude towards sex work was also fundamental in their work to prevent shame and internalised stigma. Two believed sex work was per se harmful to mental health, two did not. All but one (who had an anti-sex work stance) saw stigma as harmful to sex workers' mental health.

Summary of findings and Legal context - Italy

Italy's legislative framework on sex work dates back to the so called "Merlin Law", which was passed in 1958 and intended to end the exploitation of sex workers by abolishing the so-called "case chiuse" - state run brothels where sex workers had very little rights and could not easily change profession (or even brothel). In effect, the law generally criminalised indoor sex work and all people who make profit from the prostitution of others. This includes sex workers who work together in one dwelling and the landlords of home-based independent sex workers - which increases sex workers' barriers to finding housing. While selling sex per se is not illegal, sex work has been indirectly criminalised, driven underground and to the streets, which are at times controlled by exploiters and patrolled by (often corrupted) law enforcement. (Undocumented) migrant sex workers work primarily on the street, where they are exposed to police repression and abusive, racist and transphobic clients who expect the workers not to press charges against them for fear of repercussions from the authorities. Many Italian sex workers work from home or in bars and clubs, where they do not enjoy any labour rights. Regions and local jurisdictions can legislate on street sex work, and some have made sex workers sanctionable for soliciting clients (or for merely standing in the street). Police corruption and violence against street sex workers in Italy is ripe. On the other hand, Italy is exemplary in one aspect of anti-

trafficking: their 1998 Article 18 grants a renewable 6 months' work permit to migrant sex workers who are recognised as victims of trafficking with no need to denounce their perpetrators and can be assisted by outreach organisations in the process.

The Italian case study of SWMH shows how structural factors such as illegality, multiple marginalisation, the criminalisation and repressive policing of both sex work and migration increase sex workers' experiences of violence, exploitation, isolation, stigma and mental health problems, while preventing them from seeking and accessing justice and health services. Historically, Italy has a strong and established assistance sector with roots in religious, as well as in left-wing and feminist assistentialism, that, particularly in regions like Emilia Romagna, provides needed services to (migrant) sex workers in a largely non-judgemental and low threshold manner. It is crucial to acknowledge and value their work as it is making a big difference in marginalised sex workers' lives. Yet, we must also stress that SWMH's sample is not representative of the actual percentage of sex workers accessing dedicated services nation-wide, which is likely to be much lower than our figures indicate. These services would therefore benefit from increased funding to grow in numbers, expand their scope and reach and engage more members of the (migrant) sex worker community in leading and/or paid position.

SWMH Recommendations specific to the Italian context:

- Specialised outreach projects and associations should be acknowledged for their important work in supporting sex workers' mental health; their funding increased; their numbers and scope widened; and their staff become increasingly peer based.
- Non-judgemental and adequate financial and housing support should be offered to those who desire leaving sex work but are unable to do so.
- Anti-sex work stigma, anti-racist and anti-transphobia initiatives and campaigns should be carried out and promoted.
- Migrant sex workers should be regularised.
- Sex work should be fully decriminalised.

Sweden was the setting in which SWMH found it hardest to recruit a diverse range of participants. Our first respondents were recruited through our peer RA's personal contacts and a few others took place through snowballing. In order to include different cohorts of sex workers the RA resorted to putting ads on sex worker portals and contacted two outreach organisations to include migrant sex workers. Interviews were conducted in person in Stockholm and Gothenburg and on Skype. In the end, SWMH completed 30 interviews with 21 cisgender and two transgender women, three cis and one trans men and one non-binary sex worker. Eight respondents were BIPOC, and nine were migrants (from Eastern Europe, North America, East Asia, Southern Africa and South America), of the latter, four were BIPOC. One Romanian migrant had been deported for engaging in sex work but had come back a week later, two had refugee status and one was undocumented. None understood themselves as trafficked. Most sex workers were recruiting clients online, working from home or doing outcalls. Six worked or had worked on the street. Other sectors respondents had worked in included BDSM, webcamming, porn, stripping and phone sex. 13 sex workers had a working-class background, the rest were middle class. 15 had completed higher education. Their age ranged between 19 and 79.

Sex workers' experience of mental health - Sweden

The mental health issues experienced by the sex workers interviewed in Sweden ranged from depression and anxiety to burnout, panic attacks, ADHD, eating disorders, bipolar disorder, self-harm and PTSD. All but two had mental health needs prior to engaging in sex work. Several felt the job was fitting their mental health needs, and four felt their mental health had improved thanks to their engagement in sex work.

Sex work is one of the few jobs I can do during a bipolar episode. I think there are a lot of people who are depressed or bipolar who turn to sex work because it's something you can manage while you are sick.

Ilaine (32), cis female African American migrant stripper and BDSM worker, Sweden

The mental health repercussions of sex work stigma in Sweden were felt by most respondents (20). Nine did not personally feel affected by it, yet they recognised its

potential impact on others, while one cis male migrant sex worker did not think sex work stigma existed in Sweden. Some talked about experiencing intersectional stigma around being a sex worker, a migrant, a BIPOC, a gay person and/or a drug user.

(Does stigma play a role in your experience of mental health?)

Yes, and the stigma around being an immigrant, some people judge you because of your past. (...) It's very, very, very hard. Also, you are scared about talking about it because people don't understand. They judge. Sometimes I think I would like to go out again. To work in my old job. But people would say: See, she went back to being a whore.

Ågota (33), cis female Romanian migrant former street worker, Sweden

I feel that multi-stigma is an important issue. (...) I am very low on the hierarchy of sex workers and of drug users and both groups look down on the other. In one drug user group in X I wasn't allowed to vote in meetings because they claimed I do online striptease. I don't, but that's not the point. (...) Sex workers don't like us drug users because we fulfil the stereotype that many have of sex workers. Even some drug using sex workers don't like us. Because I'm doing the wrong kind of drugs.

Renee (54), cis female white Swedish street worker and escort, Sweden

The links between mental health and sex work were acknowledged by nearly all participants: all but three saw them as depending on stigma, on bad working conditions, on being coerced, and/or on the individual worker's personality. Of those other three, one thought there was a link between his mentally challenging past and his entry in sex work; one did not know, and another did not think there was any link at all. Four participants said that for them the link was positive, as their mental health improved since starting sex work.

I am sure [there is a link], for those who are not suited or who work under bad conditions or don't want to do this job.

Tea (55), cis female white Swedish escort and BDSM worker, Sweden

Through this job I have learned so much about myself, seeing my own worth, that I am actually really good at stuff! And appreciated. (...) The fact that I have the right to my own body feels good. It makes me feel powerful. It puts me in a better mood.

Yael (22), cis female white Swedish escort, Sweden

I feel much better since I do sex work. Mental health is tied to finances in many ways.

Helga (58), cis female white Swedish escort, Sweden

The particular way sex work stigma manifests itself in Sweden was well unpacked by one respondent:

Everyone wants to be seen and understood and heard. Basic human need. It is harmful to keep talking to people who say they want to help you. To feel belittled and not listened to. Of course bad things can happen [in sex work], but I want to be seen as a person. This is another problem of the stigma in Sweden.

Beatrix (32), cis female white Swedish escort and porn worker, Sweden

Beatrix's words indicate how victimisation can psychologically harm sex workers, leading them to feel deprived of subjectivity and agency, that is not feeling treated as a person.

Most respondents also saw the great difficulty in finding housing or the fear of losing it as negatively affecting their mental health.

It is impossible to find a place. When I am in apartments it is with different men that I am having sex with. (Where do you live right now?) in my car at the moment. (Does it affect your mental health?) Of course it does! Not ever having a safe place!

Nora (21), cis female Eastern European migrant (came as a child with her family) escort and opportunistic sex worker

For some migrant sex workers, lacking a work visa and language barriers were also experienced as a burden to both their mental and physical health.

[Being undocumented] is not just emotionally taxing but it's also physical, the dental work I need done is emergency work. Language is hard. SFI (Swedish lessons provided by the government) is a joke. It's good that it's free, but they have such weird hours. It's all during daytime so you can't work at the same time to support yourself. I don't know what they are thinking.

Ilaine (32), cis female African American migrant stripper and BDSM worker, Sweden

Sex workers access to and experience of mental health support - Sweden

In Sweden, six out of 30 participants did not access any mental health support. Four of those six were migrants. One felt he could handle things themselves; another was scared of being mistreated for being queer, trans, and a sex worker; one feared being told sex work was self-harm and reported to social services for being a sex worker, another feared not regaining custody of her son because of sex work and drug use; and, finally, two (migrant street workers) felt there was no support available to them at all and had no trust in the outreach project for sex workers they knew of.

As a sex worker I would never go to find help even if I did need it. The Swedish health care system is fucked up because they might call police or social workers if they think you are even thinking about selling sex. The doctors tell the social workers who then confront you. But the social workers won't tell you where they found the info. The social workers in Sweden tell us that what we are doing is wrong or something is wrong with us psychologically.

Sofia (25), trans female southern African migrant (refugee) street worker, Sweden

For so long I was also afraid to try and find help for my [drug and sex work] problems because of trying to get my son back.

Renee (54), cis female white Swedish street worker and escort, Sweden

I wouldn't go to X [outreach project for sex workers] because they say they will help but they won't. (...) Even now they have someone who speaks Romanian there, but they still can't help.

Öthel (27), cis female Romanian migrant street worker, Sweden

Of the 24 SWMH participants who accessed services in Sweden, nine made no mention of their sex work experience to any of the mental health practitioners they saw, and two only to some. In total, only six found the support helpful, yet three of them had not disclosed their sex work. Among the reasons not to disclose sex work experience were the expectation that the practitioner would see sex work as their main problem while they regarded it as marginal or irrelevant for their mental health; the fear of being judged and victimised; the fear of being filed as sex worker; and the experiences of fellow sex workers who had been poorly treated.

I didn't say anything because I didn't want them to make an "Orosanmälan" (When a health professional is worried the person might harm themselves).

Had I said anything, the conversation would have stopped, and the therapist would have moved straight on to making some sort of crisis package, then it would only be focused on saving me, not what I wanted to talk about. People get so shocked and disturbed about this.

Ona (30), cis female white Swedish escort, Sweden

SWMH participants' fear of being stigmatised in therapy if coming out as sex workers revealed itself well-founded. Of the 15 respondents who disclosed sex work experience to practitioners in Sweden, only five felt the support they got was non-judgemental, and just three found it helpful. Two thought their therapists were either neutral or completely ignorant about sex work, did not feel judged but neither found the support helpful. One made a point of being lucky to have found a Finnish speaking, sex positive therapist. The other two had accessed useful psychiatric support and one (Uma, 24, cis female mixed race Swedish escort and stripper, Sweden) explicitly said it was because "psychiatrists do not problematise sex work".

11 sex workers who disclosed their sex work in therapy had a range of bad, stigmatising experiences which probably deteriorated rather than improved their mental health, in many cases destroying their trust in and access to the mental health system.

I got "help", but it didn't help. I got medicines and judgments. (...) He [the therapist] thought what every PC person in Sweden thinks is true, that we are all victims. (...) He couldn't believe it. Like, sex workers are something you only read about in books. He acted like he was meeting a fairy-tale creature, like I was from a different world, not his. (...) He was completely convinced it was self-harm. He kept bringing this up when we were talking about completely unrelated things. (...) So I broke up with psychiatrists altogether. At that time, I was on several strong downers for my sleeping disorders and just was so angry so I put them all in a big plastic bag and marched down to the pharmacy and handed them in. That made me go into a manic phase, after being on those meds.

Eleanor (28), cis female white Swedish escort and phone sex worker, Sweden

(How was your experience? Did you feel welcome?)

No. Not at all. They were very judgemental, didn't listen, had no knowledge at all.

(Where you able to talk about your experiences of sex work?)

No. I tried but it didn't work. They problematised it and made me stop talking about it. They connected it with me being gay, that I had too much sexual

appetite or that I wasn't mentally capable of making my own decisions. Their goal was to make me a survivor.

Qim (23), cis male POC Swedish escort, Sweden

Sex workers who came into contact with specialised outreach services and STI clinics for sex workers in Sweden had mostly equally stigmatising, distressful experiences.

At [STI clinic] their attitude to sex work is really harmful. They think people who have sex for money are sexually destructive. (...) Before I get the exam, they harass me about how I feel and stuff, and ask leading questions. If I say I feel good that is never good enough, they try to pressure me into saying what they think I should be feeling. (...)

A person who works at the STI clinic was shaming me. I was so upset about it afterwards. I could be out walking and the conversation would play in my head over and over again. What should I have said? How could I have handled the situation in a better way?

Paula (24), cis female white Swedish escort, Sweden

Paula also sought the services of a counsellor within the X outreach project (the same Öthel would not want to turn to) and did find the support helpful, even if she also reported stigmatising language and attitudes.

I tried to mostly talk to X about my relationship in relation to my sex work because that's why I went. In that regard they were quite helpful. (...) I felt welcome by [name of counsellor]. When it comes to her, sometimes I like her, sometimes I hate her. I always wonder how she sees me. Does she think everything I say is horrible? I want to know. Once she described my job as "selling yourself"! (...) They had the same attitude as my boyfriend sometimes, that I might not be fully aware of what I'm doing and I'll regret it in the future.

Paula (24), cis female white Swedish escort, Sweden

Another participant, Ågota, also encountered prejudice and stigma within the same project:

I went in 2010 or 2011 to talk to someone. The person just said straight away that my boyfriend was my pimp, and he should go to jail. She wouldn't listen to what I said. They have a very set mind frame. That's the work of X. They are there to tell you such things. They helped me to apply for Swedish school so that was good though. But otherwise, they don't do much. They say they can pay for tickets to go home to Romania, and I can be free.

Ågota (33), cis female Romanian migrant former street worker, Sweden

The experiences of Paula and Ågota are paramount of how the victim stigma against sex workers takes different shape depending on whether they are a national or a migrant. The formers are seen as self-destructive and self-harming, victim of their own mental health problems, while the latters are the ultimate victims, not even of their own mental health but of a pimp: their agency in migrating completely disregarded by the assumption they are controlled and should be sent "home" in order to "be free".

When asked about which other ways they deployed to feel better, participants in Sweden mentioned how friends and community were central. However, many also experienced isolation and did not feel they had access to a sex worker community in Sweden.

A lot of mental health support has come from my peers, online or in areas where there are other sex workers. One of the biggest mental health issues for me is being isolated in Sweden. That's one of the reasons I am not more active. If I had peers... I do have support from my friends but I need support from other sex workers! In other countries I could have a safety net of sex working friends.

Valerio (31), trans male POC south American migrant online escort, Sweden

When asked about what should be done to improve support for sex workers with mental health needs, participants mentioned the pressing need to end stigma; have specialised services; educate practitioners about sex work (by sex workers); and sex work law reform.

[I wish] That they [practitioners] learnt more about sex work. The taboo in society has made people not know about it, and us not want to bring it up. It has to go away, the taboo, so we can dare to go to a psychologist.

Daria (19), cis female white Swedish escort, Sweden

Create a specialised centre. Decriminalise sex work. Take us seriously. People working there should be experienced in working with sex workers.

Wily (25), cis male POC Swedish escort and street worker, Sweden

People who provide psychological services or sexual health should be educated by sex workers or someone who know a fuckin' thing.

Beatrix (32), cis female white Swedish escort and porn worker, Sweden

Others mentioned the need for services to be anonymous and to not require patients to stop sex work, wished for more evidence-based research and for the government to ask sex workers what they need.

Migrant street workers also stressed the need to have services who aim at providing concrete help to street workers, not just insisting on trafficking:

At X they are too pushy, right away when you come in, they drop a bomb, asking about trafficking. They should be more careful with people.

Ågota (33), cis female Romanian migrant former street worker, Sweden

They should help girls from the street. Change everything! Not just sit there but try to understand the girl from the inside and not just leave after 5 minutes”.

Othel, 27, cis female Romanian migrant street worker, Sweden

In Sweden, SWMH interviewed three mental health practitioners: one counsellor within the X outreach project; one social worker working for a sexual health service for young women, and one for an LGBTQI service provider. The first two practitioners were of the opinion that sex work was self-harm and central to the mental health problems of their clients. They would both definitely advice sex workers to stop selling sex. Crucially, the social worker from the youth service showed a clear distinction in how she regarded sex work for national or migrant sex workers:

For migrants it represents survival or financing their lives. (...) With the Swedish people it's self-harm. And it's part of a bigger problem: violence, abuse, drugs. I have never known it to be a way to reach autonomy or independence [...] Migrants might not be able to think about mental health. They just have to deal with the here and now. They have such a hard situation, if they started reflecting, what would they do? They would just lay down and give up and die if they started thinking about it.

These judgemental and stigmatising assumptions can act as a barrier for migrant sex workers when accessing support, as they can be seen as pre-empting the possibility that they can have agency in relation to their mental health.

The one practitioner working for the LGBTQI service was the only one who did not assume sex work was harm. All three wished for more training in the matter.

Legal context and short summary of findings - Sweden

In 1999, Sweden was the first country in the world to introduce a new form of sex work criminalisation: the Sex Purchase Act (Sexköpslagen). Sexköpslagen criminalised the purchase of sex, that is clients of sex workers, leaving in place existing laws that criminalised third parties, brothel keeping and profiting from the prostitution of others. Under Sexköpslagen, selling sex is not a criminal offence, sex work is explicitly not understood as work by the law and yet sex worker's income is taxable. Sexköpslagen was intended to eradicate sex work by sending the message that sex work is violence against women, all sex workers are victims and all clients perpetrators of male sexual violence. Since it came into force, Sexköpslagen has been exported to several countries and it is meanwhile referred to as "the Nordic", "the Swedish" or the "End-Demand" model. Since 1999, there has been no evidence of a decrease in the overall numbers of sex workers. Most sex workers in Sweden now advertise online, while lesser numbers (mostly migrant) work on the street. Rather than eradicating prostitution, Sexköpslagen has been argued to have increased sex workers' vulnerability, stigmatisation and isolation, a finding that SWMH data strongly confirm. In fact, our findings show that sex workers are at risk of losing housing (as landlords of sex workers are criminalised and police is known to report sex workers to their landlords), of being charged with brothel keeping or pimping if working together with colleagues, and of being deported if migrants, as happened to one of our participants. Sexköpslagen has been argued to push sex workers to take on risky, violent clients as it limits sex workers' ability to screen them. Sex workers are stigmatised and yet fined if they come out to public health or social services, a reason why several of our participants would not access or disclose that information to them. Social services in Sweden are unable to support sex workers unless they quit working, and also file them as sex workers in their records, which may cause problem with having custody of one's children, as one of our respondents feared.

The testimony of Nora highlights the paradox of a system based on "rescuing" sex workers and ending prostitution, but unable to provide concrete, basic support to the most vulnerable sex workers:

[I need to] have a place to live. X [outreach project for sex workers, same as above] could not give me an apartment so they sent me to social services - who could not help 'cause I was selling sex.

Nora (21), cis female Eastern European migrant (came as a child with her family) escort and opportunistic sex worker

SWMH found that sex workers in Sweden are particularly isolated and stigmatised. Our research identified stigma, as in the fear of being judged, misdiagnosed and filed as sex workers, is the primary barrier to accessing mental health support for sex workers in Sweden. SWMH found that private and public mental health practitioners as well as staff within specialised outreach and sexual health projects for sex workers often make use of harmful, judgemental, and stigmatising language and attitudes towards sex workers. Services are extremely patronising and highly victimising towards migrant sex workers. Unsurprisingly, this is how one respondent felt:

I never told anyone about the depression (...) The best support in Sweden? Not any!

Ågota (33), cis female Romanian migrant former street worker, Sweden.

Finally, several of our participants felt isolated, struggled to build communities and connect with other peers and reported multiple stigmatisation as BIPOC, migrants, drug users, or LGBTQI.

SWMH Recommendations specific to the Swedish context :

- Restructure the whole support system for sex workers.
- Fund specialised, anonymous services that are non-judgemental, aimed at supporting and not 'rescuing' sex worker, including services run by sex workers.
- Promote specific trainings for mental and sexual health practitioners and outreach workers - provided by sex workers.
- Expunge all records of sex workers and stop filing their sex work experience in their health records.
- Promote peer spaces and peer organisations.
- Fund campaigns against multiple stigma, including sex work stigma, racism, biases about migrants, homo and transphobia, and drug-shaming.
- Involve sex workers and sex worker organisations in debates and policy making that concern them and their well-being.
- Repeal Sexköpslagen and fully decriminalise sex work.

SWMH United Kingdom

In the UK, SWMH interviewed 30 sex workers across diverse backgrounds and sectors in Brighton, Edinburgh, Glasgow and London. These were all recruited through the peer RA's private and activist networks and through word of mouth within the sex worker community. Among the participants were 17 cisgender and four trans women, four non binary workers (three working as women and one as a man) and five cis men. 18 were migrants (from Asia Pacific, Eastern, Northern and Southern Europe; the Middle East; Southern Africa; South and North America and Southeast Asia), four of whom were BIPOC. Seven had worked while undocumented. None had experienced trafficking but two mentioned having had a pimp in the past. Five had experienced working in the street, seven in brothels or indoor managed venues. The rest were predominantly advertising online and working as escorts, sugar babes and in BDSM. Other sectors respondents had worked in included stripping, phone sex and one sexual assistant for the elderly or people with disabilities. 17 had a working-class background, 13 were middle class and 14 had higher education. Their age ranged between 20 and 44.

Sex workers' experience of mental health - UK

In the UK, SWMH participants spoke of experiencing depression, anxiety, panic attacks, OCD, ADHD, eating disorders, developmental disorders (autism), PTSD, child abuse, suicidal thoughts and psychosis. All but five had mental health needs prior to engaging in sex work. Of those five, two (one white Southern European cis woman and one Turkish trans woman) had started sex work at the age of 14 and had PTSD following rape at work; one linked her current anxiety problems to experiencing a police raid and becoming homeless as a result; two said that even if posterior to sex work they did not feel their problems were related to it. Six found their mental health had improved through sex work, while the rest felt their problems were the same. Many respondents in the UK insisted on sex work being the most suitable work option for them in view of their mental health needs. Among the reasons named were the job's flexible and short hours, the independence from an employer and the possibility to take time off.

Suffering from mental health issues made it difficult to get a conventional job or to keep it and difficult to obey a boss or be on time and able to work every

day. In this sense, sex work was an option available to me that wouldn't make my mental health issues worse.

Thomas (38), cis male white southern European migrant escort, UK

All but one of the sex workers interviewed in UK felt stigma was a major burden to their mental health.

One of the biggest things is how much anxiety I have around that. I keep thinking, if my partner's parents find out, it would be horrible. (...) When I am struggling in my life and want to complain about my life I can't do it openly because I don't want to disclose the sex work.

Evvie (21), cis female white North American migrant escort, UK

[Stigma] makes you feel unworthy and that is not good for your mental health.

Dimitri (32), cis male Eastern European migrant escort, UK

Accordingly, a majority saw a link between mental health and sex work both in the way the stigma of mental health precludes access to the mainstream labour market and in the way sex work stigma may affect one's mental health in particular.

I wouldn't say sex work influences my mental health but definitely my mental health influences my sex work. Because of my mental health I wouldn't have the opportunities to be in a 'normal job' so it makes sense for me doing this job.

Charlotte (25), cis female white southern European migrant escort, UK

Maybe there is more people like me who experienced mental health stigma before sex work so it can be easier to do sex work because we received lots of discrimination before that.

Serene (33), cis female white British stripper, UK

Stigma in sex work and trying to deal with stigma is more difficult than dealing with the work itself. Working conditions affect every worker but not like whore stigma.

Aisling (24), non-binary white northern European migrant working as female escort, UK

Several sex workers felt that sex work would influence mental health as far as all work does, and that its effect would also depend on the personality of the person who performs it.

It can affect one's mental health in different ways, but I think it is the same with all jobs, you can have bad and good experiences. I think personality plays a role in the situation too. How you see sex work and how you deal with it makes a difference.

Yoshi (42), cis female white British escort, UK

One respondent felt sex work was bearing a negative effect on her current mental health.

Emotionally it is draining. At the moment I am going through a bad period and I have to put on a fake smile. I can't be intimate with my boyfriend because I have to do that with clients. I was having sex with a client this morning and the only thing I could think was 'omg I miss my boyfriend a lot'.

Evvie (21), cis female white North American migrant escort, UK

One transgender respondent saw sex work as negatively influencing their existing problems with self-image.

Being fetishized as a trans woman makes me feel bad about my own image. But it is also coming from how I think other people see me and what my family would think about me. [sex work affects] Existing self-image problems and it amplifies them.

Agnes (27), trans female white British escort, UK

Concerns about one's safety at work (especially for undocumented and trans respondents) and dealing with clients' problems were also mentioned as potentially negatively influencing one's mental health.

It is not an easy occupation. I have concerns about my safety most of the time but also I am listening to so many problems from my clients too. I am kind of like a shrink and not everyone is able to process this in a healthy way.

Hatice (31), trans female Turkish migrant street worker and escort, UK

Feeling unsafe, lack of access to protection, fear of police, lack of legal migrant status and 'bad laws' were seen as strongly affecting sex workers' mental health, in particular for migrant sex workers.

In this way it can affect you, you might feel lonely, the stigma can affect you or feeling unsafe because of the lack of protections and lack of laws that protect sex workers.

Rüzgar (29), cis male Turkish migrant street worker and escort, UK

My mental health wasn't perfect when I started sex work but stigma is the thing that gives me anxiety. I was so scared of the police, the neighbours, the letting agents to find that out. Finding a place to live was difficult and I hate that I can't just tell the landlords about what I do. And I don't like being scared constantly. It's not about sex work but it's all about the stigma and bad laws.

Mary (38), cis female migrant (wished not to disclose origin) undocumented escort, UK

You are alone if something bad happens to you. I mean I could probably go to the police if I wasn't doing this but in my case I couldn't [as a sex worker] and I didn't know where to look for help. It does affect my mental health.

Camila (31), cis female white southern European migrant escort, UK

It is so stressful applying for a visa. It is time and money consuming and you don't even know if you are going to get it or not. I feel like my life is on hold and it prevents me from doing anything else which affects my mental health in a very bad way.

Hatice (31), trans female Turkish migrant street worker and escort, UK

Together with fear of and lack of access to police, lack of housing and fear of losing it were seen by most as greatly influencing their mental health. In total, ten participants had actually experienced homelessness.

(Have you ever experienced problems with your mental health?)

There was one episode. When I was working in the flat. It was raided and closed down by the police. I was made homeless because I was living and working there. I had to sleep in a homeless shelter for 3 nights and then I stayed in the streets for a while. It was a bad episode.

Estella (44), cis female BIPOC South American migrant indoor worker, UK

My mental health is really really bad when I have housing issues. My anxiety goes through the roof and it affects my physical health. I was homeless a couple of years ago after a messy break up. I stayed with friends, moved a lot. So anytime I have problems with landlords, agencies or housemates it affects me as a whole.

Charlotte (25), cis female white southern European migrant escort, UK

Sex workers access to and experience of mental health support - UK

All but two respondents in the UK had accessed some form of mental health support. Of those two, one had had traumatising and abusive experiences with doctors in her country of origin as a child and lost trust in all medical staff. The other was undocumented at the time of the interview, had no access to the NHS (UK's national public health services) and did not have enough money to pay for private therapy although she felt she needed it.

15 participants had accessed some NHS service, nine had paid for private counselling and seven had seen specialised services (including two outreach projects for sex workers, one for MSM, one for transgender people, one for LGBTQI and one for people living with HIV). All but one sex workers who accessed specialised services and all but one who were paying privately disclosed their sex work experience to their practitioners and found their reaction unjudgmental and the support useful. A sex worker had a bad, stigmatising experience with a counsellor from a specialised MSM sex worker project but a very good one with a LGBTQI one (he disclosed sex work to both). Most of those who had seen both NHS and specialised projects/private counsellors made the point that their experience was good with the latter and bad with the formers.

Choosing someone I like with the right treatment was important for me and it wouldn't be available with the NHS. (...) My [private] therapist is very supportive; I have a positive experience. (...)

Charlotte (25), cis female white southern European migrant escort, UK

Nine disclosed their sex work with NHS practitioners and seven did not. Those who did not feared being judged and/or filed as sex workers. Most were aware that health records relative to sex work are shared among all NHS practitioners (unless accessing a specialised, anonymous service).

I was worried that they would see the sex work as source of my problems, which it wasn't. I don't want a therapist to judge me (...) I want to be able to tell them that I do sex work and it is not related to my mental health problems.

Anna (29), non-binary white northern European migrant working as female escort and indoor worker, UK

I only felt safe talking about sex work stuff in the place that is specifically for sex workers. I couldn't trust other services or anyone else.

Estella (44), cis female BIPOC South American migrant indoor worker, UK

If you access one service everyone knows you are a sex worker because they share the details. Your GP shares them with other professionals if they are referring you to them. It is not nice.

Tom (24), non-binary white southern African working as male escort, UK

Of the sex workers who disclosed their sex work with NHS practitioners three had at least one positive, non-stigmatising experience, while six found the support they got judgemental, stigmatising and not helpful. A few also mentioned having bad (non-mental) NHS health care experiences because of mentioning sex work to their GP or specialist.

Some psych ward in London told me it [sex work] was the worst thing I could do in my situation. And I was like 'that's the best thing I can do in my situation!' It was all stigma and assumptions. I didn't really argue with them. I was very ill.

Lily (22), cis female white British escort, UK

With GPs it has always been a struggle to be heard. If I dropped the sex worker bomb then they wouldn't listen to me at all I feel like.

Tammy (28) cis female white British escort, UK

I went to see a doctor for my back pain. I told the doctor I was a sex worker and her face changed suddenly. She was definitely affected by it and she was judgmental. But she wrote some stuff in her report. Psychosomatic something something. Couple of years later I was diagnosed with tarlov cysts growing in my back. Very difficult to treat.

Serene (33), cis female white British stripper, UK

Even if most respondents had accessed some support, many migrant participants felt that residence status, language and access to information had strongly influenced their access to services.

I didn't understand that the NHS was free when I got here. I was sick sometimes and didn't go to the doctor because I thought it wasn't free. As a migrant, it was hard to understand the system where to sign up, you need a fixed address, etc. So it is difficult to access services.

May (25), cis female white Australian escort, UK

Language, definitely, for migrants. When I first came here, everything was a struggle, even if I spoke English. Some terms I didn't have, so it was hard even to look online.

Rüzgar (29), cis male Turkish migrant street worker and escort, UK

Many SWMH participants in the UK had experienced the support of their sex worker peer community and appreciated it as central to their well-being. To some it was the best form of long-term support they could get.

I benefited from support from friends and peer support would be the best support for me. I have some friends and we support each other about our mental health. It's 99 percent of the help I need.

Agnes (27), trans female white British escort, UK

I found the support I was looking for through peers and friends. I needed solidarity and insurance that if anything bad happens to me there'd be people to go to. I was seeking security, I wanted the professionals to be brief help on what was happening in my life. I definitely relied on peers instead.

May (25), cis female white Australian escort, UK

Relationship with sex work community is the best thing. (...) The best part of doing sex work is getting involved with the movement.

Tom (24), non-binary white southern African working as male escort, UK

The vast majority of sex workers SWMH interviewed in the UK felt very strongly the need for non-judgemental, anonymous, specialised services for sex workers, staffed, led or trained by people with sex work experience. Some spoke of retraining sex workers into therapists while others felt it equally important to have trained non-sex worker professionals. Many sex workers also mentioned the need to decriminalise sex work as necessary to improve sex workers' mental health, and access to quality services. Free, anonymous access for all, regardless of migration status, was also mentioned.

It would be nice if we had decriminalization and some kind of training for staff. But I wouldn't want it to come from non-sex workers. Professionals should have better idea what sex work is.

Bettany (20) transgender female southern European migrant escort, UK

I think for sure they [mental health services] need training on sex work. There can be sex work specific clinics with professionals who work there who are experts in sex workers. You can have peer run clinics or peer counsellors. But sometimes it is more useful to talk to someone who is not a sex worker. They should know what they talk about and not be judgemental but sometimes it's nice to talk to someone who is not a sex worker, who can see things from the

outside, listen to you and not be judgemental. But peer support is also useful, there should be several options for people.

Rüzgar (29), cis male Turkish migrant street worker and escort, UK

First thing is fund the NHS, stop criminalisation, educate people in NHS about sex work as a normal job to do. And decrim. So people can work together, organize, work safely, hire security, receptionist etc.

Amelia (37) cis female white North American BDSM worker, UK

I guess they should be totally free, always, anonymous, always, not depending on your nationality, always, not having questions about their legal situation, always. No conditions whatsoever.

Chloe (30) cis female white British escort and indoor worker, UK

Some respondents felt that the relational, communicative work they often do with clients entails therapeutical aspects close to counselling, and that sex workers would benefit from supervision and psychological training.

I know that sex work for lots of people and for the clients is like therapy because they are paying for it and they feel better afterwards. (...) It is not therapy but it does have therapeutic effects. I know that my clients' mental health improved by working with me and that's why they are doing what they are doing and want my services.

EM (24) non-binary white British sex worker working as female escort and sexual assistant, UK

Many sex workers I know want to become a psychiatrist or counsellor but you need opportunities for it and not everyone has them.

Gloria (25) cis female white southern European migrant escort, UK

In the UK SWMH did not succeed in interviewing NHS mental health practitioners but interviewed one therapist from a specialised service for LGBTQI people. The therapist was a strong supporter of non-judgmental practices in counselling and wished for more training on sex work to be available to mental health practitioners. Moreover, similarly to some sex worker respondents she acknowledged parallels between aspects of sex work and counselling and wished there were similar forms of supervision available to sex workers as there are to counsellors to assist them with their emotionally charged work.

Legal context and short summary of findings - UK

In the UK selling sex is not a crime. However, many related activities are. These include soliciting, kerb crawling, profiting from the prostitution of others and running a brothel. UK prostitution laws date back to the 1950's. In 2009, the Policing and Crime Act made it an offence to purchase sex from a forced or trafficked person. Since then, there was an increase in "rescue" operations (i.e. raids) to find trafficked victims that have resulted in the closure of workplaces and in the deportation of several migrant sex workers - making many others homeless, as one of our migrant participants experienced. Generally, prostitution laws in the UK often end up criminalising sex workers themselves, particularly those working in small numbers from the same flat for safety reasons, meaning that safety practices such as working together are inhibited by the fear of being prosecuted for brothel keeping. Even if sex work per se is not a crime, our research confirms that sex workers in the UK fear the police and feel discriminated against in society and by public health practitioners. Access to housing, a major factor to maintain good mental health, is strongly affected by the current legislation that makes it illegal to rent to a sex worker and targets home-based sex workers.

The experiences of our respondents in the UK highlighted a series of structural factors preventing good mental health among sex workers and access to quality support. These are primarily lack of resources, housing and residence status, but also stigma and discrimination, isolation, and fear of being stigmatised and filed as sex workers. The laws around sex work were experienced as preventing sex workers from enjoying the rights to safe working conditions and access to secure housing. Many sex workers interviewed were adamant that the decriminalisation of sex work was a necessary first step for the improvement of their health and lives. The importance and effectiveness of peer community support also came strongly to the fore. These experiences may explain why most participants spoke about the necessity of having sex workers in leading positions within specialised mental health services. The way many experienced stigmatisation within the NHS clearly shows the urgent need for anti-sex work stigma training for NHS staff.

SWMH Recommendations specific to the UK context:

- Fund specialised, anonymous, and free peer to peer mental health support services for and by sex workers, accessible by all workers regardless of their residence status.
- Stop all filing of sex workers by the NHS and expunge all existing records.
- Fund and provide intersectional anti-stigma training ran by sex workers to all NHS practitioners, mental health as well as other health professionals.
- Fund and promote training to become a counsellor or therapist for sex workers / peer educators.
- Decriminalise all sex work, including by migrant sex workers.

SWMH Conclusions :

SWMH was a project that aimed at highlighting major issues preventing sex workers with mental health needs from accessing good quality, professional support, peer communities and other ways to feel better. The country cases were selected to identify how different legal frameworks affected access and quality of services available.

Across all countries, stigma and judgemental attitudes by practitioners were experienced as greatly influencing both sex workers' mental health and their access to support. However, Sweden was the site where stigma was most felt as the primary cause of distress and where it bore the highest weight in preventing sex workers from accessing mental health support.

Across all sites, many participants who did not feel forced to do sex work saw it as fitting their mental health needs and helping them and their mental health by providing financial security. Overall, sex workers understood sex work as potentially negatively influencing one's mental health if performed under criminalisation, coercion, under bad working conditions or depending on individual personality much like any other work.

Also, within all countries, structural factors such as insufficient economic resources, difficulty in finding and keeping housing and lack of legal work rights for sections of

migrant sex workers were strongly linked to mental health problems and lack of access to support. Italy was the site where the highest number of participants had experienced heavy forms of exploitation, trafficking and abusive behaviours by both police and clients in the street. The sex workers who had had such experiences in Italy were therefore more inclined to see a relationship between sex work and their mental distress.

In terms of quality of mental health support, the countries differed from each other. In Italy, Sweden and the UK, countries which have largely free public health systems (for nationals and documented migrants/residents) and yet criminalise different aspects of sex work, sex workers who disclosed their work encountered overwhelmingly judgemental attitudes by practitioners within non-specialised public services. In Sweden and UK, public health services were also found to be recording sex work experience in their patients' health files, which prevented many sex workers from accessing and trusting them. In Germany, which has a privatised, compulsory health insurance system but, at the time of our data gathering (2016/2017), had legalised most forms of sex work, sex workers had considerably less judgemental experiences with a range of mental health practitioners and found the support mainly helpful. The German law has unfortunately taken a restrictive turn in July 2017 and new research on its impact would need to be undertaken. Yet, SWMH comparative data strongly suggests a positive relationship between the framing of sex work as work by the law and the likelihood of non-judgemental attitudes and better care by (mental) health professionals.

In all countries but Sweden, nearly all sex workers who had the means to pay for private therapists were eventually able to look for and find non-judgemental therapists. Similarly, in Italy, Germany and the UK the vast majority of sex workers who accessed the support of outreach projects or specialised services for marginalised groups (including sex workers, LGBTQI people, victims of trafficking, drug users, people living with HIV, women victims of violence) found their support useful and non-judgemental. Particularly in Italy, where (migrant) street sex workers are heavily policed and many experience control, exploitation and blackmailing, the work of outreach projects was found to be outstanding and extremely useful by participants. On the contrary, in Sweden the support by specialised services was found judgemental, stigmatising and unhelpful by those who had come in contact with them, while even paying patients of private professionals experienced prejudice when coming out as sex workers. This is likely directly linked to the way, in Sweden, sex work is viewed (and legislated upon) as gender violence and not work. Indeed, our findings indicate that in Sweden, the Sexköpslagen and the resulting dominant neo-abolitionist discourse frame all sex workers as victims, either of pimps/traffickers or of their own self-harming behaviour, and as such bound to have mental health

problems at some stage. It is unsurprising that sex workers in Sweden would not trust professionals with such pre-set beliefs about them and struggle to find good support and care.

Peer support was overwhelmingly seen as fundamental to good mental health in all countries. In Germany and UK most respondents felt connected to a sex worker community, while in Italy and Sweden sex workers experienced more isolation. This was in both cases likely caused by the isolating effect of repressive sex work laws and their implementation. In Italy it had also got to do with the extreme precarity and exposure to violence by the majority of the sex workers interviewed. In Sweden, isolation and scarcity of peer communities were likely yet another consequence of the state sanctioned discrimination of sex workers. The UK, despite its criminalising laws, had seen the growth of sex worker right activist and community organisations for the past fifteen years, while Germany has had strong sex worker activist communities since the 1980's, that were behind the passing of the progressive 2001 ProstG. Since our data-gathering took place, both Italy and Sweden have seen a recent emergence of new sex worker rights advocacy groups, which hopefully will have improved availability of, and access to, peer spaces to some extent.

In all countries sex workers wished for more specialised, anonymous, low threshold, better funded, and non-judgemental services, ideally peer run and providing not only mental health support, but also support regarding concrete and financial matters such as housing and immigration. More training (by sex workers) about sex work to mental health practitioners was also very commonly suggested by participants.

Ultimately, SWMH identified stigma as the greatest, most specific barrier for sex workers to enjoy good mental health and access good quality mental health support. SWMH data in Germany, Italy, Sweden and the UK found that, in order to start addressing sex work stigma in society, full sex work decriminalisation is a necessary first step. Whilst criminalisation exacerbates prejudice and stigma against sex workers and defines them according to strict and misleading victimisation categories, decriminalisation sends the clear message that sex work is work. It also acknowledges that sex workers comprise an extremely diverse population with diverse needs including the fundamental right to access unbiased, non-judgemental health support and be free from discrimination on the basis of their work.