SEX WORK AND MENTAL HEALTH (SWMH)

SUMMARY OF REPORT FROM A NUM PERSPECTIVE

JULY 2021

KEY FINDINGS

● 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 nonjudgemental 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

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.

KEY 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:

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

SWMH Recommendations specific to the UK

● 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.