POLICY BRIEF

AUGUST 2024

HEALTHCARE AND RACIALISED SEX WORKERS IN THE UK

Healthcare and Racialised Sex Workers in the UK

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National Ugly Mugs:
Ending All Forms of Violence Against Sex Workers

National Ugly Mugs (NUM), formerly the UK Network of Sex Work Projects (UKNSWP), is a UK-wide charity working to end all forms of violence against sex workers and the conditions leading to survival sex work. We deliver pioneering digital safety tools and direct support programmes, as well as advocacy, community education and research projects on the conditions, trends and inequalities around sex work. We're pushing for systems change: an end to the disproportionate discrimination, violence and poverty currently facing sex workers.

Our work is guided by three core principles:

1. **Sex Workers First:** privileging lived experience in sex industries as a primary way of knowing and responding to sex workers' priorities around safety, health and rights.
2. **Quality Support:** working with sex workers to prevent violence, support survivors in seeking justice and recovery, and end the conditions driving survival sex work.
3. **Learning and Innovation:** committing to consistent improvement, learning and growing in our approach to what we do, why we do it, and how we do it.

NUM is the only UK-wide reporting and alerting mechanism for sex workers, and a world leader in digital tools and individualised support services that promote their safety and wellbeing. We work alongside other sex worker-led groups around the world, including reporting mechanisms such as *Ugly Mugs Ireland* and France's *Projet Jamine*, and advised on the development of *Ugly Mugs Netherlands*.

We curate the national database of harms against sex workers, developed over the past 12 years, and have 9,800 members at the time of writing. In 2023, we sent out 849,631 safety alerts (3.3 million since inception) and processed 578 reports of violence against sex workers, containing 812 accounts of harm. We provided direct victim support services to 1,027 sex workers, and welcomed a further 281 to our NUMbrella Lane drop-in service

Sex work research is complex. While female, street-based sex workers often feel over-studied, those of other genders and forms of work are typically under-researched. What almost all sex workers are, though, despite differing levels of academic interest, is under-served by actual policy developments and adequate service provision. As such, the participation of sex workers in studies like this is greatly valued. We hope that as a result of their contributions, and the trust they've placed in us through them, we can effect change that materially improves their health and wellbeing.

Racial Justice for Sex Workers: Introduction and Methodology

Rights, Recognition and Redress, or the Racial Justice for Sex Workers Project, is the beginning of NUM's work on reclaiming narratives around sex work and race through in-depth conversations, research and collaboration between racialised sex workers and anti-racist activists.

Supported by the Joseph Rowntree Charitable Trust, the first iteration of the project focused on the relationships between racialised sex workers and public services. This document is one of five policy briefs on the experiences of racialised sex workers in five key areas of public life: policing, healthcare, housing, further education, and support services. You can find the other briefs, as well as information on our ongoing anti-racism work within NUM, on our website.

Racial Justice for Sex Workers is based on a Participatory Action Research methodology[1], where researchers work in collaboration with participants to understand an issue and change it for the better. Rather than studying participants as unempowered subjects, this project adopted an approach that focused on the expertise of racialised sex workers through their lived experience, developing a group of collaborators whose contributions guided the research and service outputs of this project.

Through this process, NUM has developed this series of reports, a range of advocacy materials, and a Reporting Professionals Tool: a new digital platform that will allow sex workers to report harms (such as racial discrimination, refusal of service, or abuses of power) perpetrated by individuals in positions of public trust, like police officers or doctors. The Reporting Professionals Tool will sit within our victim support casework team, and allow NUM to better support sex workers navigating harm recovery and justice processes within professional settings.

The Policy Briefs are constructed from a series of interviews conducted with 38 racialised sex workers in the UK. Participants were provided with an honorarium as a thank you for their knowledge contribution and time, and were assured at the beginning of their interviews that all responses would be anonymised. We also conducted a documentary review of recent research projects at NUM (both published and unpublished), led by sex workers and sex work researchers, for inclusion.

More information on the Racial Justice for Sex Workers project can be found on our landing page.

[1]O'Neill, Maggie. 'Cultural Criminology and Sex Work: Resisting Regulation through Radical Democracy and Participatory Action Research (PAR)'. *Journal of Law and Society* 37, no. 1 (2010): 210–32.

Introduction and Context

Racialised sex workers in the UK sit at the intersection of two historic and compounding forms of marginalisation. Structural racism is a fundamental driver of health disparities[2] [3], and racial inequality is well-documented within UK healthcare[4]. At the same time, the criminalisation and stigma facing sex workers facilitates both unique health burdens in the population and additional difficulties in accessing healthcare support.

Sex workers face a disproportionate risk of physical and sexual violence[5] [6], often requiring specialised healthcare support, and there are complex relationships between sex work and other health areas including chronic illness, addiction, and mental health conditions. However, the nuance and support required to meet these unique health needs is not present in much of the UK's health system. Societal stigmas and inequalities around sex work extend into health - making it unsurprising that sex workers' trust in healthcare services is "fragile or non-existent" (Elliot, 2016), or that research indicates over 60% of street sex workers and 90% of parlour workers don't disclose their work to their GP[7].

As explored in NUM's recent *Fighting for Fair Treatment* report, there are multiple reasons for this fragile trust between sex workers and healthcare providers, including direct stigma and discrimination, a lack of consistency and training across different services, and a lack of communication around how the NHS understands sex workers and their rights. Furthermore, funding cuts[8] and the closure of specialised clinics have made it increasingly difficult to access appropriate services, creating an acute postcode lottery within sex worker healthcare[9] and leaving charities and community groups as the only form of accessible treatment in some areas.

Meanwhile, there have been multiple high-profile examinations of structural racism's impact on health in the UK in recent years - including "widespread" ethnic inequalities across a range of healthcare services[10], disproportionate rates of COVID-19 infection and mortality within ethnic minority

[2] Racism and discrimination are fundamental drivers of health disparities worldwide | UCL
[3] Racial health inequality is stark and requires concerted action, says review | The BMJ
[4] Woodhead, C. et al. (2022) *'"They created a team of almost entirely the people who work and are like them": A qualitative study of organisational culture and racialised inequalities among healthcare staff'*, Sociology of Health & Illness, 44(2), pp. 267–289.
[5] Cunningham, S. et al. (2018) *'Sex Work and Occupational Homicide: Analysis of a U.K. Murder Database'*, Homicide studies, 22(3), pp. 321–338.
[6] Swift, J. (2022) *'How to End Violence Against Sex Workers'*, Gender Policy Report, 14 December.
[7] Jeal, N. and Salisbury, C. (2007) *'Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: a cross-sectional survey'*, *BJOG: An International Journal of Obstetrics & Gynaecology*, 114(7), pp. 875–881.
[8] Breaking point: Securing the future of sexual health services | Local Government Association
[9] Fighting for Fair Treatment: Sex Workers Share Insights to Inform Inclusion Health Initiatives | National Ugly Mugs
[10] Racial health inequality is stark and requires concerted action, says review | The BMJ

communities[11], and direct experiences of racist behaviour within healthcare affecting a majority of both patients[12] and staff[13].

The intersection of structural racism and anti-sex worker discrimination within healthcare is complex, and requires a much longer piece of research than this one. However, what this report does clearly show is that both sex workers and racialised groups can be at disproportionate risk of poor physical and mental health outcomes - in part due to a systemic marginalisation within healthcare - and that healthcare providers must better understand and address the specific needs of racialised sex workers.

Experiences of Healthcare

In the following section we will present findings related to the health and wellbeing of racialised sex workers, collected through interviews with 38 workers across the UK. Interviewees reflected both the vital importance of proper healthcare and the significant barriers racialised sex workers face to accessing support.

From our conversations, researchers drew out three key themes within participants' experiences of healthcare: experienced and historic downplaying of pain from health professionals, scepticism around support from psychiatrists and mental health services, and an inability to disclose sex worker status or feel fully supported within healthcare. Workers also discussed the importance of clinics and accessible healthcare spaces to their sense of safety and support, and their experiences in reporting harm experienced in healthcare settings.

75% of participants in this project reported *"negative"* or *"very negative"* experiences within UK healthcare, and several participants cited the mistrust created by these experiences as a barrier to accessing the care that they need:

[11] 'Drivers of the higher COVID-19 incidence, morbidity and mortality among minority ethnic groups' | Gov.UK
[12] Most black people in UK face discrimination from healthcare staff, survey finds | The BMJ
[13] Racism in Medicine | BMA, 2022

> I don't have a particularly good or trusting relationship towards getting like medical help and medical attention

> people kind of just shut you down and not take you seriously

> [you're like] oh my god I need to go get this help [but] I don't want to do it. . . I don't try

> so much of my mental health has been impacted by racism… my hatred of my hair, my hatred of my body, how my body was, like, made problematic and sexualised from such a young age as well. And I think of so much of therapy is literally like, white ladies, and there is no kind of opportunity to discuss how racism has impacted my life, so many aspects of my life

Project Participants

Historic Tropes: Black People's Pain and Sex Workers as Vectors of Disease

> we have all internalised to a certain extent like misogyny and racism and ableism and we project that; like medical professionals aren't exempt from that
>
> **Project Participant**

Melissa, who suffers from severe dysmenorrhoea, told us that she struggled to get proper medical help despite being unable to walk or speak due to the pain she was experiencing - but that if these symptoms were observed in someone else *"I feel like you would hospitalise them immediately".* However, *"ultimately, like, a black woman's pain is not considered valid…your pain is not taken seriously".*

Melissa's account highlights a pervasive and deeply ingrained bias within healthcare systems. She speaks from the intersection of race and gender about how Black women's pain is often invalidated and dismissed, and demonstrates how cycles of neglect and suffering are allowed to reproduce in healthcare.

While there is an insufficient body of UK-specific research on how pain recognition and treatment is influenced by racism, international studies indicate a significant racial bias among medical students and practitioners when it comes to pain treatment - including half of white medical students and residents endorsing the idea of biological differences between white and black people (e.g. 'black people's skin is thicker than white people's'). Furthermore, half of US medical students studied heard negative comments about black patients from their senior colleagues, and those students' level of racial bias grew significantly in their first four years of medical training (Hoffman *et al.,* 2016)[14].

This pattern seems reflected in the UK. Black women in the UK are four times more likely to die in pregnancy and childbirth[15] and, while Black people experience higher rates of chronic pain than any

[14] Racial bias in pain assessment and treatment recommendations | PubMed
[15] Mohdin, A. (2021) *'Black women in UK four times more likely to die in pregnancy and childbirth'*, The Guardian, 11 November.

other ethnic group in the UK, they're less likely to be given pain medication (and if they are given pain medication, they're given less)[16].

For racialised sex workers, these ingrained misconceptions can be compounded by historic stereotypes around sex work. In a recent NUM study, two key forms of stigma were raised as particularly pertinent for healthcare services[17]. Firstly, participants reported being made to feel like a 'burden' on an NHS resources, or that they felt like they had to demonstrate an eagerness to leave sex work in order to access help - *"'quit your job' is not mental health advice given to anyone else'*, as one put it. Secondly, sex workers are still impacted by longstanding 'vector of disease' stereotypes. As Frankie Miren, from the English Collective of Prostitutes, explains:

> *"It's an age-old trope. Sex workers as the ultimate vectors of disease. in the 19th Century, Britain's Contagious Diseases Act allowed any woman suspected of selling sex to be subject to forced examination. During the Second World War, sex workers were cast as petri dishes, malignant spreaders of STIs among guiltless troops.*
>
> *[During COVID-19], women in walk-up brothels told the [ECP] that members of the public had screamed at them for working during the pandemic. Outdoor workers described being spat at and verbally abused from passing cars."*[18]

The continued existence of tropes like these - whether racist stereotypes around pain tolerance, or the notion that sex workers are wasting NHS resources or more accepting of transmissible disease - demonstrates a persisting lack of understanding and training within healthcare settings, and risks creating an acutely alienating and inaccessible environment for racialised sex workers seeking medical help.

[16] The Inequalities of Chronic Pain | Equal Lives
[17] Fighting for Fair Treatment | National Ugly Mugs
[18] Stigma Towards Sex Workers is Growing Because of the Coronavirus Pandemic | The Independent

Mental Health and Psychiatry

Mental health is a complex issue for both racialised communities and sex workers. People from Minority Ethnic groups living in the UK are more likely to be diagnosed with a psychotic disorder or be admitted to hospital with a mental health problem, but are also more likely to experience poor treatment outcomes and disengage from mainstream services[19]. This is unsurprising for a healthcare system in which young people from Minority Ethnic backgrounds are more likely to be referred to mental health services through routes like youth justice and social services than 'voluntary' routes like primary care[20], and where black people are four times more likely than white people to be detained under the Mental Health Act[21].

At the same time, sex workers are also at greater risk for poor mental health outcomes[22]. Systemic stigma, social exclusion and a disproportionate risk of violence can create significant burdens on people's mental health, while sex work also acts as an accessible and flexible source of income for many people whith mental health needs that exclude them from mainstream labour markets[23]. Research has outlined how a number of societal harms - including feeling unsafe, lacking access to protection, a fear of the police, and legal marginalisation - all strongly affected sex workers' mental health, in particular that of migrant sex workers[23a]. The discrimination driving these societal harms extends into healthcare, and sex workers seeking mental health support often find it judgemental, stigmatising and unhelpful[23b].

These trends were reflected in the experiences of this project's participants. Accessing mental health support was a process defined by uncertainty and marginalisation, where the inequalities within healthcare - whether their race, their sex worker status, or their mental health conditions themselves - often manifested in a lack of autonomy around their health and care.

Participants described the mental health system as *"really racist"* and *"really misogynistic",* one where sex workers are *"such a vulnerable group [that] abuse of power goes unnoticed, and it goes unchallenged".*

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[19] Platt, L. *et al.* (2022) *'The Effect of Systemic Racism and Homophobia on Police Enforcement and Sexual and Emotional Violence among Sex Workers in East London: Findings from a Cohort Study',* Journal of Urban Health, 99(6), pp. 1127–1140.
[20] Edbrooke-Childs, J. and Patalay, P. (2019) *'Ethnic Differences in Referral Routes to Youth Mental Health Services',* Journal of the American Academy of Child & Adolescent Psychiatry, 58(3), pp. 368-375
[21] Mental Health Act Statistics, Annual Figures, 2021-22 | NHS England Digital
[22] 'Sex workers health: time to act' (2023) The Lancet Public Health, 8(2), p. e85.
[23] [23a] [23b] Geymonat, G.G. and Macioti, P.G. (2021) *'Sex Work and Mental Health. Policy Relevant Report',* Global Network of Sex Work Projects, pp. 1–43.

The lack of autonomy extended to racialised sex workers can be illustrated in the experiences of Angel and Jamah[24], two project participants who are both racialised sex workers living with personality disorder diagnoses.

For Angel, this meant having *"doctors assume that I'm lying about symptoms because of my borderline personality disorder, and actually write down in letters, like, '[she] might be lying because of her history of addiction, or her sex work, or her borderline personality disorder".* Given the difficulty many people already have navigating healthcare and diagnoses - often lengthy, incredibly personal processes at the best of times - statements like this demonstrate how prejudices around sex work and mental health (as well as addiction) can not only impact the direct provision of care, but also negatively influence how a patient is treated by other healthcare services and their relationship to the NHS as a whole.

For Jamah, a lack of autonomy within healthcare means *"people of colour we get, like, psychiatrised and we get diagnosed"*, and *"that basically, like, dictated the rest of my time within healthcare services…once you get labelled as, like,* ***psychiatrically bad****, there's no going back".* Participants also shared experience of direct denial of service because of their sex worker status. According to one:

> "The psychiatrist wrote about me, like I was, you know, a fallen woman who wore low cut tops and deserved no kind of help because of how immoral I am. And when I complained about this, they were like, 'oh, she was just doing- you've got to do an observation, about the way people look and everything'. And I think, well, I've, you know- mental status examinations, I know how to do them, I do them myself. And I've never written about anybody like that. It doesn't need to be done like that. . . I think that because we're such a vulnerable group these - I think, you know, this kind of abuse of power goes unnoticed. And it goes unchallenged."
>
> **Project Participant**

[24] All participant names have been changed for anonymity

As a whole, these experiences paint a picture of a mental health system that can be both overly restrictive and invasive, as well as inaccessible and marginalising. The obstacles facing racialised sex workers in being seen and treated as autonomous, individual people mean that a group with unique mental health needs and concerns can lack the space and support needed to navigate their treatment and care.

Non-Disclosure of Sex Worker Status

Previous NUM research into healthcare found that a lack of consistency and clarity around how sex workers are treated by the NHS is creating a significant barrier to accessing support. In particular, a lack of training or regulation was creating a culture of 'stigma', 'judgement' and 'discrimination' experienced by the majority of sex workers surveyed, and experiences or fears of 'outing' by their healthcare professionals leaving many sex workers feeling unable to share sufficient information about their lives[25].

Participants in this project reflected this issue, identifying the absence of "*basic training"* or assurances of *"confidentiality"* as a major disincentive to disclosing their sex worker status to healthcare professionals. One participant suggests that with such training or assurance, *"if I told them, like, I'm a sex worker, then it would be so different and it wouldn't be such a palaver, like, it wouldn't have to be so traumatic."* Instead, a lack of clarity in how they'll be treated or whether their information is safe means *"it's so much harder to be honest about my experiences and get the actual care needed".*

Some participants shared experiences of avoiding healthcare services altogether, even A&E care, because they *"didn't want to have to explain"* their sex work. Others described leading two lives within healthcare, *"one that's, like, actually good, with the Archway Centre[26], but one I have where I'm essentially lying to my GP."* This need to withhold information from their GP *"means I'm not getting services that I really need",* a common experience among participants in our health research.

Participants who had been completely alienated from formal healthcare by negative experiences shared their histories of self-reliance and 'DIYing' - managing their health and medication on their own and without medical oversight. One told us that the cumulative effect of being treated with a lack of

[25] Fighting for Fair Treatment | National Ugly Mugs
[26] The Archway Centre is a clinic in London with a focus on confidential sexual health services

compassion meant *"I actually didn't even register with a GP for like 4 years. I was like, fuck this, I'm never going to access healthcare ever again. Like, I'll DIY it."*

This issue of non-disclosure can be particularly acute among migrant sex workers, who are increasingly targeted by police through raids and deportations[27], and face added complications around their right to work in general.

To provide proper care, healthcare services must be (and *feel*) safe for sex workers, otherwise they are likely to be operating on incomplete information at best and failing to engage people entirely at worst. Services must be explicit and reassuring in communicating the care and confidentiality that sex workers can expect from them.

Clinics as Safe Spaces

When healthcare services *are* explicit and reassuring in communicating with sex workers, they can become an immensely valuable source of care and respite in a hostile environment for racialised sex workers. Some participants characterised sexual health clinics as a *"life saver, [a] safe space",* seeing them not only as a way of maintaining their sexual health but also their emotional wellbeing; *"the clinic, for me, was the one place I knew I would be safe and be accepted".*

Another participant described the challenges sex work can bring, telling us that *"you lose a lot of those- kind of, like- family, and a lot of like, your lovers, and a lot of things that have kept you emotionally secure when you are working".* In this context, sexual health clinics can be seen as a 'homeplace'[28] that can mitigate the impacts of alienation and isolation.

Many other participants express a strong sense of safety associated with sexual health clinics, describing them as places where they felt *"safe"* and *"secure".* Some attribute that to regular scheduling, which acts as a source of stability and community in what can be an isolating and unpredictable environment associated with sex work. As one told us, *"I felt very safe because I knew that, you know, every week or two weeks I would get tested."*

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[27] Migrant Sex Workers Fight Police Illegality & Racism | English Collective of Prostitutes

[28] "The construction of a homeplace, however fragile and tenuous (the slave hut, the wooden shack) had a radical political dimension. Despite the brutal reality of dominion, one's homeplace was the one site where one could freely confront the issue of humanization" Hooks, B. (1999) Yearning: Race, Gender and Cultural Politics. Boston, MA: South End Press.

Following and communicating these core principles - safety, acceptance, consistency - can make a huge difference to how accessible and successful a health intervention is likely to be in the lives of racialised sex workers.

Experiences reporting harm

Participants had mixed experiences in reporting issues or harm within healthcare services.

One participant shared positive experiences of reporting to the Ombudsman and the Patient Advice and Liaison Service (PALS), highlighting them as formal reporting channels that are responsive and have structured, familiar processes.

The participant's complaint related to a negative experience with a doctor, and they shared the value of being told by the person handling their complaint that *"as a muslim woman I really empathise with you…I take this really seriously, I really don't ever want any woman of colour to have this experience in a hospital."* Thanks in part to the effort and compassion from their complaint handler, the complaint led to *"an apology from [the doctor], and then they changed their rules so now everyone gets offered a chaperone, even if it's not, like, a gynaecological thing, and the doctor had to go on like, communication training and all this other stuff, so it was really good".*

While it's clear that a proper complaints process can have significant positive effects on individual users and their confidence in healthcare, as well as wider practices within services, there was a larger atmosphere of distrust and anxiety around healthcare processes.

> I've just seen too many people just absolutely fucked up sideways by the healthcare system and there are so many people working in healthcare who are absolutely fucked up sideways, like it's just a bit of a broken system and so I couldn't really envision like complaining to a broken system
>
> **Project Participant**

This perception of a broken system, one which discourages engaging with the reporting process at all, was echoed by other participants. One described an experience of reporting an incident with their

psychiatrist through PALS, but feeling frustrated after discovering that *"a psychiatrist from the same service reviewed her information"* instead of someone independent. When asked if they'd ever reported instances of harm caused by healthcare professionals, another simply stated *"no, because no one would listen…it would be pointless".*

Other participants had concerns around the accessibility of reporting processes, particularly for people with disabilities or who are neurodiverse. Particularly following a potentially traumatic experience, current reporting avenues *"just feel like too much, it's just more work. Like, everything just feels like more work".*

The desire expressed by participants was more around having an accessible, responsive and compassionate complaints system, rather than a particularly punitive one. While one participant felt they *"have a duty"* to complain of harmful experiences to try and stop them happening again, they expressed a desire to avoid seeking justice through the police if instead they could report through independent service like NUM, where they *"know that [other] sex workers could then see [their complaint] and kind of learn from it".*

Other participants acknowledged how healthcare professionals are also humans with intersecting identities who might be *"marginalised in a number of ways themselves, like, often people of colour, migrants, people who I know are, like, overworked, underpaid".* They were *"hyper-conscious of, like, the effect of reporting"* on the individual practitioners, even in the context of having experienced harm because of them. Overall, this indicates the need for compassion and communication in the complaints process, with more of a focus on supporting the complainant and changing processes to prevent future harm than punishing individual healthcare staff.

Conclusions and Recommendations

The findings in this report highlight the systemic issues within healthcare systems that create barriers to racialised sex workers receiving adequate and respectful health interventions. Medical racism and the downplaying of pain, misunderstanding and stigma around sex work, and biases in mental health care create an environment where racialised sex workers are alienated from healthcare processes - feeling unable to confide in their healthcare professionals or engage with them at all, and lacking faith in healthcare as a system.

From navigating a healthcare system designed without their needs in mind, to facing direct stigma and harm from healthcare providers, racialised sex workers are often alienated from services that they can be disproportionately likely to need. A reluctance to disclose sex worker status due to fear or discrimination or outing further exacerbates these challenges, leading to instances where people forgo or delay essential medical treatment.

While much of this inequality in treatment stems from structural, societal issues around racism and sex work, there are clear and positive steps that can be made towards an accessible, equitable health service:

Staff Training and Specialist Services

There's a noticeable and consequential lack of training and guidance in many health services, leaving staff ill-equipped to understand and address the specific needs of racialised sex workers.

As a participant in NUM's recent Find and Treat research project put it, without specialist training or services *"there's no incentive [to disclose sex workers status]. It's just like, you slap that label on yourself [and] you're welcoming in the stigma, the paranoia, the 'coming out' and all that. That's all you gain from putting your hand up right now".*

To be able to adequately treat sex workers as a population, particularly racialised sex workers, healthcare providers must demonstrate a willingness to understand them and an ability to offer accessible, non-judgemental services delivered by staff who won't stigmatise their patients. This could take multiple possible forms, including:

- Hiring staff, particularly sexual health nurses or mental health practitioners, with expertise in sex work to provide a local access point and raise general medical understanding of sex workers in an area;

- Expanded local drop-in clinics aimed at sex workers - particularly given the number of sex workers travelling inter-city (and sometimes across the country) to access existing specialist clinics like Dean Street in London[29] and the Inclusion Health Self Assessment Tool[30]

- Training for healthcare practitioners, led by sex workers and sex workers' rights organisations, to help staff better communicate with and understand the community;

- Specialist routes to treatment for sex workers, particularly around sexual health (e.g. priority testing) but also including mental health and gender-affirming care.

Cultural Competence in Mental Health Care

The experiences participants shared around psychiatry revealed harmful practices in how patients from marginalised groups can be treated - particularly how a lack of compassion and patient agency can alienate people from mental health processes.

In response, services should acknowledge the need for therapists with an understanding of both race and sex work, and how these factors can affect mental health on both an individual and structural level. A resource similar to NUM's Directory of Sex Worker-Friendly Therapists (or the support of sex worker organisations like NUM), along with wider training around racism and sex work, could make a huge difference in a health service's ability to support people's mental wellbeing.

As part of this effort, NUM is committed to ensuring diversity among healthcare practitioners in our directory, though we recognise that we still have progress to make in this area.

Communicating Accessibility and Anonymity

Much of the distrust and non-disclosure we identified stemmed from a lack of communication from healthcare services in how sex workers can expect themselves and their data to be treated. In lieu of explicit assurances from healthcare services,participants often fell back on past experiences or the experiences of family and friends when making healthcare decisions - given these experiences can

[29] Fighting for Fair Treatment | National Ugly Mugs
[30] Created in partnership with NUM, Friends Families & Travellers, Homeless Link, Doctors of the World, and Stonewall Housing

tend to be ones of stigma, unequal treatment, or trauma, it is important that healthcare services provide clear assurances around how they treat racialised sex workers.

To be truly accessible, healthcare services must be clear that patients can disclose sex work without fear of judgement or outing, and that healthcare practitioners are separate from punitive institutions in sex workers' lives such as the police, the DWP or the Home Office.

Compassionate Complaints Processes

Participants' experiences of reporting harm in healthcare settings reveal systemic failures in addressing instances of mistreatment and discrimination. Participants expressed their scepticism about how effective and accessible existing complaints channels are, particularly as a source of accountability or ongoing support.

NUM's new Reporting Professionals form, developed through this project, is a response to this need. It allows sex workers to report harms - including racial discrimination, violence, refusal of service, and abuses of power - perpetrated by individuals in positions of public trust, such as police officers or healthcare professionals. Reporting sex workers will receive support from NUM's case work team, who will work with them to navigate the recovery from any harm they experience and the appropriate complaints or justice processes.

However, for this system - or any complaints system - to work there must be buy-in from health services. Services must engage with patients and community groups about their concerns and incidents of harm, and have the capacity to respond with compassion and flexibility.

National Ugly Mugs

Ending Violence Against Sex Workers

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