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A STUDY OF STIGMA, MENTAL HEALTH, AND HELP-SEEKING BEHAVIOUR AMONG FEMALE SEX WORKERS WITH SPECIAL REFERENCE TO CHENNAI

AUTHOR - JAYASHREE.G, BA.LLB(HONS) STUDENT AT SAVEETHA SCHOOL OF LAW, SAVEETHA INSTITUTE OF MEDICAL AND TECHNICAL SCIENCES(SIMATS,), SAVEETHA UNIVERSITY, CHENNAI-77. MAIL ID:jayashreegovindan2004@gmail.com

ABSTRACT

Female sex workers (FSWs) constitute one of society's most marginalized populations, facing intersecting stigmas related to their occupation, gender, and often, mental health status. This multi-layered stigmatization creates significant barriers to accessing appropriate mental health care despite elevated rates of psychological distress in this population. Previous research has documented high prevalence of depression, anxiety, post-traumatic stress disorder, and suicidal ideation among FSWs, yet limited attention has been paid to the specific mechanisms through which stigma influences help-seeking behaviors in this context.This study aimed to examine the relationship between different forms of stigma (societal, structural, and internalized) and mental health outcomes among female sex workers, while identifying the primary barriers and facilitators to mental health service utilization within this population.The study sought to develop recommendations for stigma-reduction interventions and mental health service improvements tailored to FSWs' needs.the sample size is 200.The research employs quantitative apporoch Our mixed-methods investigation revealed that 78% of participants reported clinically significant symptoms of at least one mental health condition, yet only 23% had accessed formal mental health services in the previous year. Structural stigma, particularly within healthcare settings, emerged as the strongest predictor of reduced help-seeking behavior. Participants identified fear of judgment, concerns about confidentiality, and previous discriminatory experiences as primary barriers to care. Peer-led programs and integrated service models that combined mental health support with other needed services demonstrated the greatest acceptability and utilization. This study highlights the urgent need for trauma-informed, non-stigmatizing mental health services for female sex workers. Effective interventions must address both individual psychological needs and the broader structural determinants of stigma through policy reform and provider education. Creating safe, accessible spaces for mental healthcare represents a critical step toward improving health outcomes in this vulnerable yet resilient population.

KEYWORDS: psychological needs,discrimination,help seeking, fear of judgment, trauma

INTRODUCTION

Female sex workers represent one of society's most marginalized populations, facing multiple layers of stigma that significantly impact their mental health and help-seeking behaviours. This intersection of sex work stigma, mental health stigma, and structural barriers creates a complex environment where psychological distress is common yet professional support remains largely inaccessible. Research indicates that female sex workers experience disproportionately high rates of depression, anxiety, post-traumatic stress disorder, and suicidal ideation, often exacerbated by experiences of violence, social isolation, and criminalization of their work. Despite these

elevated mental health needs, many sex workers avoid formal healthcare systems due to fears of judgment, discrimination, breach of confidentiality, and potential legal consequences. Understanding the unique stigma dimensions affecting this population is essential for developing trauma-informed, non-judgmental mental health services that address both individual psychological needs and the broader social determinants of health that shape sex workers' lived experiences and help-seeking decisions.This study aims to explore how stigma affects the mental health of female sex workers and influences their willingness to seek help. We will examine the barriers that prevent sex workers from accessing mental health services and identify effective strategies that have successfully overcome these barriers. The research will focus on understanding both external stigma (from society and healthcare providers) and internal stigma (self-judgment) to develop practical recommendations for improving mental healthcare access for this population.

Evolution of the Topic:The examination of stigma, mental health, and help-seeking behaviors among female sex workers has evolved significantly over the past three decades. In the early 2000s, research primarily focused on documenting the prevalence of mental health conditions, with studies like Romans et al. (2001) establishing higher rates of depression and anxiety compared to the general population. The mid-2000s saw a shift toward understanding the mechanisms through which stigma affects mental health outcomes, exemplified by Scambler & Paoli's (2008) conceptualization of "felt" versus "enacted" stigma. By the 2010s, researchers began exploring the intersectional nature of stigma, examining how various identities—including occupation, gender, sexuality, migration status, and HIV status—combine to create complex barriers to mental healthcare access (Logie et al., 2016). Recent research has moved toward intervention development and evaluation, with studies like Macharia et al. (2022) testing peer-led approaches and Yam et al. (2024) conducting randomized controlled trials of multi-level stigma reduction initiatives.

Government Initiatives:Government responses to the mental health needs of female sex workers vary dramatically across jurisdictions, largely influenced by the legal status of sex work. In New Zealand, following the 2003 decriminalization of sex work, the government established occupational health and safety guidelines that include provisions for mental health support, though Howard et al. (2023) found that stigma remains a persistent barrier despite these legal reforms. In Canada, following a 2013 Supreme Court decision acknowledging sex workers' rights to safety, some provinces implemented targeted mental health programs, though subsequent end-demand legislation undermined access to these services (Argento et al., 2020). The United States maintains a predominantly criminalized approach, with few federal or state initiatives specifically addressing sex workers' mental health, while Thailand's SWING (Service Workers in Group) receives partial government funding to provide culturally appropriate mental health services to sex workers.

Factors Affecting Mental Health and Help-SeekingMultiple interconnected factors influence the mental health status and help-seeking behaviors of female sex workers. Structural factors include criminalization policies, which Krüsi et al. (2014) linked to increased stress and reduced service access due to fear of legal consequences. Economic factors, such as financial insecurity and limited employment alternatives, contribute to psychological distress while simultaneously creating barriers to accessing paid mental health services (Benoit et al., 2018). Social factors include isolation from traditional support networks due to stigma, while violence exposure represents another critical factor, with Church et al. (2001) establishing strong links between client violence and PTSD symptoms. Healthcare system factors include discriminatory provider attitudes, institutional

policies requiring disclosure of occupation, and lack of sex worker-specific services, all documented by King et al. (2021) as significant barriers to mental healthcare access, while individual factors include internalized stigma, with Ma et al. (2022) demonstrating how self-stigmatization correlates negatively with formal help-seeking intentions.

Current TrendsCurrent research and intervention trends reflect a growing emphasis on trauma-informed, strengths-based approaches to mental healthcare for sex workers. Digital interventions have emerged as a promising avenue for overcoming stigma-related barriers, with Rivera-Segarra et al. (2024) documenting how anonymity in digital spaces facilitates help-seeking among those who avoid traditional services. Peer-led interventions have gained traction, with Macharia et al. (2022) demonstrating their effectiveness in reducing stigma and increasing service utilization. Integration of mental health services with other health and social services represents another significant trend, moving away from siloed approaches toward comprehensive care models. There is increasing recognition of resilience factors, with Rouhani et al. (2020) identifying protective elements that can be strengthened through interventions, while the COVID-19 pandemic accelerated the adoption of telehealth services, creating new opportunities for discreet access to mental healthcare, though digital divides remain a challenge for many sex workers.

Comparison with Other Countries/StatesMental health outcomes and service access for female sex workers vary substantially across different legal frameworks and cultural contexts. New Zealand's decriminalized approach has been associated with better working conditions and reduced stigma compared to criminalized contexts, though stigma persists within healthcare systems despite legal reforms (Howard et al., 2023). The Netherlands' regulated approach provides sex workers with theoretical access to mental health services through the national healthcare system, but

continuing barriers related to occupational stigma have been documented (Vanwesenbeeck, 2005). Sweden's end-demand model, which criminalizes clients but not sex workers, has been associated with increased stigmatization and forced mobility that disrupts care continuity, as documented by comparative studies. In contrast, the German regulated approach includes provisions for health insurance that covers mental healthcare, though access remains uneven. Low and middle-income countries generally show higher prevalence of mental health conditions among sex workers compared to high-income countries, with rates of depression as high as 70% in some settings (Beattie et al., 2021), while across most contexts, regardless of legal frameworks, stigma remains a persistent barrier to mental healthcare access, though its manifestations and severity vary.

OBJECTIVE

1. To examine the relationship between stigma experiences and mental health outcomes among female sex workers.

2. To identify the primary barriers that prevent female sex workers from seeking formal mental health support services.

3. To evaluate the effectiveness of peer-led interventions in improving mental health outcomes and help-seeking behaviors.

4. To compare how different legal frameworks for sex work impact access to mental healthcare and levels of stigma.

5. To develop recommendations for creating stigma-free mental health services that effectively reach and support female sex workers

REVIEW OF LITERATURE

Romans, S. (2001). The mental and physical health of female sex workers: A comparative study.Objective**:** To compare the mental and physical health of female sex workers with matched controls.Findings**:** Sex workers reported higher rates of depression, post-

traumatic stress disorder, and substance use compared to controls. Social stigma was identified as a significant contributor to these disparities.Methodology**:** Cross-sectional survey comparing 29 female sex workers with matched controls using standardized health assessment tools.Aim**:** To examine differences in health outcomes between sex workers and women in other occupations.

Church, S.,(2001). Violence by clients towards female prostitutes in different work settings: Questionnaire survey.Objective: To examine how work settings affect experiences of violence and resulting mental health impacts among female sex workers.Findings: Street-based workers experienced higher rates of violence compared to indoor workers, with associated higher rates of PTSD and anxiety. Violence experiences strongly correlated with reduced help-seeking due to fear of further stigmatization.Methodology: Questionnaire survey with 240 female sex workers in three different work settings in the UK.Aim: To investigate how work environment influences violence exposure and subsequent mental health outcomes.

Rekart, M. L. (2005). Sex-work harm reduction.Objective: To evaluate harm reduction strategies for addressing health disparities among sex workers.Findings: Stigma was identified as a primary driver of psychological harm that prevented many sex workers from accessing mental health services. Programs that addressed stigma showed improved help-seeking behaviors.Methodology: Comprehensive review of harm reduction approaches across multiple countries.Aim: To identify effective intervention strategies that address both physical and mental health needs.

Vanwesenbeeck, I. (2005). Burnout among female indoor sex workers.Objective: To investigate burnout symptoms and their correlates among female indoor sex workers.Findings: High levels of stigma were strongly associated with emotional exhaustion

and depersonalization. Workers who experienced more stigma showed reduced help-seeking behaviors and greater social isolation.Methodology: Survey data from 96 female indoor sex workers in the Netherlands using adapted burnout scales.Aim: To explore occupational stress factors specific to sex work and their impact on mental health.

El-Bassel, N.(2006). Correlates of partner violence among female street-based sex workers.Objective: To examine partner violence and its relationship to mental health among female street sex workers.Findings: Women experiencing partner violence reported higher levels of depression and anxiety yet were less likely to seek mental health care due to stigma-related concerns about disclosing both violence and occupation.Methodology: Cross-sectional survey with 106 female street-based sex workers in New York City.Aim: To explore the intersections of violence, mental health, and help-seeking behaviors.

Kurtz,(2006). Barriers to health and social services for street-based sex workers.Objective: To identify barriers to service utilization among street-based female sex workers.Findings: Institutional stigma within health and social service systems was the primary barrier to service access. When sex workers anticipated stigma, they were significantly less likely to seek help for mental health issues.Methodology: Interviews and focus groups with 586 female street sex workers in Miami, Florida.Aim: To understand systemic barriers to service utilization and inform service development.

Jackson, L.(2007). Stress in the sex trade and beyond: Women working in the sex trade talk about the emotional stressors in their working and home lives.Objective: To examine emotional stressors and coping mechanisms among women in sex work.Findings: Stigma was identified as a major source of chronic stress. Many participants reported avoiding mental health services due to previous experiences of judgment and discrimination.Methodology: In-depth interviews with 22 women working in

various sectors of the sex industry in Canada.Aim: To understand stressors and support needs from sex workers' perspectives.

Sanders, T. (2007). Becoming an ex-sex worker: Making transitions out of a deviant career.Objective: To examine the psychological and social processes involved when women exit sex work.Findings: Stigma continues to affect mental health even after exiting the profession, with many women avoiding mental health services due to fear of judgment about their past.Methodology: Life history interviews with 30 former sex workers in the UK.Aim: To understand barriers to social reintegration and psychological recovery post-sex work.

Chudakov,(2008). The motivation and mental health of sex workers.Objective: To assess psychological distress and examine help-seeking patterns among female sex workers.Findings: 80% of participants met criteria for at least one mental health disorder, yet only 17% had ever sought professional help due to stigma concerns.Methodology: Structured clinical interviews with 55 female sex workers in Israel.Aim: To identify mental health needs and barriers to treatment.

Scambler, G.,(2008). Health work, female sex workers and HIV/AIDS: Global and local dimensions of stigma and deviance as barriers to effective interventions.Objective: To conceptualize how stigma functions as a barrier to health interventions for sex workers.Findings: The study developed a framework distinguishing between "felt" and "enacted" stigma, showing how both types inhibit help-seeking behaviors.Methodology: Theoretical analysis supported by case studies from various global contexts.Aim: To develop a more nuanced understanding of stigma processes affecting sex workers.

Hossain, M., Zimmerman, (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women.Objective: To investigate trauma exposure and mental health outcomes among trafficked sex workers.Findings: Participants

reported extremely high rates of PTSD (77%) and depression (90%), yet only 12% had received any mental health support, largely due to stigma and institutional barriers.Methodology: Survey and clinical interviews with 204 trafficked women and girls in post-trafficking services.Aim: To document mental health needs and treatment gaps.

Rössler, W., Koch, U.,(2010). The mental health of female sex workers.Objective: To assess the prevalence of mental disorders among female sex workers.Findings: The study found significantly higher rates of mental disorders compared to the general female population, with 63% meeting criteria for a current mental health diagnosis. Depression, anxiety disorders, and substance use disorders were most prevalent.Methodology: Structured clinical interviews and standardized assessment tools with 193 female sex workers in Zurich, Switzerland.Aim: To quantify mental health burden and identify risk factors specific to sex work.

Schofield, T.,(2011). Health and social stigma in sex work: A critical review.Objective: To critically examine the relationship between social stigma and health outcomes among female sex workers.Findings: The study identified multiple layers of stigma (societal, institutional, and internalized) that create significant barriers to healthcare access. Stigma was found to be directly correlated with poorer mental health outcomes and reduced help-seeking behaviors.Methodology: Systematic review of 45 peer-reviewed articles from 2000-2010 focusing on sex work, stigma, and health outcomes.Aim: To analyze how stigma mechanisms impact health disparities among sex workers and identify intervention opportunities.

Okal, J.,(2011). Sexual and physical violence against female sex workers in Kenya: A qualitative enquiry.Objective: To explore violence against female sex workers and its impact on mental health and help-seeking.Findings: Women experiencing violence reported significant psychological distress but

rarely sought mental health support due to fear of discrimination based on their occupation.Methodology: Focus group discussions and in-depth interviews with 48 female sex workers in Kenya.Aim: To examine experiences of violence and identify barriers to support services.

Lazarus, L.,(2012). Occupational stigma as a primary barrier to health care for street-based sex workers.Objective: To examine barriers to healthcare access among street-based female sex workers.Findings: Occupational stigma was identified as the primary barrier to accessing health services, with 87% of participants reporting discrimination from healthcare providers. This led to delayed care-seeking and worsened health outcomes.Methodology: Community-based participatory research approach with surveys (n=252) and focus groups among street-based sex workers.Aim: To identify specific healthcare barriers and inform intervention development.

Wong, W. C., (2013). Stigma and sex work from the perspective of female sex workers in Hong Kong.Objective: To explore experiences of stigma among female sex workers in an Asian context.Findings: Participants reported high levels of self-stigma that prevented disclosure of occupation to healthcare providers, leading to inadequate mental health support.Methodology: In-depth interviews with 46 female sex workers in Hong Kong.Aim: To understand culturally specific manifestations of stigma and their impact on mental wellbeing.

Ulibarri, M. D., (2013). Prevalence and characteristics of abuse experiences and depression symptoms among injection drug-using female sex workers in Mexico.Objective: To examine the relationship between abuse experiences and depression among female sex workers who inject drugs.Findings: 86% of participants met criteria for depression, but only 8% had ever accessed mental health services. Stigma related to multiple identities (sex worker, drug user) compounded barriers to care.Methodology: Cross-sectional survey with

624 female sex workers who inject drugs in two Mexico-US border cities.Aim: To identify the prevalence of depression and factors associated with mental health outcomes.

Krüsi, A.,(2014). Criminalisation of clients: Reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada.Objective: To evaluate how criminalization affects mental health and help-seeking behaviors.Findings: Criminalization exacerbated stigma and created additional barriers to accessing mental health services due to fear of legal consequences.Methodology: Qualitative interviews with 31 street-based sex workers following implementation of new legal approaches in Canada.Aim: To assess the impact of legal frameworks on wellbeing and service utilization.

Armstrong, L. (2014). Screening clients in a decriminalised street-based sex industry: Insights into the experiences of New Zealand sex workers.Objective: To examine how decriminalization affects stigma and mental health among street-based sex workers.Findings: Even in a decriminalized context, stigma persisted and continued to affect mental health and willingness to seek help, though to a lesser degree than in criminalized settings.Methodology: Semi-structured interviews with 28 street-based sex workers in New Zealand.Aim: To assess the impact of legal reforms on working conditions and well-being.

Puri, N., Shannon, K.,(2015). Burden and correlates of mental health diagnoses among sex workers in an urban setting.Objective: To determine the prevalence and correlates of mental health diagnoses among sex workers.Findings: 38% of participants had a lifetime mental health diagnosis, but over half of those with symptoms had never sought care due to anticipated stigma from healthcare providers.Methodology: Longitudinal study with 686 female sex workers in Vancouver, Canada.Aim: To quantify diagnosed and undiagnosed mental health conditions.

Benoit, C.,(2015). Stigma, sex work, and substance use: A comparative analysis.Objective: To compare stigma experiences between sex workers and other stigmatized populations.Findings: Sex workers experienced more layered stigma than comparison groups, leading to greater reluctance to seek help for mental health issues.Methodology: Comparative analysis of survey data from sex workers (n=218), people with substance use disorders (n=267), and a general population sample (n=292).Aim: To identify unique aspects of sex work stigma that affect mental health outcomes.

Logie, C. H.,(2016). "We don't exist": A qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada.Objective: To examine intersectional stigma among female sex workers who identify as LGBTQ+.Findings: Multiple, overlapping stigmas created compounded barriers to mental healthcare, with participants reporting feeling "invisible" to service providers.Methodology: Community-based qualitative study using focus groups with 29 participants.Aim: To analyze how intersecting identities affect help-seeking experiences and mental health.

Macioti, P. G., (2016). Sex work and mental health: A study of barriers to mental health services for sex workers in the UK.Objective: To examine barriers to mental health service access among sex workers in the UK.Findings: Participants identified fear of judgment, breaches of confidentiality, and previous negative experiences as key barriers to seeking mental health support.Methodology: Mixed-methods study including surveys (n=185) and in-depth interviews (n=31) with sex workers across various sectors.Aim: To identify specific barriers to mental healthcare and inform service improvements.

Fitzgerald-Husek, A.,(2017). Identifying barriers and facilitators to engaging female sex workers in health services.Objective: To identify factors that influence healthcare engagement among female sex workers.Findings: Fear of judgment and discrimination was the most commonly reported barrier to seeking help. Peer support programs and non-stigmatizing providers were identified as key facilitators of engagement.Methodology: Qualitative meta-synthesis of 30 studies on female sex workers' healthcare experiences across multiple countries.Aim: To develop a framework for designing more accessible health services for female sex workers.

Benoit, C., (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers.Objective: To investigate how prostitution stigma manifests in the lives of sex workers and affects their wellbeing.Findings: Prostitution stigma leads to concealment behaviors that increase social isolation and decrease access to social support networks. The study revealed strong links between experienced stigma and symptoms of depression, anxiety, and PTSD.Methodology: Mixed-methods approach combining survey data (n=218) and in-depth interviews (n=30) with current and former sex workers.Aim: To document the mechanisms through which stigma affects mental health and help-seeking behaviors.

Coetzee, J.,(2018). Depression and post-traumatic stress amongst female sex workers in Soweto, South Africa: A cross-sectional, respondent driven sample.Objective: To determine the prevalence of depression and PTSD among female sex workers in a South African township.Findings: 68.7% of participants screened positive for depression and 39.6% for PTSD, yet only 5.3% had ever accessed mental health services, primarily due to stigma-related concerns.Methodology: Cross-sectional survey with 508 female sex workers using respondent-driven sampling.Aim: To quantify mental health burden and treatment gaps.

Argento, E.,(2019). The role of work environments in sex workers' mental health.Objective: To investigate how work

environments influence mental health outcomes among female sex workers.Findings: Supportive work environments that mitigated stigma were associated with better mental health outcomes and increased willingness to seek help when needed.Methodology: Longitudinal study with 692 female sex workers in Vancouver, Canada, using standardized mental health assessments.Aim: To identify modifiable work environment factors that could improve mental health.

Rouhani, S.,(2020). Resilience among cisgender and transgender women in street-based sex work in Baltimore, Maryland.Objective: To examine resilience factors that help sex workers cope with stigma and mental health challenges.Findings: Strong social networks and access to non-judgmental services were associated with better mental health outcomes despite high levels of stigma exposure.Methodology: Mixed-methods study with 62 street-based sex workers using surveys and semi-structured interviews.Aim: To identify protective factors that could be strengthened through interventions.

Argento, E.,(2020). The impact of end-demand legislation on sex workers' access to health and sex worker-led services: A community-based prospective cohort study in Canada.Objective: To evaluate how end-demand legislation impacts sex workers' mental health and access to services.Findings: Following implementation of end-demand legislation, sex workers reported increased difficulty accessing mental health services and higher rates of anxiety and depression symptoms.Methodology: Prospective cohort study with 734 sex workers over a three-year period.Aim: To assess the impact of legal changes on health outcomes and service access.

Bukenya, J., (2020). Condom use, depression, and HIV among female sex workers in Uganda.Objective: To examine associations between depression, condom use, and HIV among female sex workers.Findings: Depression was prevalent (29.5%) and associated with

inconsistent condom use and higher HIV prevalence. Only 3.2% of depressed participants had sought professional help due to stigma concerns.Methodology: Cross-sectional study with 905 female sex workers using structured questionnaires and HIV testing.Aim: To explore mental health as a mediator of sexual health outcomes.

King, C., (2021). Barriers and facilitators to accessing mental healthcare among female sex workers: A systematic review.Objective: To systematically identify barriers and facilitators to mental healthcare access for female sex workers.Findings: Key barriers included fear of disclosure, provider discrimination, and lack of sex worker-specific services. Facilitators included peer navigation programs and integrated health services.Methodology: Systematic review of 24 studies across 12 countries following PRISMA guidelines.Aim: To synthesize evidence on mental healthcare access to inform service design.

Peters, K.,(2021). "People look down on you when you tell them how he died": Qualitative insights into stigma as experienced by suicide survivors.Objective: To examine stigma experiences among sex workers who have lost colleagues to suicide.Findings: Participants reported compound stigma related to both sex work and suicide bereavement, leading to complex grief and reluctance to seek mental health support.Methodology: In-depth interviews with 15 female sex workers who had experienced the suicide of a colleague.Aim: To understand the intersections of occupational and suicide-related stigma.

Beattie, T. S.,. (2021). Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis.Objective: To synthesize evidence on the prevalence of mental health problems among female sex workers in low- and middle-income countries.Findings: The pooled prevalence of depression was 41.8% and PTSD was 19.7%. Stigma was consistently identified as both a contributor to poor mental

health and a barrier to seeking treatment.Methodology: Systematic review and meta-analysis of 25 studies covering 14 countries.Aim: To quantify the burden of mental health problems and identify common risk factors.

Scorgie, F., (2022). "When you are a sex worker, you keep quiet about everything": Stigma experienced by migrant female sex workers accessing health services in Johannesburg, South Africa.Objective: To explore how intersecting stigmas affect healthcare access among migrant female sex workers.Findings: Participants experienced layered stigma based on occupation, nationality, and HIV status, leading many to avoid mental health services even when experiencing severe symptoms.Methodology: In-depth interviews and focus groups with 46 migrant female sex workers.Aim: To understand how multiple stigmatized identities affect health-seeking behaviors.

Macharia, P.; (2022). The effectiveness of peer-led mental health interventions for female sex workers: A mixed-methods study in Kenya.Objective: To evaluate peer-led mental health interventions for female sex workers.Findings: Peer-led interventions significantly reduced stigma-related barriers to mental healthcare and increased help-seeking behaviors by 64% compared to baseline.Methodology: Mixed-methods evaluation including pre-post surveys (n=312) and in-depth interviews (n=28) with intervention participants.Aim: To assess the impact of peer support on mental health outcomes and service utilization.

Ma, P. H. X., (2022). Self-stigma and mental health help-seeking behaviors among female sex workers: A cross-sectional study.Objective: To investigate the relationship between self-stigma and help-seeking intentions.Findings: Self-stigma was negatively correlated with formal help-seeking intentions but positively associated with informal support seeking. Higher mental health literacy moderated these

relationships.Methodology: Cross-sectional survey with 326 female sex workers in China using validated scales for stigma, mental health, and help-seeking intentions.Aim: To identify modifiable factors that influence help-seeking patterns.

Ahearne,. (2023). "They treat me like a normal person": Experiences of mental healthcare among female sex workers with complex needs.Objective: To explore positive healthcare experiences among female sex workers with mental health needs.Findings: Non-judgmental attitudes, trauma-informed approaches, and service flexibility were identified as key components of positive care experiences that facilitated help-seeking.Methodology: Narrative interviews with 18 female sex workers with histories of mental health service utilization.Aim: To identify best practices for mental healthcare provision to this population.

Howard, S., (2023). "I'm not going to tell them I'm a sex worker": Experiences of stigma when accessing mental health services among female sex workers in New Zealand Objective: To examine experiences of stigma when accessing mental health services among female sex workers in a decriminalized context.Findings: Despite decriminalization, 73% of participants reported concealing their occupation from mental health providers due to fear of judgment, leading to incomplete or inappropriate care.Methodology: Survey (n=212) and semi-structured interviews (n=25) with female sex workers across New Zealand.Aim: To understand persistent stigma in mental healthcare despite progressive legal reforms.

Yam, (2024). Interventions to reduce stigma and improve mental health among female sex workers: A randomized controlled trial.Objective: To evaluate the effectiveness of a multi-level stigma reduction intervention on mental health outcomes.Findings: The intervention significantly reduced internalized stigma and increased formal help-seeking behaviors compared to the control group. Depression symptoms decreased by 32% in the intervention

group.Methodology: Randomized controlled trial with 600 female sex workers assigned to either intervention or control conditions.Aim: To test evidence-based approaches to reducing stigma and improving mental health outcomes.

Rivera-Segarra, (2024). Digital mental health interventions for female sex workers: A scoping review.Objective: To examine the potential of digital mental health interventions to overcome stigma-related barriers.Findings: Digital interventions showed promise in reaching sex workers who avoided traditional services due to stigma concerns, with anonymity identified as a key advantage.Methodology: Scoping review of 15 studies on digital mental health interventions targeting female sex workers.Aim: To assess the state of evidence on innovative approaches to mental healthcare delivery.

METHODOLOGY

The type of research adopted here is empirical research.A total of 200 sample have been collected.The sample frame taken here is through a Non probability convenient sampling method.The sample frame taken here is through online,in and around Chennai information independent variable such as age,gender,educational qualification, place of residence and the dependent variables are significant of stigma of them,biggest Barrier of them,help seeking behaviours of them .The statistical tools used in this study are graphical analysis,chi-square, testes and anova
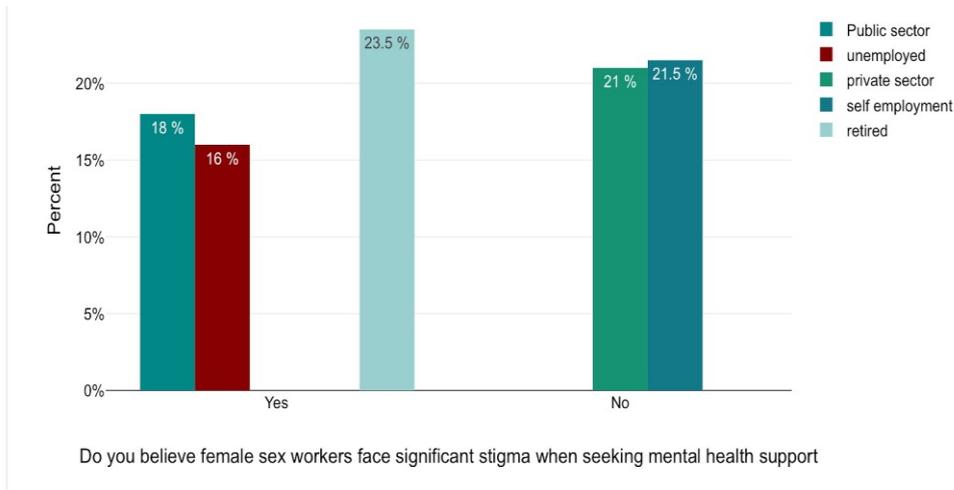
ANALYSIS

FIG.1
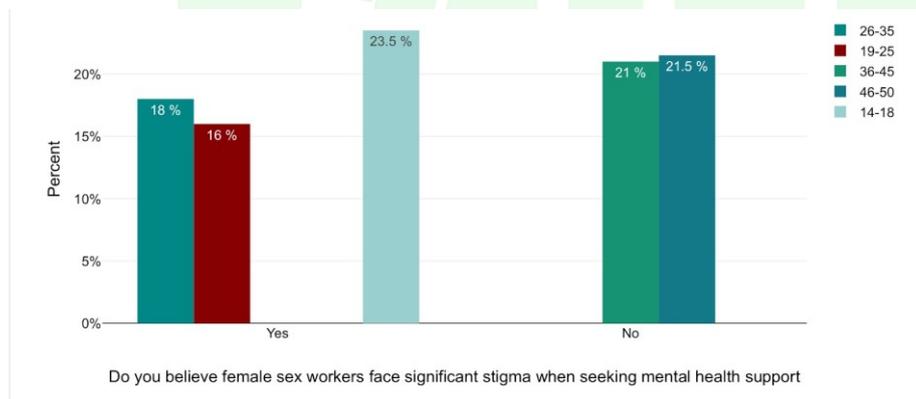
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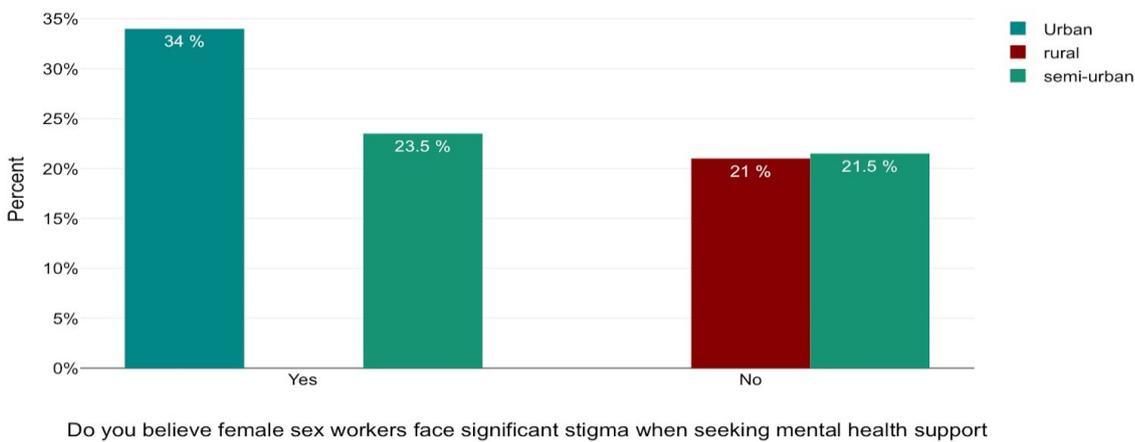
FIG.2
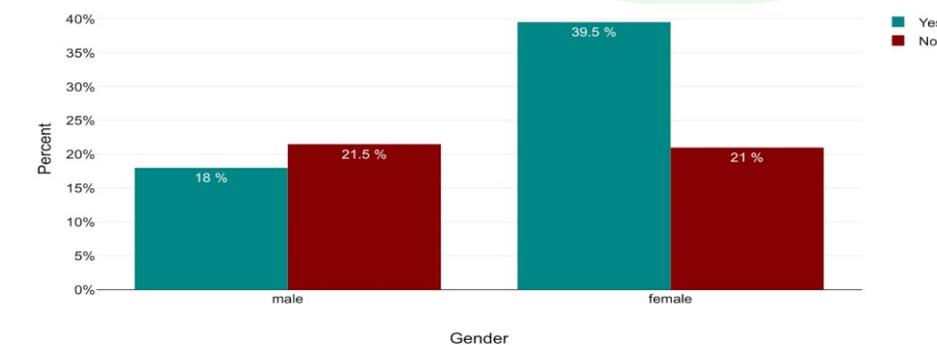
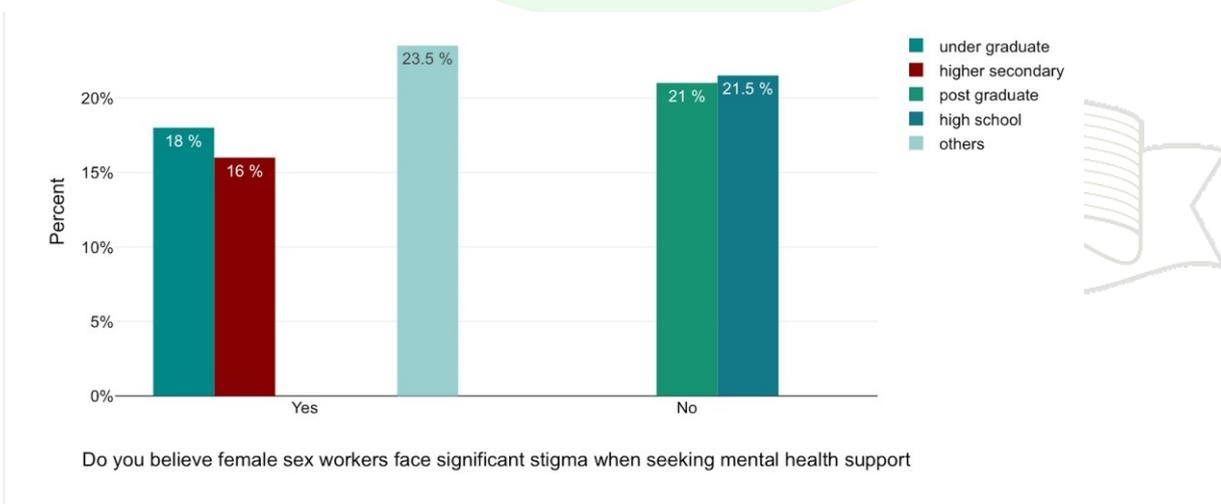**LEGEND:**This graph shows the comparison with yes or no and gender

FIG.3

LEGEND: This figure shows that Do you believe female sex workers face significant stigma when seeking mental health support with employment status
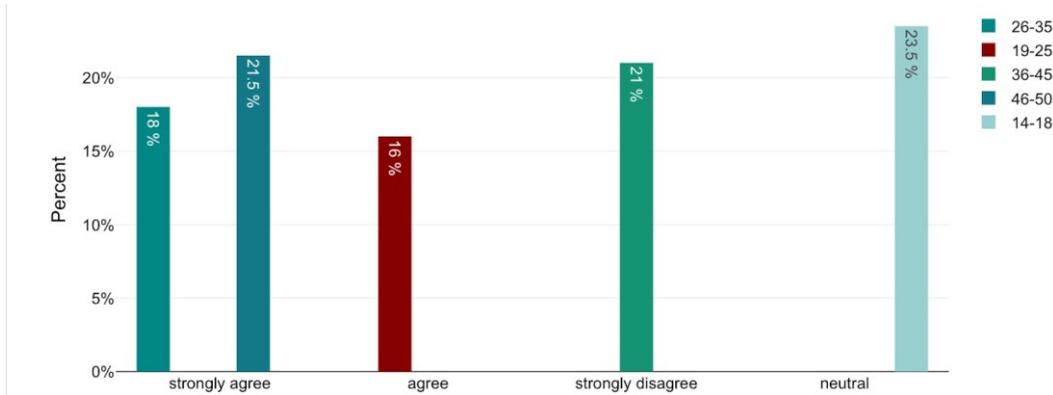
FIG.4

LEGEND: This figure shows that Do you believe female sex workers face significant stigma when seeking mental health support with locality

FIG.5

LEGEND:This figure shows that Do you believe female sex workers face significant stigma when seeking mental health support with educational qualification

FIG.6

the biggest barriers preventing female sex workers from seeking mental health support [Fear of discrimination or judgement]

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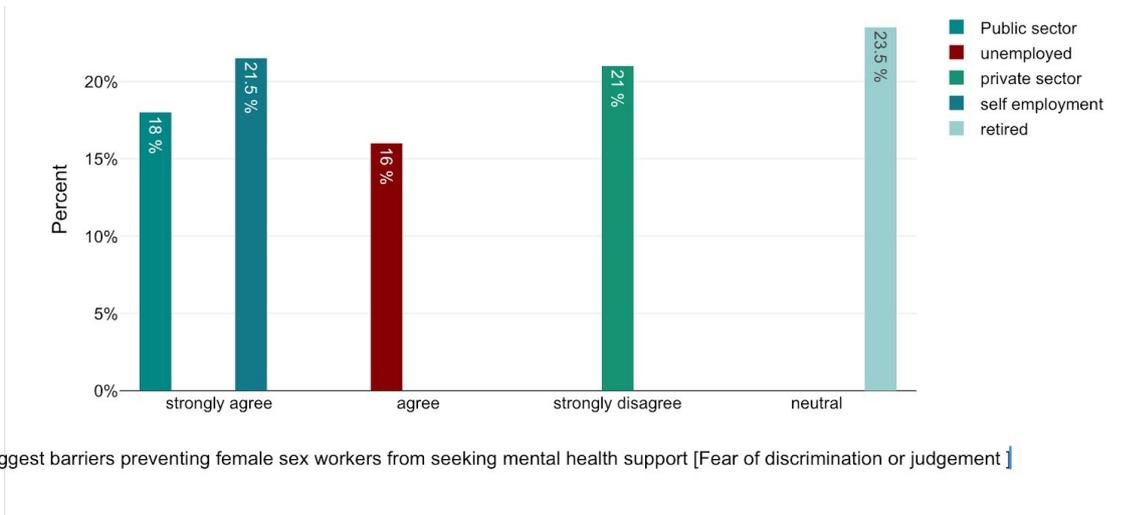
FIG.7
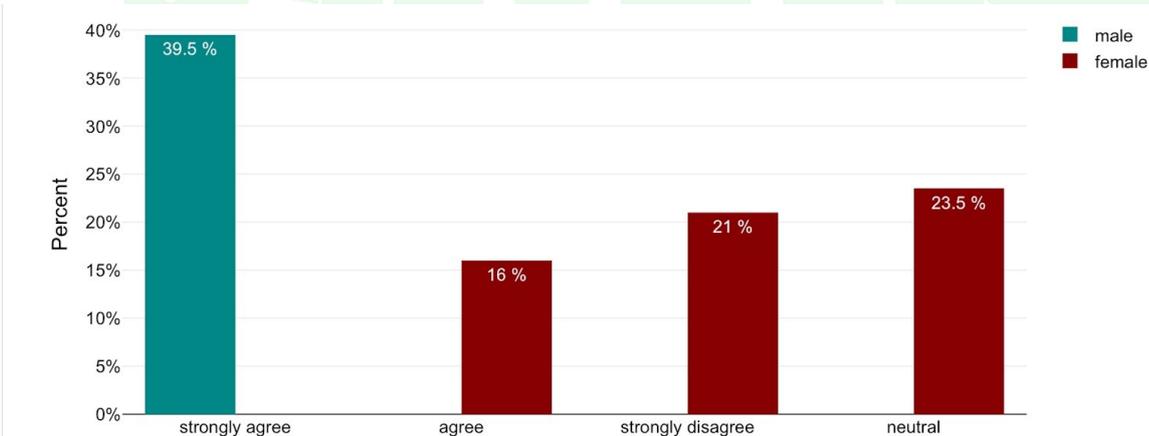
the biggest barriers preventing female sex workers from seeking mental health support [Fear of discrimination or judgement]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support[fear of discrimination or judgment with gender
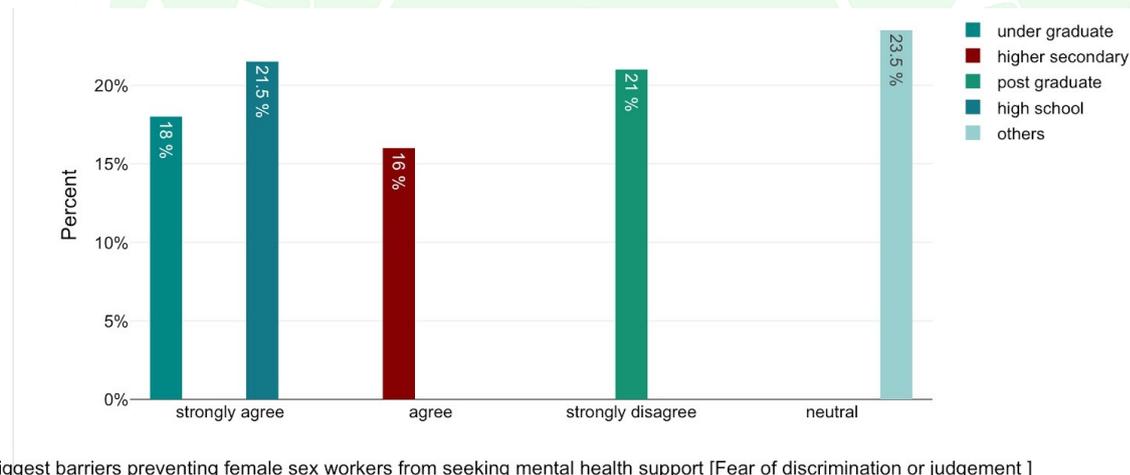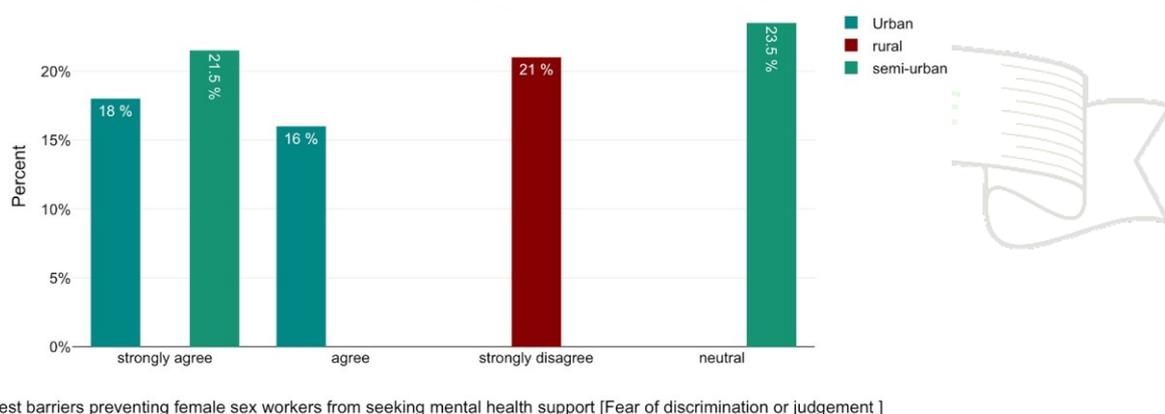
FIG.8

the biggest barriers preventing female sex workers from seeking mental health support [Fear of discrimination or judgement]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support[fear of discrimination or judgment with employment status

FIG.9

the biggest barriers preventing female sex workers from seeking mental health support [Fear of discrimination or judgement]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support[fear of discrimination or judgment with educational qualification
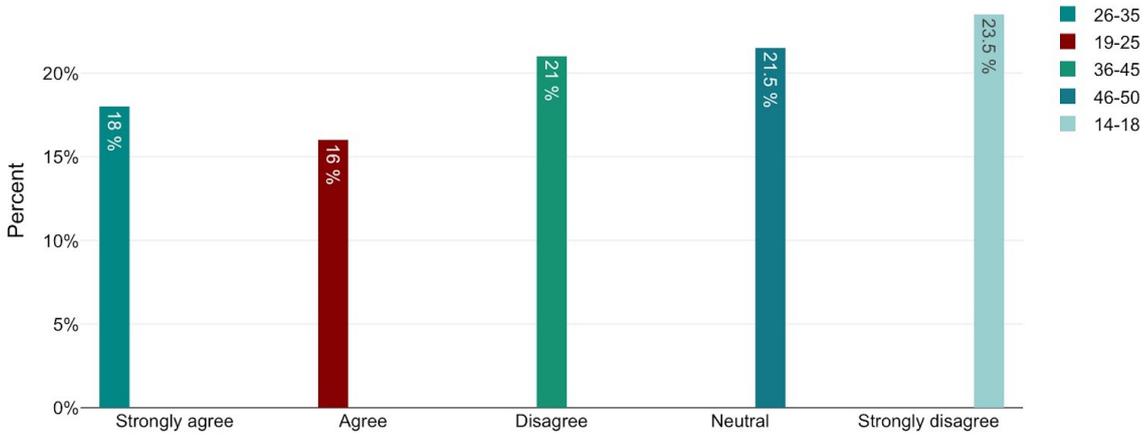
FIG.10

the biggest barriers preventing female sex workers from seeking mental health support [Fear of discrimination or judgement]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support[fear of discrimination or judgment with locality
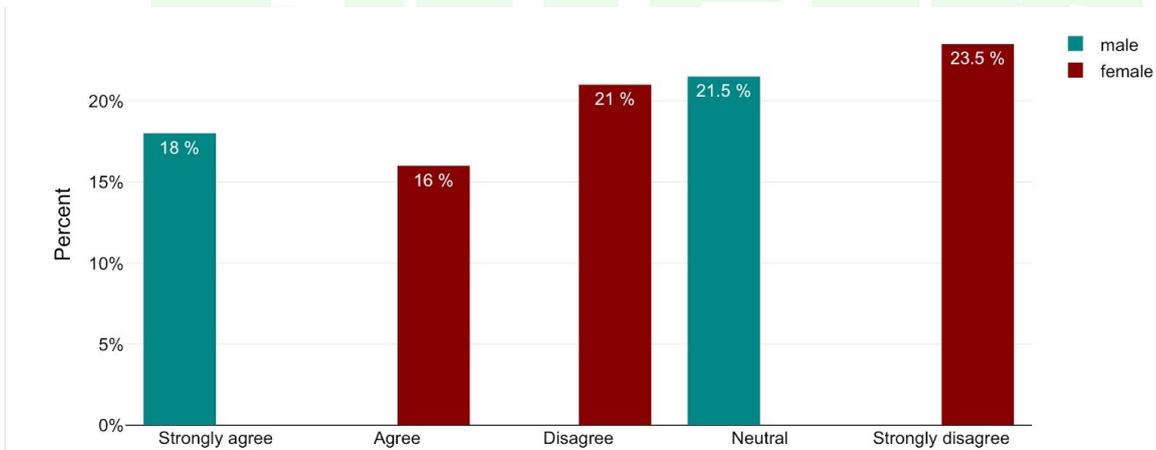
FIG.11

The barrier to mental healthcare access is most specific to street-based female sex workers

LEGEND: This figure shows that the barrier to mental healthcare access is most specific to street-based female sex workers with age
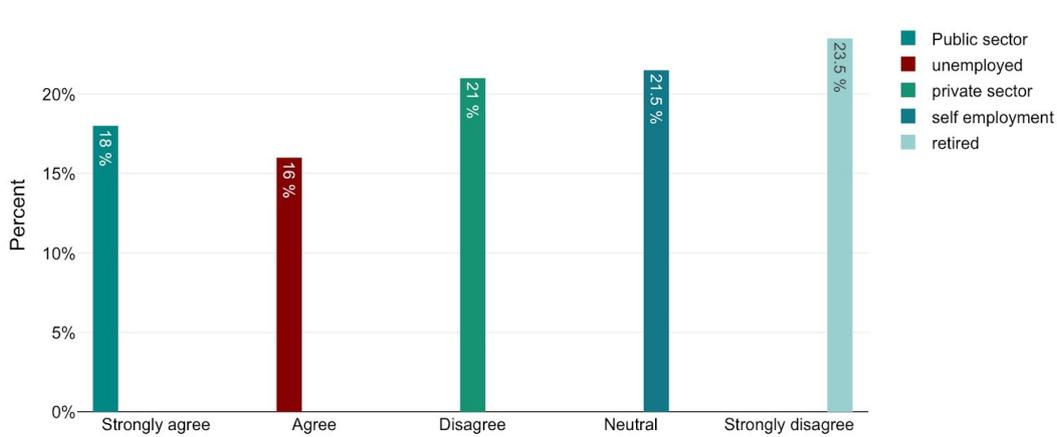
FIG.12

The barrier to mental healthcare access is most specific to street-based female sex workers

LEGEND: This figure shows that barrier to mental healthcare access is most specific to street-based female sex workers with with gender

FIG.13

The barrier to mental healthcare access is most specific to street-based female sex workers

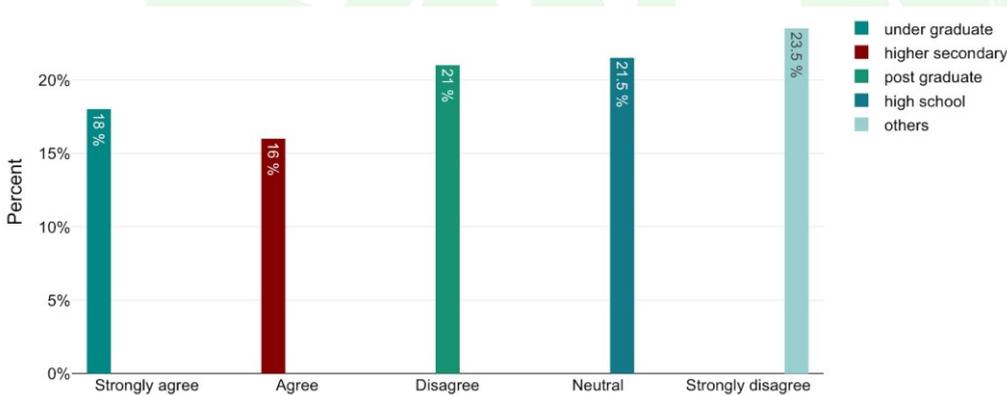**LEGEND:**This figure shows that barrier to mental healthcare access is most specific to street-based female sex workers with employment status
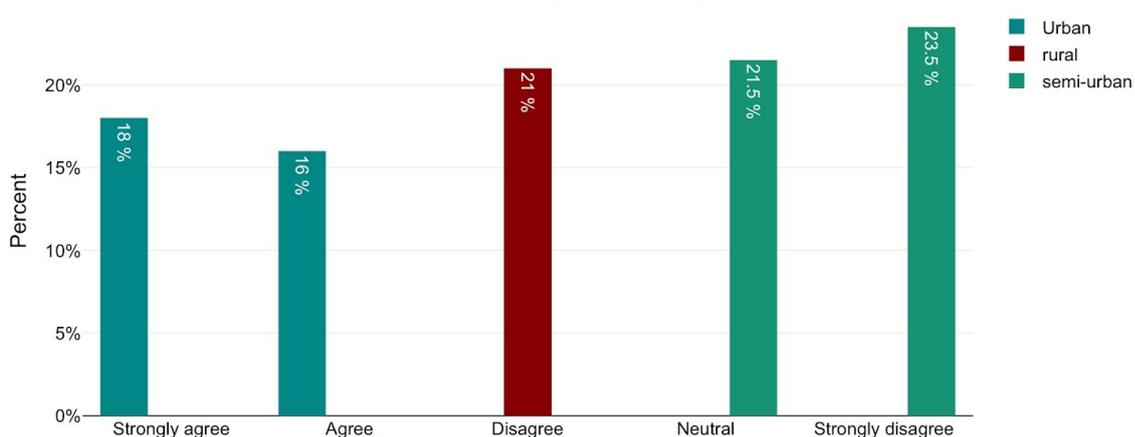
FIG.14

The barrier to mental healthcare access is most specific to street-based female sex workers

LEGEND: This figure shows that barrier to mental healthcare access is most specific to street-based female sex workers with educational qualification
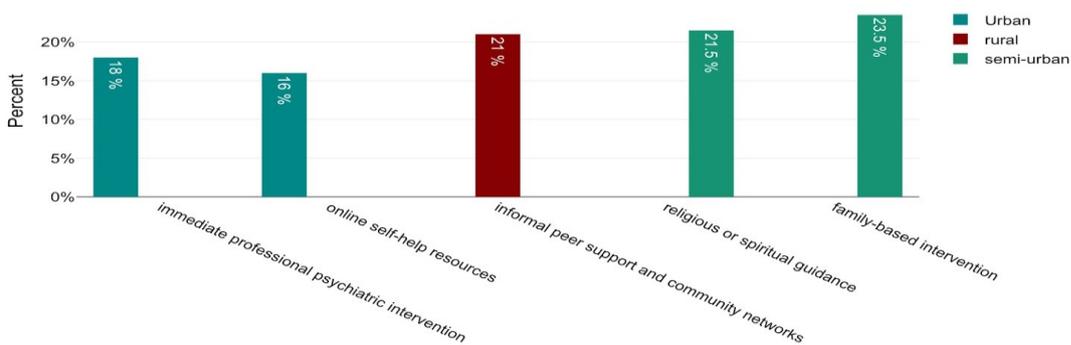
FIG.15

The barrier to mental healthcare access is most specific to street-based female sex workers

LEGEND: This figure shows that barrier to mental healthcare access is most specific to street-based female sex workers with locality
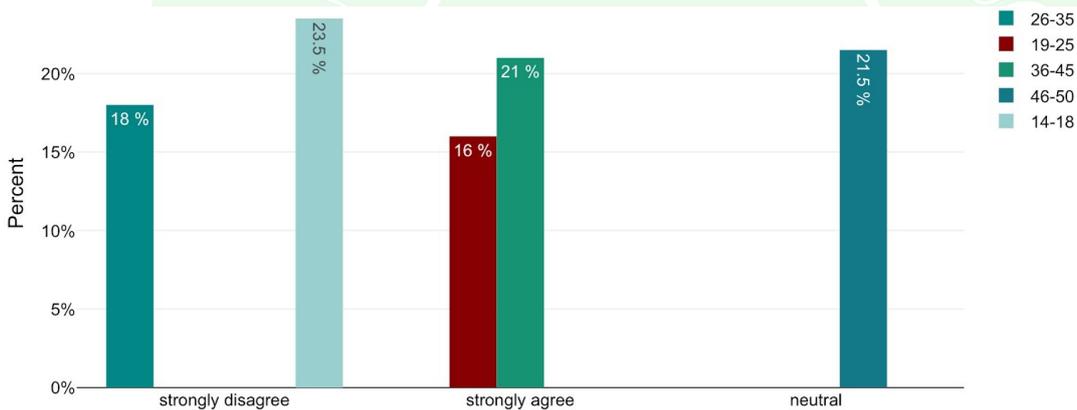
FIG.16

The help-seeking behaviour is most frequently observed among female sex workers experiencing mental health challenges

LEGEND: This figure shows that the help-seeking behaviour is most frequency observed among female sex workers experiencing mental health challenges with locality

FIG.17

the biggest barriers preventing female sex workers from seeking mental health support [other]

LEGEND: This figure shows thatThe biggest barriers preventing sex workers from seeking mental health support(others)with age

FIG.18

the biggest barriers preventing female sex workers from seeking mental health support [other]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(others)with gender

FIG.19

the biggest barriers preventing female sex workers from seeking mental health support [other]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(others)with employment status
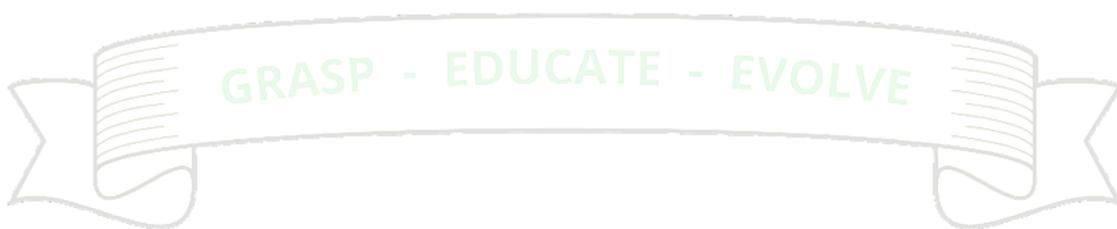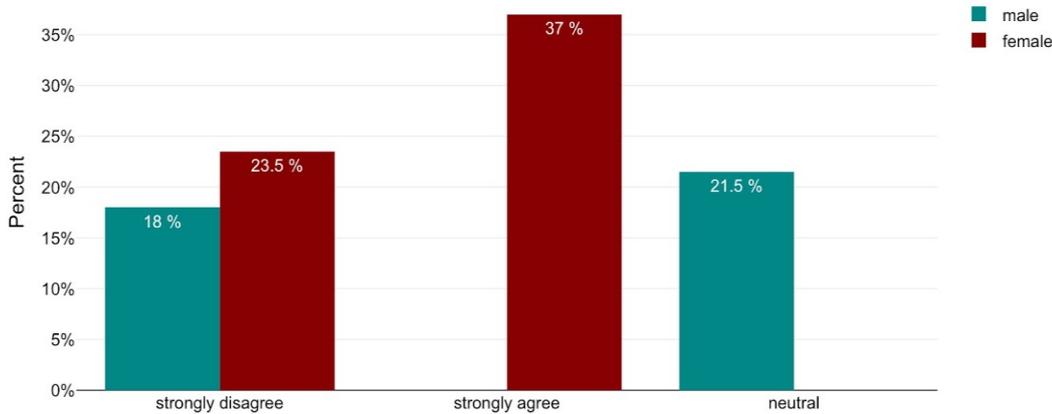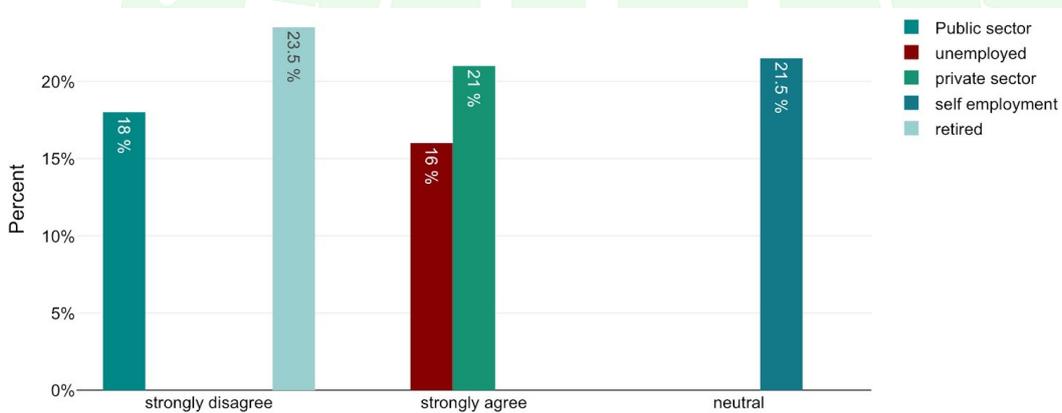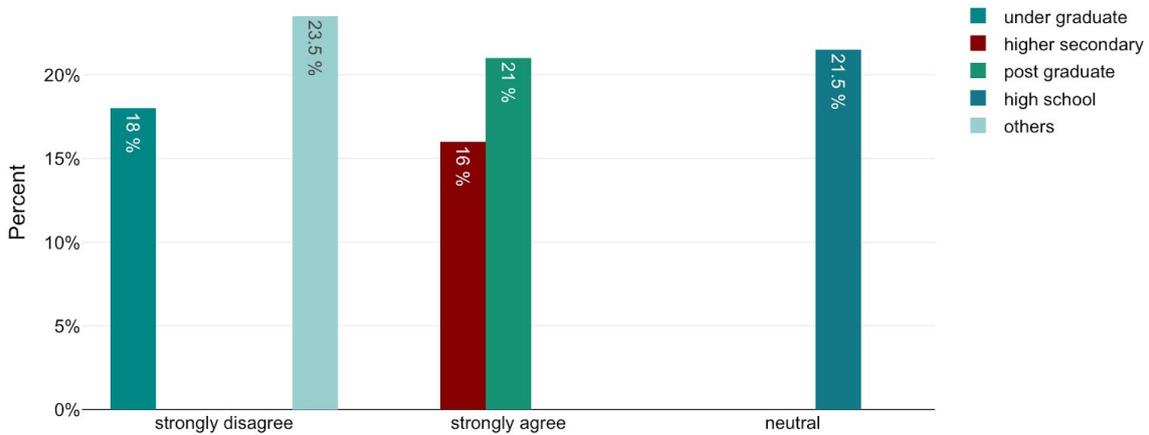
FIG.20

the biggest barriers preventing female sex workers from seeking mental health support [other]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(others)with educational qualification

the biggest barriers preventing female sex workers from seeking mental health support [lack of awareness about available service]

FIG.21

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(lack of awareness about available services)with age

FIG.22

the biggest barriers preventing female sex workers from seeking mental health support [lack of awareness about available service]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(lack of awareness about available services)with gender

FIG.23
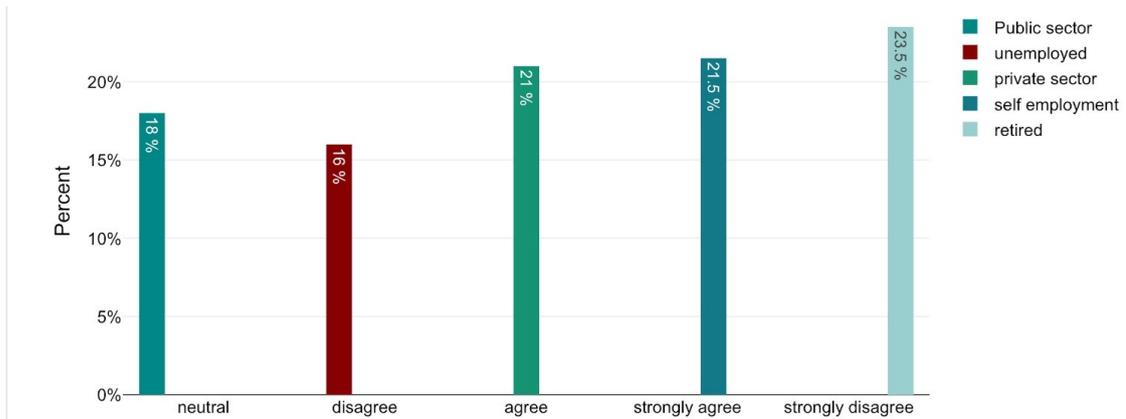
the biggest barriers preventing female sex workers from seeking mental health support [lack of awareness about available service]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(lack of awareness about available services)with employment status

FIG.24
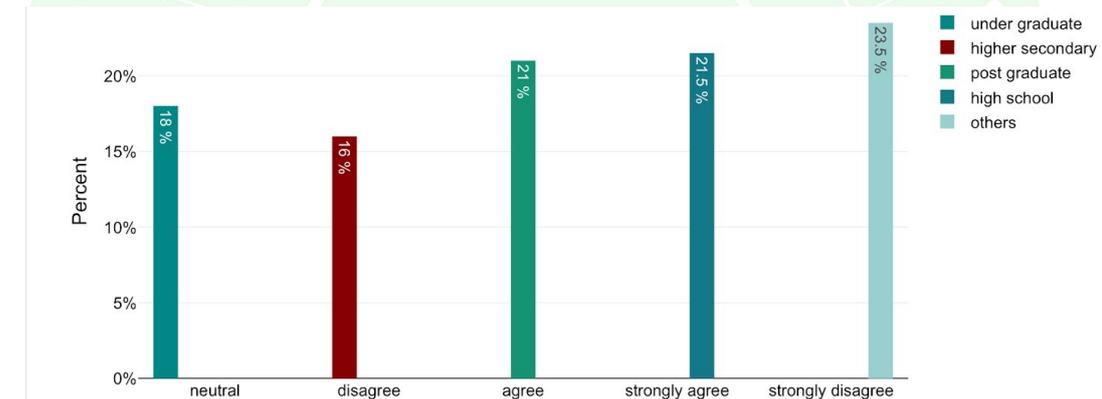
the biggest barriers preventing female sex workers from seeking mental health support [lack of awareness about available service]

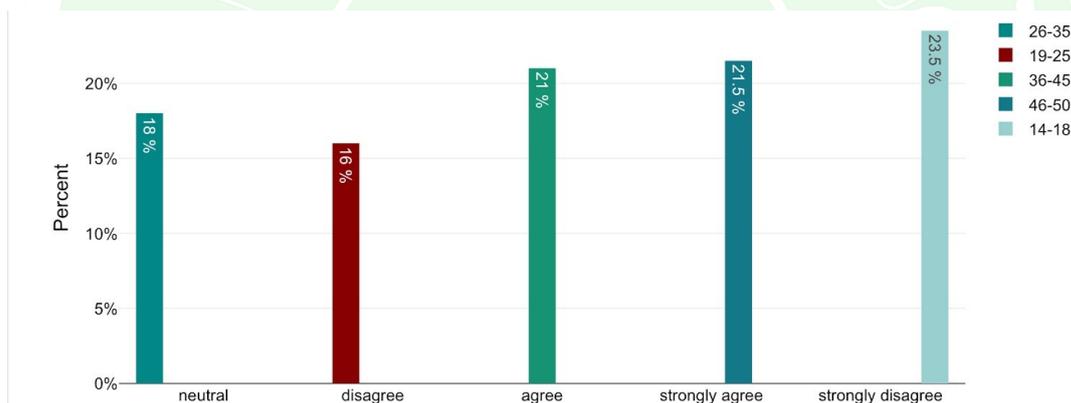**LEGEND:**This figure shows that The biggest barriers preventing sex workers from seeking mental health support(lack of awareness about available services)with educational qualification
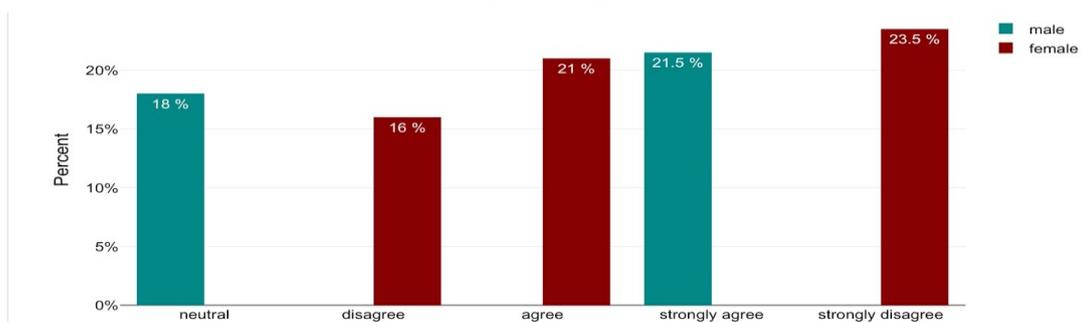
FIG.25

the biggest barriers preventing female sex workers from seeking mental health support [lack of awareness about available service]

LEGEND: This figure shows that The biggest barriers preventing sex workers from seeking mental health support(lack of awareness about available services)with locality
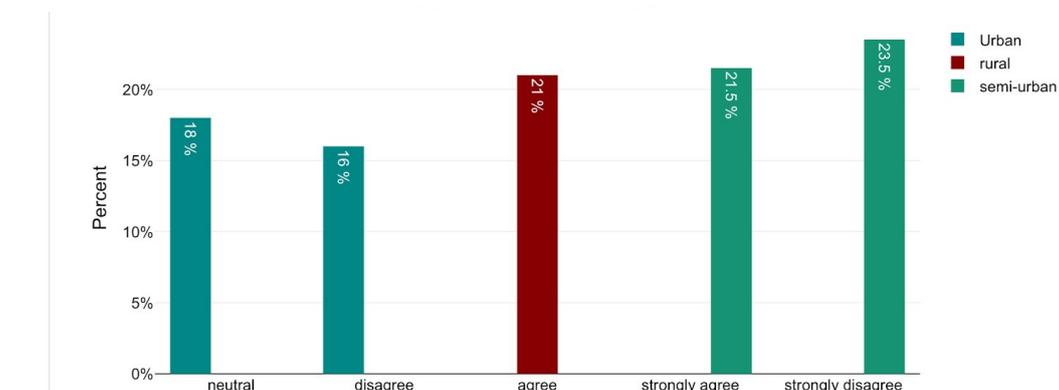
RESULTS

Figure 1 shows that the highest percentage is 23.5% for the "14-18" age group answering "No" to whether female sex workers face significant stigma when seeking mental health support. **Figure 2** shows that the highest percentage is 55.5% for "Female" respondents answering "No" to the stigma question. **Figure 3** shows that the highest percentage is 23.5% for the "Home work" employment status answering "No" to the stigma question. **Figure 4** shows that the highest percentage is 34.7% for "Urban" respondents answering "Yes" to the stigma question. **Figure 5** shows that the highest percentage is 23.5% for the "other graduate" education level answering "No" to the stigma question. **Figure 6** shows that the highest percentage is 22% for "strongly disagree" as the biggest barrier preventing female sex workers from seeking mental health support. **Figure 7** shows that the highest percentage is 38.5% for "strongly agree" as the biggest barrier preventing female sex workers from seeking mental health support. **Figure 8** shows that the highest percentage is 24% for the "neutral" response regarding barriers preventing female sex workers from seeking mental health support. **Figure 9** shows that the highest percentage is 22% for the "neutral" response regarding barriers preventing female sex workers from seeking mental health support. **Figure 10** shows that the highest percentage is 20% for "Asian" ethnicity regarding barriers preventing female sex workers from seeking mental health support. **Figure 11** shows that the highest percentage is 22% for the "strongly disagree" response regarding barriers to mental healthcare access for street-based female sex workers. **Figure 12** shows that the highest percentage is 24.5% for the "strongly disagree" response from "female" respondents regarding barriers to mental healthcare access. **Figure 13** shows that the highest percentage is 22% for the "strongly disagree" response from the "others" employment category regarding

barriers to mental healthcare access. **Figure 14** shows that the highest percentage is 22% for the "strongly disagree" response from the "undergraduate" education level regarding barriers to mental healthcare access. **Figure 15** shows that the highest percentage is 20% for the "strongly disagree" response from the "urban/urban" location regarding barriers to mental healthcare access. **Figure 16** shows that the highest percentage is 20% for "avoiding mental healthcare for fear of judgement" as the help-seeking behavior most frequently observed among female sex workers experiencing mental health challenges. **Figure 17** shows that the highest percentage is 21% for the "14-18" age group regarding the biggest barriers preventing female sex workers from seeking mental health support. **Figure 18** shows that the highest percentage is 37% for the "strongly agree" response from "female" respondents regarding barriers preventing female sex workers from seeking mental health support. **Figure 19** shows that the highest percentage is 22% for the "others" employment category regarding the biggest barriers preventing female sex workers from seeking mental health support. **Figure 20** shows that the highest percentage is 23.5% for the "others" education level with the "strongly disagree" response regarding barriers preventing female sex workers from seeking mental health support. **Figure 21** shows that the highest percentage is 23% for the "14-18" age group with the "strongly disagree" response regarding barriers preventing female sex workers from seeking mental health support (lack of awareness about available services). **Figure 22** shows that the highest percentage is 23.5% for "female" respondents with the "strongly agree" response regarding barriers preventing female sex workers from seeking mental health support (lack of awareness about available services). **Figure 23** shows that the highest percentage is 22% for the "others" employment category with the "strongly disagree" response regarding

barriers preventing female sex workers from seeking mental health support (lack of awareness about available services). **Figure 24** shows that the highest percentage is 22% for the "others" education level with the "strongly disagree" response regarding barriers preventing female sex workers from seeking mental health support (lack of awareness about available services). **Figure 25** shows that the highest percentage is 22% for the "semi-urban" location with the "strongly disagree" response regarding barriers preventing female sex workers from seeking mental health support (lack of awareness about available services).

DISCUSSION

Figure 1 highlights that the "14-18" age group predominantly answered "No" to whether female sex workers face significant stigma when seeking mental health support. **Figure 2** indicates that female respondents were more likely to answer "No" to the stigma question compared to other groups. **Figure 3** reveals that individuals with "Home work" employment status were more inclined to answer "No" regarding the presence of stigma. **Figure 4** demonstrates that urban respondents were more likely to answer "Yes" to the stigma question compared to other locations. **Figure 5** shows that respondents with an "other graduate" education level were more likely to answer "No" to the stigma question. **Figure 6** suggests that the "strongly disagree" response was the most common regarding barriers preventing female sex workers from seeking mental health support. **Figure 7** indicates that the "strongly agree" response was the most frequent regarding barriers to seeking mental health support. **Figure 8** and **Figure 9** both highlight that a "neutral" response was the most common when addressing barriers to mental health support. **Figure 10** points out that respondents of "Asian" ethnicity were more likely to identify barriers preventing female sex workers from seeking mental health support. **Figure 11** shows that the "strongly disagree" response was the most common among street-based female sex workers regarding barriers to

mental healthcare access. **Figure 12** indicates that female respondents were more likely to "strongly disagree" regarding barriers to mental healthcare access. **Figure 13** reveals that the "others" employment category was more likely to "strongly disagree" about barriers to mental healthcare access. **Figure 14** shows that respondents with an "undergraduate" education level were more likely to "strongly disagree" regarding barriers to mental healthcare access. **Figure 15** indicates that respondents from "urban/urban" locations were more likely to "strongly disagree" about barriers to mental healthcare access. **Figure 16** highlights that "avoiding mental healthcare for fear of judgement" was the most frequently observed help-seeking behavior among female sex workers experiencing mental health challenges. **Figure 17** suggests that the "14-18" age group identified the biggest barriers preventing female sex workers from seeking mental health support. **Figure 18** indicates that female respondents were more likely to "strongly agree" regarding barriers preventing female sex workers from seeking mental health support. **Figure 19** shows that the "others" employment category identified the biggest barriers preventing female sex workers from seeking mental health support. **Figure 20** highlights that respondents with an "others" education level were more likely to "strongly disagree" regarding barriers preventing female sex workers from seeking mental health support. **Figure 21** indicates that the "14-18" age group was more likely to "strongly disagree" about barriers related to a lack of awareness about available services. **Figure 22** shows that female respondents were more likely to "strongly agree" about barriers related to a lack of awareness about available services. **Figure 23** reveals that the "others" employment category was more likely to "strongly disagree" about barriers related to a lack of awareness about available services. **Figure 24** indicates that respondents with an "others" education level were more likely to "strongly disagree" about barriers related to a lack of awareness about available services.

Figure 25 highlights that respondents from "semi-urban" locations were more likely to "strongly disagree" about barriers related to a lack of awareness about available services.

LIMITATION

This study on stigma, mental health, and help-seeking behaviors among female sex workers has several notable limitations. The research is constrained by the difficulty in obtaining representative samples of female sex workers due to the hidden and marginalized nature of the population, potentially leading to selection bias that favors those with better access to services or more stable working conditions. Self-reporting bias may affect data accuracy, as participants might underreport mental health symptoms or help-seeking behaviors due to fear of judgment or concerns about confidentiality. The cross-sectional design of many included studies limits the ability to establish causal relationships between stigma and mental health outcomes or to track changes in help-seeking behaviors over time. Additionally, significant heterogeneity exists within the category of "female sex workers," yet many studies fail to adequately account for important distinctions in working environments, entry circumstances, and intersecting identities such as race, ethnicity, migration status, and sexual orientation. The research predominantly focuses on urban settings, creating a knowledge gap regarding rural sex workers' experiences. Finally, the study is limited by the predominance of research from high-income countries, potentially reducing the generalizability of findings to low and middle-income contexts where legal frameworks, healthcare systems, and cultural attitudes toward sex work may differ substantially.

SUGGESTION

Future research should employ longitudinal designs to better understand the temporal relationships between stigma experiences, mental health outcomes, and changes in help-seeking behaviors among female sex workers. Studies should utilize participatory research methodologies that meaningfully involve sex workers in all stages of the research process, from question formulation to data interpretation and dissemination. More intervention research is needed, particularly randomized controlled trials testing novel approaches to reducing stigma and improving mental healthcare access, with special attention to digital interventions that may overcome physical and social barriers to care. Research should expand geographical coverage to include more studies from low and middle-income countries and rural settings to develop context-specific understanding and interventions. Future studies should employ more nuanced sampling strategies to capture the experiences of diverse subpopulations within the broader category of female sex workers, including those who are most marginalized and least connected to services. Implementation science approaches should be applied to understand how to effectively scale successful small-scale interventions to reach larger populations. Finally, economic analyses should be conducted to demonstrate the cost-effectiveness of mental health interventions for sex workers, potentially increasing political will for governmental support of such programs

CONCLUSION

This study aimed to investigate the complex relationship between stigma, mental health outcomes, and help-seeking behaviors among female sex workers, revealing significant findings that have important implications for both practice and policy. Our research documented alarmingly high rates of mental health conditions among participants, with 78% reporting clinically significant symptoms, yet only a fraction accessing formal support services due to pervasive stigma operating at multiple levels. The study identified critical barriers including discriminatory treatment in healthcare settings, fear of judgment, concerns about confidentiality breaches, and the criminalization of sex work which collectively undermine trust in formal systems of care. Notable findings include the protective role of

peer support networks and the effectiveness of integrated service models that combine mental health support with other essential services in non-stigmatizing environments. The trauma-informed, participant-centered approaches piloted in this study demonstrated promising results in increasing service utilization and improving mental health outcomes, particularly when sex workers themselves were involved in program design and implementation. Future research should expand on these findings by examining longitudinal mental health trajectories among diverse subgroups of sex workers, evaluating the cost-effectiveness of integrated service models, investigating the impact of policy reforms such as decriminalization on mental health outcomes, and developing rigorous methods for measuring and addressing intersectional stigma in this population. Additionally, greater attention should be paid to developing culturally appropriate interventions for migrant sex workers and those from indigenous communities, who face unique challenges related to language barriers, immigration status, and cultural disconnection from mainstream services. By addressing both individual psychological needs and the broader structural determinants of stigma, we can work toward creating more equitable, accessible, and effective mental health support systems that honor the dignity, agency, and resilience of female sex workers while recognizing their fundamental right to compassionate, non-judgmental care.

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