

“I’m going to work, but it is survival, too”: A unique qualitative study of occupational mental health and wellbeing among women sex workers in Baltimore, Maryland

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This study is the first to apply the Surgeon General’s Framework for Mental Health and Well-Being in the Workplace to women sex workers. This qualitative study characterizes the occupational environment in street-based sex work and mental health outcomes, demonstrating how this marginalized population is often excluded from workplace wellbeing conversations.

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Objective: The Surgeon General released the Framework for Mental Health and Well-being in the Workplace, a call to attention for industry leaders. In this study, we applied this framework to street-based women sex workers (WSW) to understand their mental health outcomes.

Methods: Fourteen WSW in Baltimore, Maryland completed structured qualitative interviews to characterize occupational environment in street-based sex work and mental health outcomes.

Results: WSW expressed workplace desires shared by those in the traditional workforce, such as flexibility, sense of belonging, safety and security. Factors like violence, lack of a strong support network, and enduring social stigma were highlighted as occupational barriers to positive mental health.

Conclusions: This study is the first to use the Surgeon General's Framework for Mental Health and Well-being in the Workplace to incorporate the perspectives of street-based WSW.

Keywords: women sex workers, violence, stigma, decriminalization

Bulleted Learning Outcomes:

- Women sex workers (WSW) view their occupation as a legitimate job and express workplace desires shared by those in the traditional workforce.
- WSW express that street-based sex work offers opportunities for flexibility and autonomy.
- Violence, lack of strong support network and enduring social stigma were highlighted as occupational barriers to positive mental health.

Introduction

Women sex workers (WSW) are identified as those who engage in transactional sex (i.e., “sold or traded oral, vaginal or anal sex for money, drugs, food, or other resources”). Though the International Labor Organization has recognized sex work as an occupation since 1996,¹ sex work remains illegal throughout much of the world, including the United States (US). The illegality of sex work in the US, in essence, erodes the occupational safety and human rights that this recognition often affords other industries.² The overall criminalization of sex work in the US reduces WSW’s ability to engage in preventative health behaviors that leave them at risk for morbidities and mortality, especially to their mental health and wellbeing.³⁻⁵ Rates of mental distress among WSW are significantly higher than those of the general US population, with the prevalence of symptoms of depression, anxiety, and trauma among WSW as high as 74% compared to that of the general US population of 4.9%.⁶ This disparity has been largely attributed to structural and social inequities and vulnerabilities (e.g., housing instability, criminalization, illicit drug use).⁷⁻⁹ Moreover, understanding the impact of the unique work environment of street-based sex work on relevant mental health outcomes is poorly understood and deserves further study.

The provision of sex work can exist in a variety of modalities including the street, strip clubs, private homes, hotels or online and each of these locations presents its own risk profile to WSW. Street-based or more “public” facing work environments uniquely expose WSW to health risks including HIV and sexually transmitted infection (STI) risk, but also includes additional sexual health risks in the context of illegality including client condom coercion that have been understood to contribute to increased risk for mental distress.^{3,10-12}

Mental health in the context of the occupational features and legal status of street-based sex work has been largely unexplored. Generally, WSW have reported occupational stigma and general hostility from the healthcare sector which further creates barriers to accessing care.¹³⁻¹⁵ More specifically, the culture of street-based sex work has been shown to be inextricably linked to the illicit drug economy and abuse of power of police, which contribute to working conditions that can increase risk for mental distress (Dewey, 2014). WSW that live in countries where sex work has been decriminalized have demonstrated improved relationships with police, access to justice, and negotiating powers with clients.¹⁶ In Australia, where sex work has been decriminalized, WSW have improved mental health outcomes and access to better health coverage.¹⁷

In October of 2022, the United States Surgeon General released the Framework for Mental Health and Well-being in the Workplace (*Framework*), outlining the significance of occupational mental health, especially in the post COVID-19 pandemic period where the relationship between work and worker changed significantly.¹⁸ A call to attention for industry leaders in traditional workplaces, the *Framework* outlines “Five Essentials for Workers in Organizations” to prioritize: (1) protection from harm, (2) connection and community, (3) work-life harmony, (4) mattering at work, and (5) opportunity for growth. Unsurprisingly, nontraditional work like street-based sex work is rarely included in the workplace rights conversation. We argue that understanding this *Framework* in marginalized populations can highlight gaps for health and wellbeing in nontraditional occupations. We aimed to use this contemporary federal lens to understand the relationship between the unique occupational environment of street-based sex work and poor mental health outcomes. This paper deepens our understanding of factors that affect street-based

WSW, preventing them from achieving national standards of mental health and wellbeing in the workplace.

Methods

Study design and recruitment. Two trained qualitative researchers conducted in-depth semi-structured interviews with street-based WSW (N=14), purposively recruited from within a larger cohort study of women who use drugs (the CARE study). Participants were recruited between April 2022 and June 2022 from four geographic areas in Baltimore, Maryland where sex work and drug use are common as identified through municipal arrest data and formative work by the CARE study team.¹⁹ Participants were eligible for the present study if they were already eligible and enrolled in CARE: 18 years or older; identify as a woman (regardless of sex assigned at birth); non-medical use of opioids (e.g., fentanyl, heroin) or stimulants (e.g., crack or powdered cocaine) at least three times in the past three months. In addition to CARE eligibility criteria, women must have reported having engaged in street-based transactional sex three or more times within the last three months to be eligible. All interviews were conducted in a private location on the mobile study van. Participants provided oral consent and were compensated with a \$40 VISA Gift Card for their time and insights.

Interview guide and methods. Following a structured guide with both open-and closed-ended questions, interviewers inquired about a range of sex work environmental factors. The interview guide was not developed based on *Framework* themes but was instead approached specific factors in street-based sex work and mental health outcomes. Themes of the interview guide included: relationships with other street-based WSW; client-perpetrated violence; police interactions;

criminalization of sex work; the built environment's role in sex work safety (e.g., safe spaces to take clients, abandoned houses); and impacts to mental health (i.e., increased stress, anxiety, depression, isolation). An inductive approach with *Framework* themes was used for analysis.

Qualitative data analysis. Interviews were transcribed and entered into a qualitative software program that facilitated management, coding, and analysis of narrative data (e.g., Dedoose). Members of the analytic team independently read the first two interview transcripts and generated inductive, in-vivo codes driven by the text and deductive codes driven by the research question/interview guide. Using the technique of constant comparison, we analyzed the combined data to identify commonalities and differences before aggregating related factors into more global themes. We limited analysis to the extracts that described occupational features and mental health; furthermore, we used an inductive approach where codes were grouped based on *Framework* themes.

Framework: The United States Surgeon General released a framework in October 2022 highlighting the role that workplaces play in promoting and supporting the mental health of their working communities. The framework rests on the belief that workplaces can influence mental health and wellbeing in both good and bad ways. It outlines “Five Essential” components that should be present within workplaces to promote positive mental health and wellbeing. Each “Essential” is grounded in “two human needs”.

Table 1. Analytic framework of Five Essentials for Workplace Mental Health and Well-Being

Results are organized around the Five Essentials of the *Framework* to show occupational standards for WSW that are currently lacking and how that deficit impacts their mental health and well-being.

Results

Thirty participants completed the pre-screening survey of whom 14 met the eligibility criteria and completed interviews. Interviews took an average of 16 minutes to complete with a median time of 13 minutes. Participant characteristics are provided in Table 2.

Table 2. Demographics of participants.

Sex work as work

When describing personal attitudes and motivations of their own sex work, many participants used terms like “survive” and describe the work as “a means to an end” (ANGIE), a way to generate income for themselves and their families with few other options. However, participants clearly viewed their participation in the sex work economy as a job, “Why not? Because it is a job, that’s just what it is”, (KENDRA) with both positive and negative qualities that come with the independence of making money but in a low-control job. One participant described their perspective on sex work as similar to working in the service sector:

“I see it as a way to make money and survive. It's kind of a customer service job. If you don't do a good job, they're not going to come back and see you.”
(BEATRICE)

Many participants maintain that sex work functions as a job like any other but recognize their need for survival.

“It is a job, because I always say, /–I’m going to work– but it is survival too.

It’s definitely survival, because without it I wouldn’t be able to eat, I wouldn’t be able to pay my rent, pay my phone’s bill, nothing...” (CLARA)

Participants viewed their own work as a job, regardless of it being formally recognized and even describe the “eight-hour workday” structure that mirrors other forms of employment (ANGIE). The ways they describe their work were not dissimilar to other careers in which occupational stress is high. However, what WSW lack is the oversight and protective regulations that their counterparts can benefit from.

Given that WSW have the perspective that their work fits within the same framework as other professions in the United States, it is relevant to understand how their occupation may affect their mental health using the Surgeon General’s Occupational Mental Health Framework.

Sex Work and the Occupational Mental Health Framework

I. Protection from Harm

Table 3. Exemplar quotes for Essential 1: Protection from Harm

Safety

Participants recognized that the most pervasive barrier to their safety includes the constant threat of violence from paying clients. Participants described a spectrum of violence from demands from clients to not use protective barrier methods , “I’ve had men drop me off because I refuse not to not use one [*referring to a condom*]”, to withholding access to other goods such as drugs, “I’ve had dudes refuse to sell me drugs because I won’t have sex with them, you know what I mean?” (ANGIE). For many participants, physical violence itself is an inevitability, an intrinsic quality of their occupational environment. Women were most often soliciting clients from the street and lacked a consistent, safe, and familiar location to bring clients. These unknown environments add to work-related stress, especially when clients are in control of driving to their destination, “ I’ve been left in Lancaster, Pennsylvania; Laurel, Maryland; Washington D.C. They don’t want to bring you back to where they got you” (ANGIE). When asked what the biggest challenges are when selling sex, one woman put it succinctly: “Worrying about whether you’re getting in a car with a dangerous person or not, or a cop” (CLARA).

Experiences with violent clients also threatens safety and can lead to post-traumatic stress and anxiety. “I’m just living in fear that one day one of them going to hurt me or one of them going to try to kill me, or one of them going to try to do something real bad.” (NORA). Many participants are forced to return to areas that they have previously experienced violence in due to limited safe areas for sex work without legal repercussions. “I get very anxious every single time I get into a new car. I got raped up there [points to location nearby], and the man had said "You know what time it is. Take your fucking pants down." So now every time somebody asks what time it is, I think of that immediately, and it's just...it messes-up my head bad” (CLARA). This participant’s

experience is an example of chronic traumatic exposure, a baseline perception of a violent environment that can erode one's mental health.

Security

The need for financial security is constantly weighed against concerns of safety. During the first year of COVID, when anxieties about contracting the illness were at an all-time high, women situated their concerns about getting sick within the broader context of the reality of their sex work and need to make money. Participants reported that eliciting clients during COVID was not scarier than the potential harm that WSW deal with every day:

“You don't really let stuff like a disease that can kill you get in the way of that, we're not because we put ourselves in harm's way every day.” (ANGIE)

WSW spoke about a broad lack of financial security that creates “just a constant anxiety” (BEATRICE) about meeting basic needs. Money, financial autonomy, and security are stressful for WSW because they are not sure if they will have enough clients to make ends meet, a stressor that was made even more difficult during the pandemic: “It just doesn't seem like there's as many customers anymore” (DIANA).

Many WSW described the financial stress of the pandemic precipitating their need to return to sex work. “Yeah, that's kind of why I started dating again because I did this before, but I started doing it again because I lost my job” (ANGIE). During COVID, then, there were more WSW thus making it difficult to gain clients and increase WSW competition. Moreover, clients were less

willing to pay the same pre-pandemic prices for the same work - “They just didn’t want to pay as much” (CLARA) - and often left WSW to accept different prices or drugs instead of cash.

II. Connection and Community

Table 4. Exemplar quotes for Essential 2: Connection and Community

Belonging

WSW often described feelings of having to “take care of themselves” (ISABEL) and of isolation in their work. Still, participants discussed their own social interactions with other WSW, and named both positive and negative aspects of this proximity. For a few women, there was little impact of other women being present in the work environment “There's enough money out here for all of us, so we don't compete against each other. We just do what we do together” (LEAH). And some WSW even spoke to a feeling of “togetherness” - “But we gotta stay together, look out for one another. Even if we do [inaudible], or she may not like me, or I might not like her. But we just gotta. I give myself to everybody, you know if I have it.” (ISABEL). “

However, transactional relationships exist amongst the WSW community. “There’s always motives and manipulation in everything you do out here, so you just got to be careful of it and know what it is.” (ERICA). This feature of sex work, and the importance of “trust[ing] other women from a distance” (FAITH) means that many women do not feel that they have strong social support in their work community. An inherent sense of competition between each other that makes it difficult to not only to connect, but also to ask for help, “I don’t ask for help from other women.

I don't talk to them, I don't deal with them, none of that.” (JEAN). With specific examples like, “It's a lot of competition. My roommate, she dates. She actually stole one of my regulars”. Participants used words like “animosity”, “envy”, “jealousy” and “competition”, which makes it “difficult to get very close” to other WSW.

III. Work-Life Harmony

Table 5. Exemplar quotes for Essential 3: Work-Life Harmony

Autonomy

Managing life obligations alongside work is important for all workers. Many WSW described the autonomy of deciding their own schedule as an important part of their occupation, but that ultimately their lack of protection often forces them into unsafe or unwanted situations. WSW explained that sex work was hard to extricate from personal roles and non-work conflicts in daily life. The most significant personal role that most participants named was that of a family member. “For me it's like trying to quickly get this stuff done, you know what I mean? I have a whole family and I don't want my kids or nothing affected by the lack of time that they get from me” (KENDRA). However, many participants discussed that even family is kept at arms-length given the stigma felt about their work, leading to difficulty managing professional and personal spheres.

Flexibility

For some WSW, the flexibility to work on their own schedules is beneficial. “It's fun to me, because I run around, and I do it all day. I do it all night.” (NORA). Mostly, though, autonomy is

not easy to ascertain when sex work is used to fund their drug use, a significant component of their survival. “I wake up. I have to do my drugs because I get sick. I usually start getting on the phone and trying to text people to see if I can get a date to get money” (CLARA). Moreover, many participants noted that drug use was their only reliable coping mechanism for their mental distress, “I either cry or get high, most of the time” (DIANA). Thus, for many WSW their autonomy and flexibility is not without consideration of when they can use drugs, “What’s hard is whether or not I’m going to get the drugs I need. It’s just-- you never get to rest” (BEATRICE).”

IV. Mattering at Work

Table 6: Exemplar quotes for Essential 4: Mattering at Work

Dignity

WSW described a difficult relationship with shame, stigma and dignity with their work. Much of this is external judgement that WSW described is detrimental to their own self-worth and identity, “Like I said, the judgment. I mean, it’s you’re constantly being judged on how you look, how you talk, how you walk, how old you are-- you’re being judged by everybody. (BEATRICE)” WSW described this shame coming directly from clients who they work with, “The guys judge you, I mean, it’s constant. They’ll pull up and say, “Ew,” and drive off.” (BEATRICE). This difficulty with shame often permeates into their own self-image. “You think, I should be doing this, but you know you are not supposed to be doing this.” (ISABEL) But without any infrastructure or regulations in place for WSW to advocate for themselves and their own dignity, they are left to struggle with many of these concerns on their own. Many WSW described that their own self-

worth is difficult to extricate from their work identity, largely because of the ways that they are treated, “They expect you to just be a sex worker all the time.” (ANGIE)

Meaning

However, a few participants found value in their work by supporting other WSW. Older and more experienced WSW described fulfillment through taking on a maternal role for younger and newer WSW, “You can ask any female if [Clara] has helped them. I have” (CLARA). These women described feelings of gratification from teaching others through what they’ve learned by having “been through all the stages with them” and gaining the respect that comes from that; “now they all call me Ma” (ERICA). Despite some feelings of competition, some women have found meaning in being a pillar in their marginalized and isolated community, “Females be out there, [inaudible] I fix them up, you know what I am saying. I give myself to everybody, you know if I have it. (ISABEL)”

V. Opportunity for Growth

Table 7: Exemplar quotes for Essential 5: Opportunity for Growth

Accomplishment

When WSW were asked about growth and opportunities for improvement in their work, almost all participants spoke about psychosocial and infrastructural changes that could benefit their work environment and make them more optimistic about their jobs. The impact of harm reduction programs is felt by WSW through free and accessible (mobile outreach) harm reduction supplies

provided by private non-profits and the Health Department. Nonetheless, WSW still acknowledge the need for mental health interventions that are accessible and adaptable to the nature of their work and physical environment, for instance: “If there was something like that where they could just come in and talk to ... “like peer support type thing” ...that we would be great”. (ANGIE)

Learning

Acquiring new skills and knowledge for the occupational work hardships of WSW centered around mental health resources and behavioral health programs that can help with “get into rehab” (MONIQUE) where WSW can find further support. Moreover, WSW are often pushed to develop coping mechanisms for mental health struggles that overall bring “stressed” and “emotional tiredness”, however, there is still optimism and “hopeful[ness] for change” (ISABEL). The work environment around the illegality of sex work make it a learning platform to identify the needs of WSW to safely keep performing their jobs.

Discussion

In this study, we aimed to utilize the Surgeon General’s call for the “Five Essentials” for mental wellbeing in the workplace and apply the *Framework* to characterize the barriers that WSW navigate to achieve positive occupational mental health. Though this *Framework* was not originally intended for nontraditional occupations, understanding how WSW may or may not have access to these “Five Essentials” in their own daily lives illustrates the marginalization that they face and calls attention to the need to consider alternatives to sex work criminalization in the U.S. and beyond.

WSW in this study articulated a profound awareness of how their work impacts their mental health and have a resolute understanding of their profession as a legitimate job, a finding similar across other studies of WSW.²⁰ They expressed common workplace desires shared by those in the traditional workforce, such as flexibility, a sense of belonging, safety, and security. Factors like violence, lack of a strong support network, and enduring social stigma contribute to disproportionately high rates of mental health struggles among sex workers, underscoring the urgency for tailored support.²¹ WSW explained that they confront the constant threat of harassment and violence from both clients and law enforcement, devoid of the privilege of protection. This harrowing narrative resonates globally, echoing prior qualitative studies highlighting violence as a pervasive threat in the realm of sex work.²²⁻²³ Street-based sex work has been shown to result in higher rates of violence from clients and others and a significant proportion of street-based WSW have faced police arrest.²⁴ Relationship with the police and WSW is precarious worldwide, as research has demonstrated that many WSW are reluctant to report violence perpetrated against them for fear of further criminalization.²⁵⁻²⁶ A systematic review of associations between sex work laws and sex workers' health has shown that reports of violence by WSW submitted to police were often dismissed as implausible, and police often blamed WSW for the violence they had experienced.¹⁶ Participants in our study discussed countless experiences of violence perpetrated against them by clients and outlined how these have led to symptoms of mental distress that they still grapple with. This constant threat of danger and unsafe circumstances follows WSW throughout their daily life and is a unique source of anxiety and mental distress compared to those working in indoor or decriminalized environments.^{18, 27}

WSW described navigating the complexities of their work environment amongst each other, vacillating between competition and solidarity. While some participants reported meaningful mentorship and peer support that bolstered their wellbeing and occupational safety, others were not always able to depend on a supportive network to reinforce their sense of self in their occupation. Our findings reflected the duality noted in current research: both a prevalent atmosphere of competition which can exacerbate negative mental health impacts in sex work,²⁸⁻²⁹ as well as the significant health and safety benefits when peer support networks flourish.³⁰⁻³¹ Sex worker-led collectives can improve mental health outcomes and reduce risks and peer mentorship provides crucial emotional support and practical knowledge sharing.³²⁻³⁵ The unique challenges to solidarity within sex work—largely shaped by criminalization of third parties and barriers to collectivization—can intensify feelings of shame and stigma, further eroding self-esteem and sense of belonging. Given the well-established interplay between agency, sense of community, and positive mental health, our findings underscore the dire need for structural reforms that address the systemic inequities preventing sex workers from accessing fundamental rights and protections, including their ability to legally organize for mutual support.

Contemporary understanding of sex work often divides itself into two polarizing analyses of the agency of WSW: in one dimension they are entirely dependent on the socioeconomic infrastructure that forces them into this line of work and in the other they have complete autonomy over their decision to join sex work.³⁶⁻³⁸ In our study, rather, WSW described their work as a complex amalgamation of these two spheres. Participants explained that flexibility in their work was important but that criminalization and being without legal protections makes acting on their own autonomy difficult. The desire for agency in street-based sex work has been consistent across

research studying WSW and it is the challenges against their unique occupational infrastructure which exacerbate mental distress.³⁹⁻⁴⁰ Participants also articulated a profound sense of shame stemming from societal and legal stigmatization of their profession, which is a universal phenomenon that has been well-documented.⁴¹⁻⁴³ The relationship with marginalization and without a feeling of safety and security in their work—a fundamental need for occupation-specific mental health.^{42, 44-45}

Eliminating criminal penalties for selling or exchanging sex (i.e., decriminalization) has shown promise in reducing physical and mental health disparities for sex workers living in these settings.⁴⁶⁻⁴⁷ A recent scoping review of research in decriminalized countries found that, while sex workers still struggled with social and internalized sex work stigmas in decriminalized settings, sex workers on average reported relatively lesser stigma compared to criminalized settings.⁴⁸ While not sufficient alone to eliminate sex work stigma, decriminalization is a first and necessary step in improve sex workers' occupational mental health. WSW in our study also described smaller scale harm reduction strategies that they feel would be useful, including peer support services and mobile healthcare vans.⁴⁹ Strategies like these have supported many marginalized groups, not just WSW and so should continue to be supported by public health and government programs to improve mental and physical healthcare access of WSW.⁵⁰⁻⁵²

Conclusion

This study strengths include being the first to utilize the Surgeon General's Framework for Mental Health and Well-being in the Workplace as a lens with which to understand the occupational mental health of WSW in their work. Our study included the voices of WSW describing their own

perception of their occupation, including positive and negative impacts to their mental health. This study is limited by its number of interviewees in a specific geographic area that is not necessarily generalizable to WSW across the United States. We also specifically recruited from WSW that work on the street. Street sex work is only one small aspect of the diverse sex work industry, and thus future research should attempt to understand how online sex exchange or other models may affect mental health.

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Table 1. Analytic framework of Five Essentials for Workplace Mental Health and Well-Being

Essential Component for Workplace Mental Health and Well-Being	Human Needs within Component	Definition
Protection from Harm		Refers to the safety and security of workers, both physically (including illness and injury) and mentally (including harassment, discrimination, and perception of financial security through the job).
	Safety	protecting all workers from physical and non-physical harm, including injury, illness, discrimination, bullying, and harassment.
	Security	ensuring all workers feel secure financially and in their future job.
Connection and Community		Comprised of social support from colleagues that offers diverse types of assistance and buffers feelings of isolation and a sense of belonging, or feeling accepted by others in the workplace.
	Belonging	having the networks and relationships that can offer physical and psychological help, and can mitigate feelings of loneliness and isolation.
	Social Support	the feeling of being an accepted member of a group.
Work-Life Harmony		The integration and balance of work and home life demands, rests on the worker's autonomy over their work circumstances and output, and flexibility in where and when working is best for them.
	Autonomy	How much control a worker has over when, where, and how they do their work.
	Flexibility	The ability of workers to work when and where is best for them.
Mattering at Work		Fostered by workers having a sense of dignity and meaning in their work, where the work and workplace are respected, valued, and reflects a broader purpose or significance.
	Dignity	The sense of being respected and valued.
	Meaning	The workplace can refer to the sense of broader purpose and significance of one's work.
Opportunity for Growth		Requires workplaces to cultivate ongoing learning and accomplishment, so workers feel enthusiastic and optimistic about their occupation.
	Accomplishment	The outcome of meeting goals and having an impact.
	Learning	The process of acquiring new skills and knowledge in the workplace.

Table 2. Demographics of participants.

Name	Age	Race	Length of interview, mins
Angie	46	White	12
Beatrice	38	Black	25
Clara	23	White	20
Diana	41	White	10
Erica	23	White	10
Faith	35	Black	30
Grace	40	Black	9
Holly	34	Black	13
Isabel	28	Black	23
Jean	41	White	11
Kendra	38	White	14
Leah	49	Black	13
Monique	35	White	7
Nora	40	Black	26

Table 3. Exemplar quotes for Essential 1: Protection from Harm

Exemplar Quotes	
Safety	“Violence from the dudes. That's why my finger's like that [visibly injured]. I mean, I've had guns, rape, all that shit, but that comes with the territory, I guess. ... You never know [who will be violent].” (KENDRA)
	I don't know the area that well, so if they take me ten blocks in either direction, I don't know where I'm at, so that's stressful. ... Sometimes you get with someone who is getting high, and you don't know how they're going to react,(ANGIE)
Security	“There were more girls out there, you know. I mean everyone is trying to set different prices, you know what I am saying. So, there were girls that had sex for drugs, you know what I am saying. Lower stuff, you know. I like money you know, I like drugs, I want to get my own drugs.” (ISABEL)
	“There weren't as many dates [<i>during the early pandemic</i>], and people were trying to be more careful. They just didn't want to pay as much, you know, is what I found.” (BEATRICE)

Table 4. Exemplar quotes for Essential 2: Connection and Community

Exemplar Quotes	
Belonging	"Right. They'll help with clothes. They'll tell you where stuff is. Some of them will help you with some drugs if you're sick. That's about it. I mean, we're all in the same boat. None of us can do that much to help anybody. Can't even hardly help ourselves, so yeah." (BEATRICE)
	"I know the girls get mad when they see me come out, because I do get picked-up a lot more often than they do because even the men say I don't look as bad as a lot of them out here at all. Yeah, so more so I'm not getting competition. They're getting competition when I come out, so I feel bad about that too, yeah, because I know everybody needs to make their money, so..." (CLARA)
	"So, I try to get mad at them because guys aren't doing it. They are savages. I gotta survive too, you know what I am saying. Nobody is going to help me, I have myself. I will take care of myself." (ISABEL)
	"I believe it probably impacts my self-esteem a lot. It makes me accuse my boyfriend of cheating a lot, you know what I mean, so it makes me insecure. It's not good for your mental health in general the stress. And then getting high affects your mental health, it's just all around not good for your mental health." (ANGIE)

Table 5. Exemplar quotes for Essential 3: Work-Life Harmony

Exemplar Quotes	
Autonomy	"I do it because I need money for drugs and for food and shit like that, so if I don't get enough money I'm fucked, and that dictates how long I stay out here, whether I go home or not, so..." (KENDRA)
	"Men are just nasty out here. They expect all women just to have sex with them and if you date, you're looked at-- you know what I mean? It's like you can't go to work and then be off work. They expect you to just be a sex worker all the time" (ANGIE)
Flexibility	"Some days I can leave it and go home, some days I can't. It depends on the money I make, depends on the mood, depends on a lot, so..." (KENDRA)
	"As far as the money it's for, just having it, period-- to support my drug habit." (JEAN).

Table 6: Exemplar quotes for Essential 4: Mattering at Work

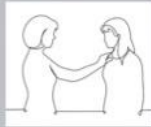
Exemplar Quotes	
Dignity	"Just the constant judgment. The guys judge you. I mean, it's constant." (ANJU121987)
	"Maybe not having people be so rude to us. They drive by and shout things or try to be funny, like "I'll give you a lollipop and \$10 to suck my dick." It's just like people are very ignorant out here, and it makes you feel very degraded, and it's just, it's sad. I don't like it at all, and I end up getting pissed off at them, everything." (CLARA)
Meaning	"I will give the shirt off my back if I have it. If I got it, I'll give it. Because right now people are just struggling." (JEAN)
	"It made me feel good because they respected me, but also-- because I've been through all the stages with them. Like, I beat them up; I corrected them; I disciplined them and all that stuff. So now they all respect me and they call me "Ma." It's like, if they stink or whatever, I take them home and I'll let them take a bath and all that stuff." (ERICA)

Table 7: Exemplar quotes for Essential 5: Opportunity for Growth

Exemplar Quotes	
Accomplishment	"There's a van that comes around every once in a while. Do you know what they give out? Stems, and syringes, and all that stuff. That's a good thing because we don't want to get our stuff from somebody else. But they need to check on their mental health." (ERICA)
	"I know that there's the Health Department, but transportation and stuff like that, a lot of women don't take the time to go out to the Health Department and get them, you know what I mean, so if there was somewhere they could go to get that kind of stuff or even help with applying for-- there is a place on Pratt Street where you can see a psych doctor and if you qualify, they will help you apply for benefits and stuff like that. So, I'm utilizing that right now actually. But yeah, like a mobile peer support type thing would be great." (ANGIE)
Learning	"If there was more people that came out here like ya'll do, like ya'll are out here, you know what I mean? If people would come-- if there was like an ExpressCare Psych mobile, you know what I mean?" (ANGIE)
	"But, you know, it'd be helpful to get some actual psych doctors." (BEATRICE)

The Surgeon General endorses that workers have rights to mental health and wellbeing. How do sex workers fit into this framework?

The Surgeon General developed a framework of five essential components to improve mental health and wellbeing in the workplace.



Sex workers access **autonomy, flexibility, and social support** through their work.



However, due to criminalization and stigma, they struggle to access **safety, security, dignity, and belonging.**

WSW express workplace desires shared by those in the traditional workforce, but they navigate nontraditional barriers which deserve special attention.



"I'm going to work, but it is survival, too": A unique qualitative study of occupational mental health and wellbeing among women sex workers in Baltimore, Maryland

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