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Childhood Trauma, Stigma, and Violence as Correlates of Depression and PTSD among Sex Workers. A Research Review

Traumatyczne doświadczenia z dzieciństwa, stygmatyzacja oraz przemoc jako korelaty depresji i PTSD wśród osób pracujących seksualnie. Przegląd badań

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ABSTRACT

The aim of this article is to analyze the presence of childhood trauma, stigma, and violence among sex workers, and their relationship to the occurrence of depression, PTSD, and specific symptoms of these disorders. For this purpose, scientific websites were searched and 53 previously published empirical and review articles were analyzed. These findings indicate that sex workers frequently struggle with the aforementioned disorders. Participants meet diagnostic criteria, have been diagnosed with the disorder, or report experiencing symptoms that cause subjective distress. Importantly, the frequency of depression and PTSD is significantly associated with the presence of childhood trauma, violence, and stigma related to their work among the study group. This phenomenon is independent of the cultural background or legal regulations in the study location, indicating its universality. Furthermore, these issues affect both women and men involved in the sex trade. Possible future research directions in this area, which have not been undertaken to date, are presented, and their consideration may prove valuable for research and application. The conclusions from the analyzed studies discussed here address important aspects in the context of better designing therapeutic interventions for sex workers, as well as psychoeducational programs for law enforcement agencies.

Keywords: depression; PTSD; stigmatization; trauma; sex trafficking

INTRODUCTION

The topic of legalizing sex work is periodically raised in public debate. For proponents of this solution, the most important aspect is the decriminalization of prostitution and granting individuals the right and freedom to manage their own bodies. However, less attention is paid to aspects related to sex work, which significantly impact the mental well-being and overall health of workers. Mental health issues are a topic that is often relegated to the background of the general discussion on sex work. Mental disorders are not uncommon among those working in the prostitution industry, as confirmed by studies conducted in Europe (Kaya et al., 2025), Africa (Coetzee et al., 2018), and Asia (Ranjbar et al., 2019), which show that the signs and symptoms of mental disorders are a common problem faced by sex workers. Moreover, some studies show that sex traders have previously been diagnosed with some form of mental disorder (Teixeira, Oliveira, 2016). Sex workers have higher rates of unmet mental health needs and are less likely to report good or excellent mental health compared to the general population (Benoit et al., 2016a). A review of thirty studies from around the world found an overall prevalence of mental health disorders among 19,500 sex workers surveyed of 50–71% (Martín-Romo et al., 2023). The most common symptoms of mental health disorders include those diagnostic for depression, anxiety, and PTSD (post-traumatic stress disorder) (Coetzee et al., 2018). While these issues can be influenced by many factors, this article focuses on specific issues: childhood trauma, workplace violence, and stigma associated with sex workers. These three aspects, according to research, are often associated with the frequency of mental health disorders and may also significantly contribute to their worsening. The purpose of this article is to present a compilation of research on the prevalence of depression and PTSD and their symptoms among sex workers worldwide, as well as the presence of stigma, violence, and childhood trauma and their potential links to the aforementioned mental disorders. Attention will be paid to the universal nature of this phenomenon, in the context of nationality, law, ethnicity, and gender. Furthermore, we will focus on the practical implications that can be implemented to protect the mental health of sex workers and possible social support measures. The section on future research directions will highlight aspects that should be considered in the context of further scientific exploration of this topic and this group.

METHODOLOGY

The aim of this article was to gather and organize knowledge regarding the prevalence of depression and PTSD among sex workers, as well as their association with childhood trauma, stigma associated with sex trafficking, and

violence. The process of collecting and analyzing source material was conducted through a systematic literature search. The review was conducted using the following databases: EBSCO, Google Scholar, PubMed, Wiley Online Library, Taylor & Francis Online, Springer Link, Scopus, ScienceDirect, and SagePub. The following keywords in English and Polish were used to analyze the data: depression among sex workers, depression and prostitution, PTSD among sex workers, PTSD and prostitution, prostitution and childhood trauma, trauma among sex workers, violence among sex workers, violence and prostitution, mental disorders among sex workers, mental disorders and prostitution, mental disorders and stigmatization of sex workers, violence in sex-working and mental disorders, trauma and PTSD among sex workers, trauma and mental disorders in prostitution. Review and empirical articles available online, in Polish and English, published from 1998 to 2026, were considered to present potential legal and cultural changes over the years that could impact the issues discussed. Fifty--three studies were included, addressing the prevalence of depression, PTSD, childhood trauma, violence, and stigma among sex workers and the connections between these phenomena. A significant criterion was the location of the study – the analyses came from various countries on different continents, providing an international perspective on this issue, demonstrating its universality across cultural, ethnic, and gender lines. Studies conducted among both female and male sex workers were included in the analyses.

In the context of discussing mental disorders, the studies included in the analyses, due to the time span over which they were conducted, relied on definitions, criteria, and instruments derived from the American Psychiatric Association's DSM-IV, DSM-V, and DSM-V-TR classifications of mental disorders.

When selecting material for analysis, studies focusing on these topics among transgender and non-binary individuals were excluded. Regarding mental disorders, studies examining the prevalence of conditions other than depression or PTSD and their symptoms were excluded.

DEPRESSION AND ITS SYMPTOMS AMONG SEX WORKERS

Depressive disorder is characterized by depressed mood, a significant reduction in interest and ability to experience pleasure in previously performed activities, weight loss or gain, sleep problems, a sense of lack of energy, psychomotor agitation or retardation, feelings of low self-worth, difficulty concentrating, or recurrent thoughts of death within the past two weeks. This constitutes a clinical picture according to DSM-V standards (American Psychiatric Association, 2022). These symptoms can significantly negatively impact the daily lives of individuals suffering from depression, even leading to extreme situations such as suicide. According to estimates by the World Health Organization (2025), approximately

4% of the population experiences depression, with women being more likely to suffer from it.

Depression and its symptoms are the most frequently studied aspect of mental health among sex workers due to its highest prevalence compared to other disorders. The studies we analyzed highlight cases of previously diagnosed depression, workers meeting diagnostic criteria during the assessment, and the presence of depressive symptoms. Overall, among men and women in the prostitution industry surveyed by Stockton et al. (2020), 33.9% of the 700 individuals had symptoms of major depression. In a Thai study (Kitro et al., 2026), 11% of respondents reported a diagnosis of major depressive disorder. However, due to the greater participation of women in the sex industry than men (McKeever, 2025), women constitute the most frequently studied group in this context.

The prevalence of depressive disorders among the general female population, according to the World Health Organization (2025), is approximately 6.9%. However, this percentage is significantly lower when compared to the figures found among women working in the sex industry. Depression, as an example of affective disorders, is a relatively common problem among sex workers (Ranjbar et al., 2019). Among the female sex traders surveyed in Portugal (Teixeira, Oliveira, 2016) who reported having been diagnosed with some form of mental disorder (55.8% of 52 respondents), 88.2% were diagnosed with depression. In a Canadian study (Puri et al., 2017), 35.1% of 692 respondents reported a diagnosis of depression. In studies conducted in South Africa (Coetzee et al., 2018), India (Patel et al., 2015), and Uganda (Ouma et al., 2021), the prevalence of major depressive symptoms ranged from 39% to 68.7%. An Ethiopian study by Yesuf et al. (2025) found that 69.8% of female respondents were moderately, moderately severely, or severely depressed. This is significantly higher than the rate for the general Ethiopian population (Bitew, 2014). Studies examining various symptoms of depression (Abelson et al., 2019; Beksinska et al., 2021; Jewkes et al., 2021; Patel et al., 2016; Rael, Davis, 2016; Rössler et al., 2010; Semple et al., 2020) have shown that the overall percentage of women struggling with significant depressive symptoms ranges from 30% to 70.2%. Not all studies reported symptoms severe enough to warrant a clinical diagnosis. For example, in a study by MacLean et al. (2018) conducted in Malawi, 43% of women had mild depression symptoms, but not severe enough to warrant a clinical diagnosis. Although research shows that women working in the sex industry are at high risk for depression (González-Forteza et al., 2014), this problem also affects men in this profession, but research on this topic is limited. Mimiaga et al.'s (2021) analysis conducted in the United States found that 74.1% of the men surveyed in the sex trade reported clinically significant depressive symptoms. In a Vietnamese study (Goldsamt et al., 2015), clinically moderate depression was present in 58.2% of the 710 men surveyed, while in a Czech sample (Bar-Johnson, Weiss, 2014), 43% of men reported at least mild symptoms.

An important issue in the context of depression is the associated suicidal ideation and risk of suicide (González-Forteza et al., 2014). In a Portuguese study (Teixeira, Oliveira, 2016), among 52 female street workers, 46.15% reported suicidal ideation, and 44.2% had attempted suicide at least once, while 30.4% had attempted suicide three or more times. In the study by Ouma et al. (2021), 16.4% of women reported suicidal ideation. In Coetzee et al. (2018), 3.6% of the workers reported suicidal ideation and suicide attempts, while 9.8% reported suicidal ideation and attempts. Suicidal ideation and attempts also appear among female sex workers in a study conducted in southwest China (Su et al., 2014). The results of a study by González-Forteza et al. (2014) on 103 workers showed a higher prevalence of depression (39.8% of the workers surveyed) and suicide risk (38.8% of the workers surveyed) among women trading in sex compared to women from the general population (39.8% and 3%).

PTSD

Post-traumatic stress disorder (PTSD) is a mental health disorder associated with direct or indirect exposure to an event that exposes a person to death or threatened death, serious injury, or sexual violence. Symptoms of PTSD, according to the DSM-V, include recurrent and intrusive memories of the event, nightmares related to the traumatic event, dissociative reactions resulting in a sense of reliving the distressing event, psychological distress, avoidance of stimuli associated with the distressing event, adverse changes in cognition and mood, and sleep problems lasting longer than a month (APA, 2022).

Initially, the effects of trauma were inextricably linked to war experiences, a phenomenon dating back to ancient times (Kucmin et al., 2016). In the 19th century, the scientific community began to pay attention to the mental health consequences of war experiences, as well as childhood trauma among women, but they were still treated with considerable disdain. It was not until the experiences of soldiers during World War II and former concentration camp prisoners, and a few years later, the experiences of veterans of the Korean and Vietnam Wars and their effects, that a new medical condition was introduced in 1980 – post-traumatic stress disorder. Today, we know that symptoms of the disorder can be caused not only by extreme events such as war, terrorism, or natural disasters, but also by everyday experiences such as sexual, physical, or psychological violence, or a road accident (Cebella, Łucka, 2007). Research indicates that this disorder is not unfamiliar to sex workers.

Of the 692 women surveyed by Puri at el. (2017) in Canada, 12.7% had ever been diagnosed with PTSD. According to the study by Jewkes et al. (2021), 53.6% of the women involved in the sex trade met DSM-IV criteria for PTSD, compared to 47% in the study by Roxburgh et al. (2006), 39.6% in the analysis by Coetzee

et al. (2018) conducted in South Africa, and 14.2% in the sample from Nairobi, Kenya (Beksinska et al., 2021). In the study by Rössler et al. (2010), only 13% of the women met the criteria, and approximately 8% in the study conducted in Malawi (MacLean et al., 2018). In the study by Kroehn-Liedtke et al. (2025), 17% of the women studied in Germany met the DSM-V criteria for PTSD. DSM-V PTSD symptoms were present in 61.4% of the women street workers in Baltimore (Park et al., 2019). In the study by Surratt et al. (2005), acute PTSD symptoms were present in 69.2% of the 278 women studied. According to a review by Tschoeke et al. (2019), the most common symptoms among women working in prostitution include dissociative symptoms, distancing, memory problems, flashbacks, derealization, and depersonalization.

PTSD and depression are associated with numerous factors to which prostitution workers are exposed, which, as research indicates, may influence the risk of developing mental health disorders. These include workplace violence, stigma, and negative childhood experiences.

EXPERIENCE OF VIOLENCE

Violence is a common problem faced by sex workers. They even admit that it is an inherent part of their profession (Siegel et al., 2024) and that it occurs at every step. In a Portuguese study (Teixeira, Oliveira, 2016), 94.2% of the surveyed workers stated that they had been victims of violence during their work. This violence occurs regardless of culture, social norms, or the legal status of prostitution as a legal profession. The most common forms of violence among the surveyed sex workers include theft, rape, physical aggression (Teixeira, Oliveira, 2016), invasion of privacy, and financial exploitation (Bungay, Guta, 2018). Workers themselves report that clients (Park et al., 2019) and owners of sex trade establishments are the most frequent perpetrators of violence (Bungay, Guta, 2018).

In a Dutch study (Krumrei-Mancuso, 2016), 23.9% of the women in prostitution surveyed reported experiencing violence while performing their work. In contrast, 22% of the sex workers surveyed in India (Patel et al., 2016) reported experiencing any violence in the past year. A study conducted in Mexico (Ulibarri et al., 2013) found that 20% of the workers experienced physical abuse from their clients. According to a Ugandan study (Ouma et al., 2021), the most common forms of violence are verbal (52% of respondents) and physical (48.3%). In a study by Abelson et al. (2019), 25.2% of the women working in the sex industry surveyed experienced physical violence, and 33% experienced sexual coercion. Importantly, some respondents reported experiencing rape from their clients (Ouma et al., 2021). Sexual violence is often marginalized because it is considered “natural” in this line of work. It is treated as a “commodity” for

which clients pay, or as something completely normal for workers, so anyone can appropriate it. Twenty-eight percent of the women involved in the sex trade surveyed admitted to being forced into sex after entering the prostitution business, primarily by clients, current, or former partners (Kim et al., 2017). In the study by Stockton et al. (2020), 48% of the surveyed workers (31.3% of men and 55.7% of women) were raped. According to the study by Ulibarri et al. (2013), 22% of the surveyed workers were raped or forced into sexual intercourse by a client. Sexual violence is also mentioned by the surveyed women workers in the study by Puri et al. (2017).

Violence perpetrated by clients, intimate partners, or others may be significantly associated with a higher burden of mental health diagnoses (Puri et al., 2017). In a study conducted on a sample of female workers in South Africa (Coetzee et al., 2018), depression frequently co-occurred with violence. The same was true for PTSD. In this study, experiencing three or more types of violence increased the likelihood of developing comorbidities (including mental disorders) fourfold. Furthermore, experiencing violence and migrating for sex work may be associated with an up to six-fold higher risk of testing positive for depression (Patel et al., 2016). Women experiencing violence at work are more likely to report intrusion as a symptom of PTSD compared to workers who did not report violence (Krumrei-Mancuso, 2016). In India, sex workers who experienced physical violence in the previous six months had a higher risk of developing depression (Patel et al., 2015). Similar findings were also found in the study by Patel et al. (2016). Violence was also a significant correlate of anxiety and depression in the study population of sex workers in Ethiopia (Yesuf et al., 2025). In turn, sexual violence by clients is associated with the development of depressive symptoms according to the study by Carlson et al. (2017). Emotional and physical violence, as well as sexual violence (specifically rape), are factors influencing the risk of suicide (González-Forteza et al., 2014) among sex workers. Depression, PTSD, and emerging suicidal thoughts/behaviors were independently associated with, among other things, recent sexual or physical violence, according to the study by Beksinska et al. (2021).

TRAUMATIC CHILDHOOD EXPERIENCES

Traumatic childhood experiences, such as physical, emotional, and sexual abuse, poverty, and rape, are common correlates of mental health problems and can negatively impact them (Daníelsdóttir et al., 2024; Thurston et al., 2025). According to general estimates gathered from studies using the ACE questionnaire (Madigan et al., 2023), among the general population, 39.9% of respondents reported no childhood traumatic experiences, 22.4% reported one such event, 13% reported two such experiences, 8.7% reported three, and 16.1% reported four

or more. However, statistics obtained from samples of the sex industry population are quite different.

Childhood trauma is a common problem reported by sex workers (Jewkes et al., 2021). In a study conducted by Farley et al. (1998), across five countries (South Africa, Thailand, Turkey, the United States, and Zambia), an average of 54% of sex workers surveyed reported experiencing childhood physical abuse, and 58% reported being sexually abused during that time. In an Australian study conducted by Roxburgh et al. (2006), among 71 women in the prostitution industry, only one reported no traumatic experiences. In an Indian study (Iaisuklang, Ali, 2017), 32% of women involved in sex work experienced childhood physical abuse. In a study conducted by Ulibarri et al. (2013), 24% of respondents experienced physical abuse before reaching adulthood. Results from a study conducted in nine countries (Farley et al., 2004) show that 59% of 854 sex workers surveyed reported being physically abused by a caregiver during childhood. In a study conducted in Baltimore (Park et al., 2019), among street-based women, 35% reported being sexually abused during childhood, and 42.7% experienced physical violence during this period.

As the above studies show, in addition to physical abuse, sexual abuse is a common form of childhood abuse among sex workers. Seventy-five percent of respondents surveyed by Roxburgh et al. (2006) reported experiencing some form of sexual abuse before the age of 16. Among 854 sex workers surveyed from nine countries (Farley et al., 2004), 63% were sexually abused as children. In a study of women working on the streets of Miami (Surratt et al., 2005), 53% were victims of sexual abuse as children. According to Ulibarri et al. (2013), 33% of the women surveyed reported their first forced sexual experience before the age of 18. Sexual abuse is not limited to women in prostitution. Mimiaga et al. (2021) found that 56.8% of men in the sex trade were sexually abused as children. According to the surveyed employees, the perpetrators of this type of violence are most often family members, less often strangers (Ulibarri et al., 2013).

Childhood trauma is associated with poor mental health among sex workers (Jewkes et al., 2021). A history of childhood physical or sexual abuse is positively associated with mental health diagnoses. Women with mental health diagnoses were more likely to report experiencing physical or sexual trauma in childhood (Puri et al., 2017). Sex workers with childhood sexual abuse experience poorer psychological adjustment, exhibiting more depressive symptoms than those without (Tschoeke et al., 2019). In a study by Beksinska et al. (2021), depression, anxiety, PTSD, and recent suicidal thoughts/behaviors were independently associated with higher ACE scores. Interestingly, childhood sexual abuse increases the likelihood of selling sex in adulthood (Diamond--Welch, Kosloski, 2020).

STIGMATIZATION AND DISCRIMINATION AGAINST PEOPLE WORKING IN THE SEX INDUSTRY

Stigmatization refers to the prevailing and persistent negative attitudes and beliefs towards a given group in society. Such individuals are perceived as "inferior," "less valuable," because they carry a stigma – a mark of shame or disgrace, which causes them to be rejected and excluded from the right to participate in social life (Goffman, 2007). Internalization of stigma refers to the process of ascribing a harmful stereotype to oneself and experiencing a sense of isolation from the society associated with it. Research (Heylen et al., 2024; Navarro et al., 2025) shows that stigma and the process of internalizing stigma can contribute to poor well-being and mental health.

Sex workers face stigma related to their work daily, particularly around offensive and dehumanizing terms, which contributes to their social and civic alienation (Vanwesenbeeck, 2001). Inappropriate, stigmatizing, and vulgar terms are common in media coverage and common language. Sex workers report a higher average perceived stigma compared to their male counterparts. other marginalized and feminized professions (Benoit et al., 2015b). They are also more likely to feel negatively perceived by others (Benoit et al., 2015a). This labeling significantly impacts their daily lives, mental health, and psychological well-being.

It is quite common for even close relatives to be unaware of the occupations of their children/friends/acquaintances working in the sex industry. Sex workers report a fear of disclosing their work due to fear of their loved ones' opinions. The perception that they may be judged solely by their profession causes them to withdraw from contact with their families, even when they are in need (Phrasisombath et al., 2012). More than half of the sex workers surveyed in Rössler et al.'s (2010) study admitted that they at least sometimes felt excluded from their circle of friends because of their profession. The same percentage felt excluded from society (61.7%). Sex workers are less likely to report a strong sense of belonging to the local community (Benoit et al., 2016a). Sex traders point out that the stigma associated with their work can influence their willingness to engage in romantic relationships. They fear rejection and abandonment because of their profession (Phrasisombath et al., 2012).

The stigma surrounding prostitution also leads to discrimination and negative attitudes toward workers, even from public services such as doctors and police officers, even though these groups are obligated to provide assistance and ensure safety. Among those working in the sex industry without contact (Rayson, Alba, 2019) who utilized the support of mental health professionals, 64.4% experienced negative treatment, stigmatization, or discrimination due to their work. In a study by Kim et al. (2017), 14.9% of the women surveyed admitted to feeling stigma associated with healthcare. They were afraid to use healthcare services for fear

that someone might learn about their profession and react inappropriately. In a study by Benoit et al. (2015a), sex workers were more likely to disagree with the statement that doctors usually treated them with respect, compared to other groups surveyed (hairdressers, waitresses). Healthcare providers, family, friends, and the police are often sources of stigmatization for sex workers (Grosso et al., 2019). They report a lack of trust in the police due to discrimination and stigmatization (Benoit et al., 2016b).

Reactions to stigma and discrimination can vary among workers. Some studies (Carrasco et al., 2017) confirm that sex workers accept derogatory stigmas about themselves and attribute negative beliefs to themselves and their work. An interesting study in this context is the one conducted in Germany by Kaya et al. (2025). They examined three different forms of self-stigma (righteous anger, concealing one's identity, and endorsing a stereotype) as responses to the current stigma and discrimination in sex work. 62.2% of the women surveyed expressed righteous anger, an emotional reaction to stigma, and 29.7% consistently concealed their professional identity. Most of the women surveyed cognitively rejected stigmatizing beliefs, but they experienced strong emotional and behavioral reactions. Other studies show that the money earned in the sex trade and the opportunities it provides help reduce the negative effects of stigma, for example, by purchasing expensive clothes or items that confer a higher social status (Phrasisombath et al., 2012). Stigma itself is associated not only with experiencing unpleasant states but also with the presence of mental health disorders.

In the aforementioned study (Kaya et al., 2025), righteous anger at the stigmas of sex work, as a form of self-stigma, was significantly associated with affective disorders, while nondisclosure and strong emotions were significantly associated with trauma-related disorders. This study indicates significant links between stigma, internalization of stigma, and negative mental health outcomes for sex workers. Internalizing feelings of shame and guilt related to the social stigma of sex work increases the risk of developing mental health symptoms (Coetzee et al., 2018). Internalization of social stigma is positively associated with depressive symptoms, as indicated by research conducted in the Dominican Republic (Rael, Davis, 2016). Similarly, in other studies (Carlson et al., 2017; Nabunya et al., 2021), stigma associated with exchanging sex for money may predict depressive symptoms. Stigma was a significant correlate of depression among sex workers studied in Ethiopia (Yesuf et al., 2025) and Kenya (Stockton et al., 2020). Internalization of sex work stigma is associated with higher rates of depression among women who trade in sex (Stockton et al., 2023). Components of the sex work stigma scale developed by Kerrigan et al. (2021) are associated with depression and anxiety. A scale measuring internalization of sex work stigma among cisgender women who trade in sex also correlated positively with depression (Tomko et al., 2021). Sex work stigma may also be associated with higher levels

of PTSD, according to Nabunya et al. (2021). Feelings of discrimination due to sex trafficking as a means of earning a living are significantly and independently associated with depression among sex workers (Benoit et al., 2015a). Higher stigma is significantly associated with suicidal ideation (Grosso et al., 2019). Some factors, such as a sense of self-determination, may mitigate the negative effects of internalized stigma on mental health (Brunswig et al., 2025), but this does not apply to all hypothesized variables that are expected to have a positive impact, for example, in the role of social support (Stockton et al., 2020).

Experienced stigma can effectively block the willingness and motivation to seek help when mental health issues arise, and symptoms of disorders appear. According to a review of research by Martin-Rome et al. (2023), discrimination by healthcare providers can negatively impact sex workers' motivation to seek mental and physical health care. Rayson and Alba (2019) reached similar conclusions in their study.

PRACTICAL IMPLICATIONS

The correlates and factors that influence the severity of mental health symptoms speak volumes about the potential for implementing real changes to improve the mental health of sex workers.

The first important issue is prevention programs readily available to those involved in the sex trade. These programs should be conducted by individuals trained in an empathetic approach, free from stigmatizing language, and fully aware of the problems faced by sex workers. Social campaigns that focus not on the fairness or ethics of the profession, but rather on recognizing people with problems who need help, could help reduce the current stigma hanging over those involved in the sex industry.

When it comes to helping individuals involved in the sex industry struggling with mental health disorders, it is worth considering factors that may mitigate the impact of stigma, violence, and negative childhood experiences on the incidence of disorders. In the context of depression and suicide risk, these factors may include, for example, a good relationship with a parent (González-Forteza et al., 2014). Increased self-acceptance reduces the desire to leave prostitution, which is associated with lower levels of post-traumatic stress. Overall, self-acceptance predicts fewer post-traumatic stress symptoms, and a sense of fairness in life predicts fewer depressive symptoms (Krumrei-Mancuso, 2016). According to research by Beksinska et al. (2021), mental health disorders were less common among women who reported the presence of social support. These issues are important from the perspective of social and psychological support. Providing sex workers with a space of understanding, sensitivity to their diverse experiences and the situations that led to their problems, demonstrating selfless acceptance of what

they do and how they earn their living, and focusing primarily on their suffering, ensuring their safety, and a sense of support from others may prove fruitful in working with sex workers.

However, the most crucial issue for any action addressing mental health disorders among sex workers is addressing the cultural and social messages that stigmatize sex work. Changing the language and perception of such people should have its roots in education and social campaigns emphasizing the multitude of negative experiences that such people encounter and shaping empathetic and sensitive attitudes towards the problems existing in this space.

FUTURE RESEARCH DIRECTIONS

The sexualization of the body, the capitalization of sex, and the growing demand and supply in this area, but especially the phenomena and problems described above, continue to generate themes and aspects that are still insufficiently researched in the context of sex work and that require scientific attention.

The number of studies examining the links between traumatic childhood experiences and mental health disorders among sex workers remains somewhat limited, especially after 2020. Future research analyses could pay more attention to this aspect.

Although some of the cited studies addressed mental health issues among sex workers working online, this topic remains an inexhaustible source of research. Future analyses could highlight and examine differences in the prevalence of mental health disorders among sex workers working exclusively online and those working "on the street," thus, having physical contact with clients. On the one hand, those working in the virtual world face a significantly lower risk of experiencing physical violence, but are more vulnerable to other forms of violence, such as bullying, harassment, and image exploitation (Pajnik, Kuhar, 2025). Although some studies have already addressed this issue, they are still scarce. It is worth asking whether there are any differences in mental health depending on the type of sex work. Regarding specific forms of internet violence, an interesting thread would also be their frequency of occurrence and specific characteristics, e.g. the frequency and presence of traumatic childhood experiences (physical, sexual, psychological, economic violence) among people working in the online sex industry and those in direct physical contact with clients, and the differences in the occurrence of mental health disorders between them.

Given the persistent stigmatization of people working in the sex industry and the cultural stigma and stigma associated with those involved in the sex trade, future research could focus on analyzing the presence of dehumanizing attitudes toward sex workers. This failure to recognize the humanity in others is associated with a tendency to isolate and exclude them from the social class (Lelieveld et

al., 2024; Quiamzade, Lalot, 2023) that belongs to legitimate members of society. Often, people engaged in prostitution or other forms of sex work have been treated in a dehumanizing manner, sexually objectified, and their existence reduced to that of an object that satisfies basic needs (Martín-Romo et al., 2023). It is important to examine the impact of such messages on various aspects of the lives of sex workers, such as their self-esteem, sense of worth, overall psychological well-being, the presence of disorders, and the internalization of such attitudes and their response to them. The gender of both the dehumanized and the dehumanizing individuals may also be significant in this context. Related to this is the shift in media coverage, modified by feminist movements that rename prostitution "sex work," altering the emotional linguistic dimension of this profession. The cognitive implications of this terminology change are of interest here, as is its impact on how workers perceive themselves and how society perceives them.

CONCLUSIONS

The moral and ethical dilemma in the social debate between prostitution legalization advocates and abolitionists leaves the worker and their status in limbo, failing to advance any change. Workers suffer as a result, deprived of both rights and privileges, including the right to decent treatment, agency, and freedom of choice. This situation becomes a source of exclusion for sex workers from the circle of those privileged to access medical, psychological, and social assistance, increasing their sense of alienation and internalizing stigma about their agency and equality before the law. Exclusion and social stigma, along with general aversion to those selling their bodies, support behaviors lacking empathy and sensitivity towards such individuals. This generates mental health instability, which, in conjunction with other factors such as violence or negative past experiences, leads to a decline in mental norms. A worker, impacted by so many negative responses, remains alone in seeking help and in the process that could restore their potential health.

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ABSTRAKT

Celem artykułu jest analiza zjawiska obecności traumatycznych doświadczeń w dzieciństwie, stygmatyzacji i przemocy wśród osób pracujących seksualnie i ich związku z występowaniem depresji, PTSD oraz poszczególnych symptomów tych zaburzeń. W tym celu przeszukano serwisy naukowe i dokonano analizy 53 dotychczas opublikowanych artykułów empirycznych i przeglądowych. Wynika z nich, że pracownicy seksualni niejednokrotnie zmagają się z wyżej wymienionymi zaburzeniami. Osoby badane spełniają kryteria diagnostyczne, mają już za sobą diagnozę zaburzenia lub przyznają się do zmagania z niektórymi wywołującymi subiektywne cierpienie objawami. Co ważne, częstotliwość depresji i PTSD jest istotnie powiązana z obecnością wśród badanej grupy traumatycznych doświadczeń z dzieciństwa, przemocą oraz stygmatyzacją ze względu na wykonywaną pracę. Zjawisko to jest niezależne od kręgu kulturowego czy regulacji prawnych w miejscu przeprowadzanych badań, co wskazuje na jego uniwersalność. Oprócz tego powyższe problemy dotyczą zarówno kobiet, jak i mężczyzn, zajmujących się handlem seksem. Przedstawione zostały przyszłe możliwe kierunki badań w tym zakresie, które do tej pory nie były podejmowane, a ich uwzględnienie może okazać się cenne badawczo i aplikacyjnie. Omówione wnioski z analizowanych badań uwzględniają istotne aspekty w kontekście lepszego projektowania interwencji terapeutycznych wobec pracowników seksualnych, jak również programów psychoedukacyjnych skierowanych do służb porządku publicznego.

Słowa kluczowe: depresja; PTSD; stygmatyzacja; trauma; handel seksem