Sex Workers' Professional Agency, Quality of Life, and Substance-Related Problematic Behavior in Finland

Mimmi Uusitalo, 1902917
Master's Thesis in Psychology
Supervisors: Jan Antfolk and Annika Gunst
Faculty of Arts, Psychology and Theology
Åbo Akademi University, 2022

ÅBO AKADEMI UNIVERSITY– FACULTY OF ARTS, PSYCHOLOGY AND THEOLOGY

Subject: Psychology	
Author: Mimmi Uusitalo	
Title: Sex Workers' Professional Agency, Quality of Life, and Substance-Related Problematic Behavior in Finland	
*Supervisor***:** Jan Antfolk	*Supervisor*: Annika Gunst

*Abstract***:**

Agency is positively associated with well-being. However, limited research is available on this association in sex workers. The purpose of this study was to, with largely used measures, explore the professional agency, quality of life, and substance-related problematic behaviors of sex workers in Finland. Our hypotheses were that sex workers' professional agency would be positively correlated with quality of life and negatively correlated with alcohol- and drug-related problematic behaviors. Using an Internet survey, we received responses from 137 sex workers, with whom we got in contact through organizations and social media platforms. We performed three robust analyses, one per dependent variable, with professional agency as an independent variable in each of the analyses, as all assumptions for linear regressions were not met. Professional agency was significantly and strongly positively correlated with quality of life, and significantly and moderately to strongly negatively correlated with drug- and alcohol-related problematic behaviors. Sex workers in Finland appear to have a high quality of life: Most sex workers rated their quality of life as either good or very good. Our findings were in line with our hypotheses that were based on previous findings. The prevalence of alcohol use by sex workers was comparable with the prevalence of the general Finnish population, while drug use was more common among sex workers compared to the general Finnish population. The current study allows no conclusions about causality. However, sex workers' quality of life could potentially be increased, and substance-related problematic behavior decreased, by increasing sex workers' professional agency.

Keywords: Sex work, professional agency, quality of life, substance-related problematic behavior, alcohol, drugs

Date: 30.9.2022	*Page count*: 54

ÅBO AKADEMI – FAKULTETEN FÖR HUMANIORA, PSYKOLOGI OCH TEOLOGI

Ämne: Psykologi	
Författare: Mimmi Uusitalo	
Titel: Sexarbetares yrkesmässiga agens, livskvalitet och substansrelaterade problematiska beteenden i Finland	
Handledare: Jan Antfolk	*Handledare*: Annika Gunst

Abstrakt:

Agens är positivt associerat med välbefinnande i allmänhet. Forskningen om detta samband hos sexarbetare är dock begränsad. Syftet med den här studien var att, med hjälp av välanvända mått, utforska den yrkesmässiga agensen, livskvaliteten och substansrelaterade problematiska beteenden hos sexarbetare i Finland. Våra hypoteser var att sexarbetares yrkesmässiga agens skulle korrelera positivt med livskvalitet och negativt med alkohol- och drogrelaterade problematiska beteenden. Genom en internetundersökning fick vi svar från 137 sexarbetare, som vi kom i kontakt med via organisationer och sociala medieplattformar. Vi utförde tre robusta analyser, en per beroende variabel, med yrkesmässig agens som en oberoende variabel i varje analys, eftersom alla antaganden för linjära regressioner inte uppfylldes. Sexarbetarnas yrkesmässiga agens korrelerade signifikant och starkt positivt med deras livskvalitet och signifikant och måttligt till starkt negativt med deras drog- och alkoholrelaterade problematiska beteende. Sexarbetare i Finland verkar ha en hög livskvalitet: de flesta sexarbetare skattade sin livskvalitet som antingen bra eller mycket bra. Våra resultat var i linje med våra hypoteser som baserades på tidigare studier. Prevalensen för sexarbetarnas alkoholanvändning var jämförbar med prevalensen för den allmänna finska befolkningen, medan droganvändning var vanligare hos sexarbetare jämfört med den allmänna finska befolkningen. Den aktuella studien tillåter inga slutsatser om kausalitet. Sexarbetarnas livskvalitet skulle dock potentiellt kunna ökas och substansrelaterat problematiskt beteende minskas genom att öka sexarbetarnas yrkesmässiga agens.

Nyckelord: Sexarbete, yrkesmässig agens, livskvalitet, substansrelaterade problematiska beteenden, alkohol, droger	
Datum: 30.9.2022	*Sidantal*: 54

ACKNOWLEDGEMENTS

I would like to express my gratitude to my supervisors, Annika Gunst and Jan Antfolk, for all the support throughout this project. Thank you for your quick and valuable responses and for keeping the threshold low to ask for guidance. I would also like to thank Petra Pölönen for her cooperation in this project and for all her support - it has been a privilege to be able to discuss and reflect on all the different elements together during the process. Furthermore, I would also like to thank both Pro-tukipiste and FTS Finland for your help with distributing our survey. Lastly, I would like to acknowledge my family and friends: Your encouragement has kept me motivated to finish my master's thesis.

Table of Contents

Sex Workers' Professional Agency, Quality of Life, and Substance-Related Problematic Behavior in Finland

Sex workers are often considered as one of the most marginalized and stigmatized groups in the world (Amnesty International, 2016). Several beliefs about sex workers perpetuate the stigma of sex workers, for instance, that it cannot be one's own choice to provide sexual services (Sawicki et al., 2019). To date, there is little quantitative research on sex workers' agency (Nestadt et al., 2020), and sex workers' well-being is scantly mapped out. It has been noted that additional research is needed on the health of sex workers in Finland to increase understanding of potential health concerns and their needs for health services (Regushevskaya et al., 2017). It is, therefore, crucial to investigate the quality of life and agency among sex workers and to increase knowledge about sex workers so clinicians can better support this traditionally marginalized group (Sawicki et al., 2019).

Defining Sex Work

Sex work has often been defined as selling sex in exchange for money or other benefits (e.g., Krumrei-Mancuso, 2017; Liu et al., 2011; Wolf, 2019), and the most studied group of sex workers overall are street-based sex workers (Ham & Gerard, 2014). However, sex work can also be defined more broadly as consenting to provide any sexual services in exchange for payment, economic benefits (e.g., holiday trips), or immediate needs (e.g., food). Furthermore, this definition can include both media-based sexual services (e.g., OnlyFans, webcamming, and pornography) and sex work provided in person (e.g., escort services, massage, dance, stripping, and girl-/boyfriend experiences). Thus, this definition includes sex work that does not necessarily involve sexual or physical contact. One of the reasons for a broader definition is the continuous and recent changes in the sex work industry, such as the increased promotion of sex work online during the past decade (Selvey et al., 2017).

Sex Work in Finland

Most studies on sex workers have been conducted outside Europe, for instance, in the U.S., Africa, or India. Fewer studies have examined sex workers in the Nordic countries. Countries differ in terms of laws and restrictions, such as whether it is legal to buy sex (Platt et al., 2018). In many African countries and most states in the U.S., it is illegal to buy and sell sex, while it is legal to sell, but not to buy, sex in, for instance, Sweden and Norway (Platt et al., 2018). In Finland, both providing and buying sexual services are legal, but sex work is regulated by laws and restrictions (Pro-tukipiste, 2021). It is, for instance, illegal to buy sex if the person who provides sexual services is underage or a victim of sex trafficking (Pro-

tukipiste, 2021). Sex work is not defined in Finnish law and the legal boundaries are, therefore, vague (Pro-tukipiste, 2021). In a meta-analysis, researchers found that criminalization of sex work is associated with adverse health outcomes (Platt et al., 2018). Due to differing laws and restrictions in different countries, research findings outside Finland might, however, not generalize to Finnish conditions.

Research on Finnish sex workers' well-being in Finland is scarce and it is difficult to estimate how many sex workers there are in Finland (TAMPEP, 2010). Estimates vary between hundreds and 10,000 sex workers (Kontula, 2008); one estimate suggests that there are between 5,000 and 6,000 sex workers in Finland (TAMPEP, 2010). These numbers were given over a decade ago but are still indicative. However, the proportion of Finnish sex workers is likely underestimated as most of their work remains invisible and is not of interest to the authorities (Kontula, 2008). It is also likely that the estimates would be higher if media-based sex workers were also included in the definition. It has been suggested that most of the sex workers in Finland are women (90%), migrants (69%), and work indoors (90%; TAMPEP, 2010).

Most studies on sex workers in Finland have used qualitative interview designs to study small samples of sex workers (see e.g., Diatlova, 2019; Kontula, 2008; Skaffari, 2010; Tähtinen, 2021). However, Liitsola et al. (2013) investigated sex workers' health and welfare quantitatively and found that about half of the sex workers were either satisfied or very satisfied with their lives. The majority rated their experienced health and financial situation as good and their satisfaction with their ability to function as high.

Sex Work and Quality of Life

Female sex workers are structurally vulnerable (Footer et al., 2020; Nestadt et al., 2020). Structural vulnerability is a term used to describe the association between social status and the sex workers' higher likelihood of being subject to different types of harm (e.g., violence; Nestadt et al., 2020). Structural vulnerability is considered to limit a person's choices due to financial and social disadvantages. For instance, economic problems (e.g., poverty and financial insecurity) are associated with inconsistent use of condoms and an acceptance of sex without a condom for more money (Ditmore, 2013; Nestadt et al., 2020; Strathdee et al., 2008). A negative correlation between violence and quality of life has also been reported for women in the general population in Finland (Hisasue et al., 2020), and abroad (Lucena et al., 2017; Malik et al., 2021). Based on this, it could be assumed that limited choices are associated with lower quality of life.

Quality of life is often operationalized as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Whoqol Group, 1998, p. 551). The quality of life of sex workers has received little attention; to date, only a few quantitative studies have been conducted (Khodabakhshi Koolaee & Damirchi, 2016; Krumrei-Mancuso, 2017; Picos et al., 2018; Pinedo González et al., 2021; Shukla & Mehrotra, 2014). Studies have reported, for instance, that sex workers who use drugs have lower levels of quality of life compared to those who do not use drugs (Khodabakhshi Koolaee & Damirchi, 2016) and that psychological health is associated with a higher quality of life and with less drug use (Picos et al., 2018). The association between alcohol use and quality of life in sex workers has received little attention. However, research has indicated that the frequency of alcohol use and problematic drinking among sex workers is negatively linked to health-related aspects (Li et al., 2010). For instance, research has demonstrated that alcohol use is associated with more mental health problems for sex workers (Zhang et al., 2014), that the frequency of alcohol use among sex workers is negatively associated with violence by both clients and partners (Heylen et al., 2019), and that problematic drinking among sex workers is associated with unprotected sex and sexually transmitted diseases (Chen et al., 2013).

Researchers have investigated certain specific areas that might be linked to the quality of life, such as psychological and physical health, as well as social relationships and environmental dimensions. However, the studies have been niched at a specific aspect that is linked to quality of life instead of investigating the quality of life as a whole. For example, studies have assessed to what extent sex workers have different psychiatric symptoms (Picos et al., 2018), such as depression, anxiety, and post-traumatic stress disorder (PTSD; Beattie et al., 2020). In contrast, studies investigating physical health have focused on other aspects, such as sex workers' sexually transmitted diseases (Brody et al., 2016; Poon et al., 2011; Steen et al., 2012) and drug use (Tavakoli et al., 2021). Studies linked to sex workers' social relationships have examined loneliness (Picos et al., 2018). These studies can be linked to the quality of life; however, overall quality of life has been sparsely investigated. By examining the quality of life, we get a broader perspective of the sex workers' well-being compared to when only investigating different domains separately.

Sex Work and Agency

Agency is often conceptualized as feeling in control over one's actions and the results of the actions (Moore, 2016) and has previously been discussed in relation to sex work. Quantitative studies on sex workers' agency are, however, few. Most of the studies in the

extant literature on agency in sex workers have employed qualitative designs (see e.g., Benoit et al., 2017; Burnes et al., 2018; Garcia & Olivar, 2021; Nelson, 2020; van Bavel, 2017) and focused on the entry into sex work as well as the sex workers' agency regarding condom use. The discussion regarding sex workers' agency has traditionally divided researchers into two groups: one stating that sex workers are victims without agency, the other viewing sex work as a job like any other. More recent studies have noted that this polarized discussion is a simplification; in fact, many factors impact the sex workers' agency, and agency comes in degrees (Bettio et al., 2017). This means that it is more appropriate to think about agency as a continuum than as dichotomized (Bettio et al., 2017). Besides, not all sex workers view themselves as victims (Sagar & Jones, 2014).

One type of agency is professional agency. In a review article by Eteläpelto et al. (2013), professional agency was operationalized as existing when professional individuals and/or communities influence, make choices and take positions on their work and professional identity. The professional agency of sex workers has not been investigated previously. However, in a meta-analysis, researchers found that locus of control (i.e., to which extent an individual believes that they have control) at work was positively associated with general well-being (Ng et al., 2006).

Some argue that entry into sex work is a consequence of the economic situation, which constrains a person's agency, and that the entry is therefore not voluntary. In contrast, some argue that this argument can be applied to every work, not only sex work (Bettio et al., 2017). The advocates of abolishing sex work tend to see sex workers as a group that is constantly oppressed, while the group who views sex work as a job like others argue that sex workers may be constrained by social constraints, but that it is still their choice to start offering sexual services, and that this is evidence of sex workers' agency (Bungay et al., 2010). Although there are factors that limit agency, this does not mean that there is no sense of agency at all (Kesler, 2002).

Quality of Life and Agency Among Sex Workers

Given that sex workers are structurally vulnerable, which is assumed to limit a person's choices and to make them more likely to be exposed to various types of harm, it is relevant to examine their agency and how it is associated with their quality of life. The association between quality of life and sex workers' agency has previously not been investigated quantitatively. However, a few studies have investigated the association between agency and aspects linked to sex workers' quality of life. They have concluded that severe mental illness and HIV transmissions (Buttram et al., 2014), alcohol use (Levi-Minzi et al.,

2016), drug use, violence, and homelessness (Nestadt et al., 2020) are negatively correlated with agency. One of the reasons for continuing to provide sexual services may be to acquire drugs (Kauppinen, 2005, as cited in Kontula, 2008; Sherman et al., 2019). This means that drugs can restrain a sex worker's sense of agency due to drug addiction and the need to acquire drugs which, in turn, may lead to less protective sexual behaviors (Ditmore, 2013; Nestadt et al., 2020; Strathdee et al., 2008). In contrast, physical health (Dalla et al., 2003), social support and transportation opportunities (e.g., public transport or an own car) are positively correlated with sex workers' agency (Buttram et al., 2014).

Despite the research conducted on sex workers, the associations between agency and overall quality of life in sex workers are not fully mapped out, as most of the research has had a qualitative design (Nestadt et al., 2020). Such studies have often interviewed a small sample of sex workers to obtain a more detailed understanding on a personal level. Whereas this is very important, there are some advantages of quantitative designs: participants are entirely anonymous and it is a cost-effective way to attain a larger number of responses, which allows generalizing the results to a larger population. The paucity of studies on sex workers' well-being limits the health care workers' knowledge of how to encounter sex workers (Turner et al., 2021); therefore, it is essential to study this population in Finland.

The Current Study

In the current study, we investigated how sex workers' professional agency is associated with quality of life as well as alcohol- and drug-related problematic behaviors. To our knowledge, this is the first quantitative study to investigate sex workers' professional agency in Finland, and the first study in Finland to include media-based sex workers. Furthermore, unlike in some previous studies (e.g., Bellhouse et al., 2015; Buttram et al., 2014; Decker et al., 2020; Diatlova, 2019; Footer et al., 2019; Nestad et al., 2020), sex workers of all genders were included in our study to examine a broader group of sex workers. This broad definition enables us to draw more generalizable conclusions about sex workers' well-being as a group in Finland. Based on the aforementioned theory and previous findings, we derived the following hypotheses:

1. Sex workers' professional agency will be positively correlated with quality of life.
2. Sex workers' professional agency will be negatively correlated with alcohol- and drug-related problematic behaviors.

We also explored how different demographic aspects correlated with professional agency, quality of life, and substance-related problematic behavior.

Method

Ethical Permission

The Board for Research Ethics at Åbo Akademi University granted ethical approval for the present study on February 7th, 2022, before the start of our data collection.

Participants

Participation required the sex worker to be at least 18 years old and to have been providing sexual services in Finland for at least the past six months. Of the 155 who started filling out the survey, 99 participants completed it, resulting in a completion rate of 63.87%. After giving informed consent, 18 dropped out, while 38 terminated later in the survey. No participants were excluded. The sample size for specific analyses varied somewhat due to slight variations in missing data for the different variables.

Demographic characteristics of the sample are found in Table 1. The age ranged from 18 to 80 years or older (n = 137, M = 32.26, SD = 10.30). The participants were, on average, approximately 25 years old when they started to provide sexual services (n = 104, M = 24.71, SD = 8.45) and had provided sexual services for, on average, approximately six years (n = 104, M = 6.20, SD = 6.52). Most participants were women, had a Finnish citizenship, and worked only from and/or in Finland. Furthermore, most sex workers (82.2%) had at least graduated from high school (10–12 years of education). Being in some sort of relationship (e.g., in a relationship, cohabiting, or marriage) was slightly more common (56.2%) than being single (43.8%). A majority (71.2%) reported a good or very good economic situation. The median for monthly gross income from sex work only was 1,500–1,999€, while the median for the total monthly gross income was 2,000–2,499€.

Table 1

Demographic Characteristics of the Sex Worker Sample

Variable	*n*	%
Gender	137	
Man	11	8.0
Woman	108	78.8
Transman	1	0.7
Transwoman	3	2.2
Non-binary	13	9.5
Other	1	0.7
Sexual orientation	137	
Heterosexual	64	46.7
Homosexual	2	1.5
Bisexual	34	24.8
Pansexual	30	21.9
Asexual	6	4.4
Other	1	0.7

Variable	*n*	%
Relationship status	137	
Single	60	43.8
In a relationship	33	24.1
Cohabiting	17	12.4
Married	16	11.7
Other	11	8.0
Has children, *yes*	57	41.6
Birth country	137	
Finland	127	92.7
Other	10	7.2
Work country	137	
Only from/in Finland [a]	126	92.0
Also somewhere else	11	8.0
Residence in Finland	135	
Finnish citizen	125	92.6
Permanent residence permit	3	2.2
Temporary residence permit	3	2.2
No residence permit	0	0.0
Did not want to say	4	3.0
Highest educational level	135	
No education	0	0.0
Primary (6 or less years)	4	3.0
Secondary (7–9 years)	20	14.8
High school/vocational school (10–12 years)	55	40.7
University/applied university (13 years or more)	56	41.5
Work besides sex work [b]	135	
Other paid full-time/part-time work	48	29.1
Volunteer work	16	9.7
Studying/completing an internship	32	19.4
Caregiver to parents/children/other family member	6	3.6
Something else	23	14.0
No other work	40	24.2
Monthly gross income – sex work	104	
0–1,499€	49	47.1
1,500–2,999€	22	21.2
3,000–4,499€	20	19.2
4,500€ or more	13	12.5
Monthly gross income – total	104	
0–1,499€	37	35.6
1,500–2,999€	22	21.1
3,000–4,499€	16	15.4
4,500€ or more	29	27.9
Economic situation	104	
Bad, had to take a loan	5	4.8
Tight, not enough money	3	2.9
Quite tight, just enough money	22	21.2
Good, but spends all money	22	21.2
Very good, saves money	52	50.0

Note. $N = 137$. The number of participants (*n*) varied in the different variables due to dropout.

[a] Includes media-based services provided from Finland and/or in-person services provided in Finland.

[b] Participants could choose several response options. The percentages reflect the frequency distribution between the different response options.

Measures

Items used in our survey for the current study can be found in Appendix. This study was part of a larger data collection on sex workers' health. Answers were given on a Likert-type scale or as open-ended responses, and all items were mandatory.

Demographic Variables and Sex Work Variables

We asked participants to report their age, gender, sexual orientation, relationship status, country of birth, residence in Finland, educational level, and whether they had children. Furthermore, we inquired about the participants' sex work (e.g., what sexual services they were providing and where, whether the sex worker often thinks about quitting providing sexual services and the reasons behind it), working situation (e.g., work besides providing sexual services), experienced violence at work, salary, and financial situation.

Professional Agency

We used a slightly modified version of the Pearlin Mastery Scale (PMS) to measure the sex workers' current sense of agency in sex work. The original scale, with seven items, is a widely used measure of how much an individual perceives his or her life to be under their own control or controlled by external factors (Pearlin & Schooler, 1978). However, we modified the scale to suit our research questions. We added three self-made items, regarding the possibility to self be able to decide what to do at work, when to stop providing sexual services, and whether things work out the way they want them to in their work, to further assess the sex workers' professional agency. The order of the items was changed to start and end with more positive framed items, while we placed negatively framed items in the middle, to avoid giving the impression of negative assumptions about sex workers' professional agency. Separately from the scale, we asked how much the participants agreed with two agency statements concerning the voluntariness in their decisions to start and to continue providing sexual services. These items were added to measure the voluntariness concerning sex work in Finland and to investigate the correlation between the two items and the Pearlin Mastery Scale. All agency items were rated on a 4-point Likert scale, ranging from 1 to 4. Negatively phrased items were reversed before the statistical analyses were conducted. For the Pearlin Mastery Scale, the points were summed to a variable ranging from 10 to 40, where a higher score indicated a higher sense of professional agency. In the current study, the internal reliability of the scale was excellent (Cronbach's $\alpha = .94$).

Quality of Life

To measure the self-perceived quality of life during the last two weeks, we used the broadly used WHOQOL-BREF questionnaire (Whoqol Group, 1998). WHOQOL-BREF

contains 26 questions, where four different dimensions; physical health, mental health, a social dimension, and an environmental dimension, are measured through 24 questions. The social domain includes, for instance, a question about support from friends, while the environmental domain includes, for instance, questions about health services and transport. The two remaining questions measure general health and overall quality of life. Every item is measured on a 5-point Likert-type scale ranging from 1 to 5. To avoid giving the impression of negative assumptions about sex workers' quality of life, we reversed the response options in the survey to start with the most positive response option. Before the statistical analyses were conducted, we reversed the negatively phrased items. The scores were then summed to a variable ranging from 26 to 130, where a higher score indicated a higher quality of life. The WHOQOL-BREF has been demonstrated to be a reliable and valid brief method to assess the quality of life (Whoqol Group, 1998) and has previously been used to study female sex workers' quality of life (Khodabakhshi Koolaee & Damirchi, 2016; Picos et al., 2018; Pinedo González et al., 2021). In the current study, the internal reliability of the scale was excellent (Cronbach's $\alpha = .961$).

Alcohol-Related Problematic Behavior

We used a slightly modified version of the Alcohol Use Disorders Identification Test (AUDIT) to assess the sex workers' alcohol-related problematic behavior during the last six months. The original scale was developed by Saunders et al. (1993). We modified it to focus only on alcohol-related problematic behaviors to minimize the amount of stigma that the sex workers would perceive while answering the questions. Therefore, we removed questions concerning frequency and amount of alcohol use. Because the requirement to take part in our study was that the sex worker had provided sexual services for the past six months, we also limited the time that AUDIT assessed to the last six months. Our modified version began with a self-made question regarding whether the sex worker had used alcohol during the last six months, with the response options *Yes* and *No*. Seven questions (items 4–10 from the original scale) were then asked only if the response was *Yes*. Of these, two response options (*No* and *Yes, but not in the past 6 months*) were scored as 0 and one (*Yes, during the past 6 months*) was scored as 4. The five remaining questions were scored on a Likert scale ranging from 0 to 4. The items were summed to a variable ranging from 0 to 28, where a higher score indicated a higher level of alcohol-related problematic behavior. In the current study, the internal reliability of the scale was good (Chronbach's $\alpha = .88$).

Drug-Related Problematic Behavior

We used a slightly modified version of the Drug Use Disorder Identification Test (DUDIT) to assess the sex workers' drug-related problematic behavior during the last six months. The original scale was developed by Berman et al. (2005). We limited the assessed time to six months and modified it to focus on drug-related problematic behaviors in the same way as we did with AUDIT. Our modified version began with a self-made question regarding whether the sex worker had used drugs during the last six months, with the response options *Yes* and *No*. Seven questions (items 4–10 from the original scale) were then asked only if the response was *Yes*. Of these, two response options (*No* and *Yes, but not in the past 6 months*) were scored as 0 and one (*Yes, during the past 6 months*) was scored as 4. The five remaining questions were scored on a Likert scale ranging from 0 to 4. The points were summed to a variable ranging from 0 to 28, where a higher score indicated a higher level of drug-related problematic behavior. In the current study, the internal reliability of the scale was good (Chronbach's $\alpha = .85$).

Procedure

Before the data collection, we piloted our first version of the survey to ensure that the items would not be stigmatizing for the sex workers. We piloted it with four sex workers with whom we got in contact via Pro-tukipiste (an organization promoting the inclusion and human rights of people working in the sex and erotic industry, and offering support and health services for them). The responses were removed before the data collection commenced and were not included in the final sample. The feedback comments concerned, for instance, the order of response options, and suggestions for improvement of a few responses. We modified the survey in accordance with the feedback before the start of our data collection.

Our study lasted for 25 days, from February 10th, 2022, to March 6th, 2022. We recruited participants through Finnish organizations for sex workers and via social media platforms (Facebook and Instagram), as well as other internet forums for sex workers (e.g., Seksisaitti). Pro-tukipiste and Fair Trade Sex (FTS) Finland (a network for sex workers in Finland) helped us to distribute the link to our survey to sex workers. We also used snowball sampling by contacting sex workers to invite them to participate and share the link to our survey with other sex workers. We contacted, by e-mail or social media platforms, both publicly known sex workers and sex workers found through different Instagram accounts (e.g., suomionlyfans) and hashtags (e.g., #ofsuomi). Through Instagram, we only contacted individuals who had information about their sexual services in their Instagram bio.

By following the link, interested participants were redirected to our online survey created on a secure online platform where they could choose between filling out the survey in Finnish or English. The participants were fully informed about the study's contents and gave their informed consent before participating. Furthermore, they were informed about their full anonymity and the possibility to discontinue to fill out the survey at any point without giving a reason for doing so. After completing the survey, participants were given an opportunity to take part in a lottery of three gift cards worth 50€ to one of two online stores in Finland by filling out their e-mail addresses. The e-mail addresses were collected and stored separately from the participants' survey responses and were deleted immediately after the completion of the lottery.

Statistical Analyses

All statistical analyses were performed using IBM SPSS Statistics 28. First, we checked the data for outliers and deleted one extreme outlier (SD = 4.19), found in AUDIT, from the AUDIT analysis. Second, we conducted correlation analyses with bootstrapping for all study variables. We used point-biserial correlations for dichotomized variables and bivariate correlations for the rest of the study variables. Thereafter, we checked whether the dependent variables fulfilled the assumptions for linear regressions. Since all assumptions were not met, we performed three robust analyses, one per dependent variable, with the sum score of the Pearlin Mastery Scale as an independent variable in each of the analyses. For each dependent variable (WHOQOL-BREF, AUDIT, and DUDIT), we used its sum score. We did not analyze the subscales separately for WHOQOL-BREF due to the high internal correlation between all items (Cronbach's α = .964).

Results

Descriptive Results

Table 2 contains frequencies and percentages of responses on the sex work variables. It was more common to provide in-person services (89.4%) than media-based services (41.8%). Sixty-five (62.5%) sex workers offered services either online or in person, while thirty-nine (37.5%) offered services both online and in person. It was more common to experience violence from clients (44.8%) than from family or partner (20.0%). Any type of violence (psychological, sexual or physical, or combined) from either a client and/or partner or family was experienced by 49.5% during the last six months. Psychological violence was the most common type of violence, both from clients and from family or partners.

Table 2

Descriptive Information of Sex Workers' Client Interactions, Services, Work Location, Reasons to Quit, and Experiences of Violence

Variable	*n*	% of responses
Client gender [a]	104	
Man	99	95.2
Woman	3	2.9
Other	2	1.9
Interaction with client [b]	104	
No interaction (e.g., photos on a platform)	20	9.4
Interaction, online/by phone	51	23.9
Interaction in person	95	66.7
No physical nor sexual contact (e.g., stripping on a scene)	13	6.1
Physical contact, no sexual contact	44	20.7
Sexual contact	85	39.9
Media-based services, *yes* [c]	50	48.1
Type of media-based services [b]		
Photos/videos	40	42.6
Webcamming	19	20.2
Phone calls/messages	31	33.0
Other	4	4.3
In-person services, *yes* [c]	93	89.4
Type of in-person services [b]		
Full services [d]	70	25.2
Escorting	43	15.5
Massage	33	11.9
Dance/stripping	18	6.5
Girl-/boyfriend experience	59	21.2
Sugar dating	17	6.1
Fetish sessions/BDSM	35	12.6
Other	3	1.1
Service location [b]	104	
Only services online/by phone	11	4.3
Own home	49	19.0
Client's home	53	20.5
Brothel	1	0.4
Strip club/erotic bar	7	2.7
Massage parlor	1	0.4
Hotel	54	20.9
Studio (e.g., sadomasochism studio)	14	5.4
Street	4	1.6
Car	26	10.1
Rented apartment	31	12.0
Somewhere else	7	2.7
Often thinking about quitting	104	
Not at all true	64	61.5
Slightly true	25	24.0
Very true	15	14.4
Reasons to quit [b, e]	40	
Try a new job	5	4.3
Better job offer	0	0.0
This is only a temporary job	16	13.9
Not paid enough	7	6.1
Not liking my job	20	17.4
Wanting to study	8	7.0
Expecting a child	0	0
Affecting relationship/s	13	11.3
Too much stigma	10	8.7
Physical/mental illness	23	20.0

Variable	*n*	% of responses
Retiring soon	4	3.5
Other reason	9	7.8
Violence from client [f]	47	44.8
Violence from family member and/or partner [f]	21	20.0

Note. $N = 137$. The number of participants (*n*) varied in the different variables due to dropout.
[a] Reflects the most common client. [b] Participants could choose several response options. The percentages reflect the frequency distribution between the different response options. [c] Reflects the number of participants providing this type of service. [d] Full service indicates a service that includes intercourse. [e] Includes only participants who answered slightly true or very true to the variable "often thinking about quitting". [f] Includes participants who have experienced at least some sort of violence (physical, psychological, or sexual) during the past six months.

Descriptive statistics for scales and variables are found in Table 3. To allow comparison between different studies' results, we additionally standardized the scores for the different domains as described in the WHOQOL-BREF manual. This generated the following results: physical health ($M = 70.38$, $SD = 24.99$), psychological health ($M = 64.53$, $SD = 23.98$), social dimension ($M = 69.90$, $SD = 26.24$), and environmental dimension ($M = 74.14$, $SD = 21.58$). The majority, 85.6%, responded "somewhat agree" or "strongly agree" to the statement that the participant feels that the decision to start providing sexual services was completely voluntary and 87.4% responded similarly to the statement that the participant feels that the decision to continue providing sexual services is completely voluntary. Most sex workers rated their quality of life and their general health as good or very good; 70.3% and 72.7%, respectively. In the past six months, 68.6% of the sex workers used alcohol, while 24.2% used drugs, at some moment.

Table 3

Descriptive Statistics for Scales and Variables Measuring Professional Agency, Quality of Life, Alcohol- and Drug-Related Problematic Behaviors, as well as Client and Family/Partner Violence

Scale	*n*	*M*	*SD*	Range	Cronbach's α
Decision to start [a]	111	3.51	0.87	1–4	-
Decision to continue [b]	111	3.61	0.73	1–4	-
Pearlin Mastery Scale	111	32.64	7.63	10–40	.94
WHOQOL-BREF [c]	128	100.10	21.68	26–130	.96
Psychological	128	21.90	5.53	6–30	.90
Physical	128	27.33	6.74	7–35	.91
Social	120	11.38	3.10	3–15	.84
Environmental	128	31.89	6.52	8–40	.87
Overall quality of life	128	3.84	1.06	1–5	-
General health	128	3.75	1.14	1–5	-
AUDIT	68 [d]	3.32	5.04	0–28	.88
DUDIT	24 [e]	7.25	7.63	0–28	.85
Client violence [f]	105	1.82	2.68	0–12	.88
Psychological	105	0.90	1.20	0–4	-

Scale	*n*	*M*	*SD*	Range	Cronbach's α
Physical	105	0.40	0.78	0–4	-
Sexual	105	0.51	0.95	0–4	-
Family/partner violence [g]	105	0.49	1.25	0–12	.68
Psychological	105	0.32	0.78	0–4	-
Physical	105	0.08	0.33	0–4	-
Sexual	105	0.09	0.37	0–4	-

Note. $N = 137$. The number of participants (*n*) varied in the different variables due to dropout. A higher score indicated a higher level of voluntariness, professional agency, quality of life, and alcohol- and drug-related problematic behavior. The Pearlin Mastery Scale was used to measure professional agency. WHOQOL-BREF = The World Health Organization Quality of Life-BREF, AUDIT = Modified version of the Alcohol Use Disorders Identification Test, DUDIT = Modified version of the Drug Use Disorders Identification Test. [a] This measured to what extent participants perceived that their decision to start providing sexual services was completely voluntary. [b] This measured to what extent participants perceive that their decision to continue providing sexual services is completely voluntary. [c] Unstandardized scores. [d] This includes only those who reported alcohol use during the past six months. [e] This includes only those who reported drug use during the past six months. [f] This measured the violence experienced from clients during the past six months. [g] This measured the violence experienced from family or partner during the past six months.

Correlation Analyses

Table 4 contains the results from the correlation analyses. The Pearlin Mastery Scale was strongly and significantly positively correlated with WHOQOL-BREF, moderately and significantly negatively correlated with AUDIT, and strongly and significantly negatively correlated with DUDIT. These results indicates that more professional agency was associated with a higher level of quality of life and lower levels of alcohol- and drug-related problematic behaviors.

Pearlin Mastery Scale and WHOQOL-BREF correlated strongly and significantly positively with the two statements regarding the participant's feeling that the decision to start offering sexual services was, and to continue providing sexual services is, completely voluntary. This implies that a higher level of voluntariness was associated with a higher level of professional agency and quality of life. The statements were moderately and significantly negatively correlated with AUDIT and strongly and significantly negatively correlated with DUDIT, indicating that a higher level of voluntariness was associated with a lower level of substance-related problematic behavior.

Pearlin Mastery Scale and WHOQOL-BREF were positively and significantly correlated with several variables, for instance, education and incomes (both sex work income and total income), and negatively correlated with some, for instance, violence. This indicates that both higher levels of professional agency and quality of life were associated with higher educational levels and higher incomes (this applied both for income from only sex work and total income), as well as with lower levels of experienced violence.

AUDIT and DUDIT correlated strongly and significantly positively with each other, and both were significantly correlated with a few of the variables. For instance, both correlated moderately negatively and significantly with education, while both correlated positively and significantly with experiences of family/partner violence. This indicates that a higher level of alcohol- and drug-related problematic behavior was associated with a lower level of education and a higher level of perceived family/partner violence. However, the correlation between AUDIT and family/partner violence was weak, while the correlation between DUDIT and family/partner violence was strong.

Table 4

Correlations and Confidence Intervals for Scales and Variables

Variable	WHOQOL-BREF	95% CI	AUDIT	95% CI	DUDIT	95% CI	PMS	95% CI
WHOQOL-BREF [a]	1							
AUDIT [b]	−.366**	[−0.60, −0.07]	1					
DUDIT [c]	−.628**	[−0.81, −0.38]	.515*	[0.09, 0.94]	1			
PMS [d]	.856***	[0.77, 0.91]	−.376**	[−0.63, −0.04]	−.688***	[−0.86, −0.47]	1	
Decision to start	.775***	[0.69, 0.85]	−.405**	[−0.67, −0.07]	−.567**	[−0.83, −0.23]	.857***	[0.79, 0.90]
Decision to continue	.761***	[0.66, 0.84]	−.304*	[−0.58, −0.01]	−.542**	[−0.82, −0.19]	.863***	[0.79, 0.91]
Age	.058	[−0.12, 0.23]	−.048	[−0.27, 0.22]	−.179	[−0.58, 0.16]	.243*	[0.09, 0.38]
Single [e]	−.209*	[−0.37, −0.03]	.063	[−0.18, 0.30]	−.078	[−0.52, 0.36]	−.182	[−0.37, 0.00]
Heterosexual [f]	.075	[−0.10, 0.26]	.217	[−0.02, 0.44]	.435*	[0.03, 0.83]	−.034	[−0.22, 0.15]
Children [g]	.012	[−0.16, 0.19]	.092	[−0.14, 0.34]	.038	[−0.30, 0.42] [n]	−.091	[−0.30, 0.11]
Birth country [h]	.297**	[0.13, 0.45]	.014	[−0.15, 0.15] [l]	−.072	[−0.43, 0.26] [o]	.260**	[0.03, 0.47]
Work country [i]	−.178*	[−0.02, 0.36]	−.062	[−0.34, 0.15] [m]	.131	[−0.22, 0.44] [p]	−.160	[−0.03, 0.35]
Education	.488***	[0.30, 0.64]	−.457***	[−0.64, −0.13]	−.459*	[−0.77, −0.10]	.577***	[0.40, 0.72]
Years providing	−.355***	[−0.55, −0.15]	.383**	[0.14, 0.57]	−.359	[−0.07, 0.71]	−.471***	[−.65, −0.29]
Age start providing	.403***	[0.22, 0.58]	−.307*	[−0.50, −0.08]	−.374	[−0.69, −0.18]	−.560***	[0.42, 0.68]
Does work besides	.260**	[0.06, 0.45]	−.125	[−0.39, 0.14]	−.193	[−0.56, 0.17]	.267**	[0.04, 0.47]
Does online sex work	.146	[−0.05, 0.34]	−.027	[−0.26, 0.22]	.212	[−0.22, 0.61]	.149	[−0.04, 0.33]
Does in-person sex work	−.062	[−0.22, 0.12]	.134	[−0.01, 0.24]	−.151	[−0.67, 0.36] [q]	−.148	[−0.27, 0.02]
Thinking about quitting work [j]	−.613***	[−0.73, −0.47]	.185	[−0.07, 0.42]	.164	[−0.24, 0.56]	−.556***	[−0.69, −0.40]
Monthly gross income – sex work	.388***	[0.27, 0.51]	−.171	[−0.33, −0.00]	−.165	[−0.52, 0.13]	.282**	[0.16, 0.41]
Monthly gross income – total	.463***	[0.33, 0.59]	−.214	[−0.40, −0.00]	−.300	[−0.65, −0.02]	.371***	[0.24, 0.49]
Economic situation	.581***	[0.43, 0.72]	−.205	[−0.48, 0.05]	−.504*	[−0.74, −0.20]	.442***	[0.29, 0.57]
Client violence [k]	−.638***	[−0.74, −0.53]	.142	[−0.11, 0.36]	.537**	[0.23, 0.81]	−.573***	[−0.69, −0.45]
Family/partner violence [k]	−.416***	[−0.59, −0.22]	.242*	[−0.05, 0.49]	.603**	[0.25, 0.87]	−.443***	[−0.62, −0.25]

Note. The exact number of bootstrapped samples is 2000 unless otherwise mentioned. WHOQOL-BREF = The World Health Organization Quality of Life-BREF, AUDIT = A modified version of the Alcohol Use Disorders Identification Test, DUDIT = A modified version of the Drug Use Disorders Identification Test, PMS = A modified version of the Pearlin Mastery Scale that was used to measure professional agency.

[a] Sum score variable of all 26 WHOQOL-BREF items. [b] Sum score variable of AUDIT items, includes participants who had used alcohol during the past six months. [c] Sum score variable of DUDIT items, includes participants who had used drugs during the past six months. [d] Sum score variable of Pearlin Mastery Scale items. [e] 1 = single, 0 = relationship. [f] 1 = heterosexual, 0 = other. [g] 1 = has children, 0 = has no children. [h] 1 = Finland, 0 = other. [i] 1 = only Finland, 0 = other countries as well as Finland. [j] 1 = *very true* or *slightly true* on "I often think about quitting my work", 0 = *not at all true* on "I often think about quitting my work". [k] 1 = has experienced any type of violence (psychological, physical, sexual) during the past six months, 0 = has not experienced any type of violence during the past six months. [l] Based on 1,996 samples. [m] Based on 1,994 samples. [n] Based on 1,997 samples. [o] Based on 1,929 samples. [p] Based on 1,912 samples. [q] Based on 1,748 samples.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Our results from the robust regression analyses for WHOQOL-BREF, AUDIT and DUDIT are shown in Table 5. The model for WHOQOL-BREF explained 73.2% of the variance in Pearlin Mastery Scale, while the models for AUDIT and DUDIT explained 14.2% respectively 47.3%. This means that scores on the WHOQOL strongly correlated with scores on the Pearlin Mastery Scale. All models were significant; the models for WHOQOL-BREF and DUDIT on a .001 level, and the model for AUDIT on a .05 level.

Table 5

Regression of Associations Between Professional Agency and Quality of Life, Alcohol-, and Drug-Related Problematic Behavior

Dependent variable	R^2	*Adjusted* R^2	*F*	*B*	Robust Std. Error	β	*t*	*p*	95% CI
WHOQOL-BREF	.73	.73	297.72	.95	.05	.86	20.92	< .001	[0.86, 1.04]
AUDIT	.14	.13	10.89	−.37	.16	−.38	−2.38	.020	[−0.69, −.06]
DUDIT	.47	.45	19.74	−.88	.15	−.69	−5.92	< .001	[−1.19, −.57]

Note. The Pearlin Mastery Scale was used to measure professional agency and its sum score represented the independent variable in all analyses. WHOQOL-BREF = Sum score of the World Health Organization Quality of Life-BREF, AUDIT = Sum score of the modified version of the Alcohol Use Disorders Identification Test, DUDIT = Sum score of the modified version of the Drug Use Disorders Identification Test.

Discussion

In the present study, we investigated whether sex workers' professional agency was associated with quality of life and substance-related problematic behavior by surveying sex workers who provide sexual services in Finland. We also explored the associations between different demographic aspects and professional agency, quality of life, and substance-related problematic behavior. To our best knowledge, the present study was the first quantitative study in Finland to examine how sex workers' professional agency is related to quality of life as well as to alcohol- and drug-related problematic behaviors.

Demographic Aspects and Correlations With Study Variables

Sample Characteristics

By including all genders in our study and using a broad definition of sex work, we aimed to recruit different kinds of sex workers. However, most sex workers who provided in-person services were women, while the typical clients were men. These results are in line with previous research from both Finland and abroad (Birch, 2015; Liitsola et al., 2013; TAMPEP, 2010). The distribution of country of birth differs, however, from previous research in Finland (e.g., Liitsola et al., 2013; TAMPEP, 2010); in our sample, 92.7% were born in Finland, while

the corresponding number in the study of Liitsola et al. (2013) was 28%. Possible explanations to our result could be that most foreign sex workers may not engage in Finnish sex worker networks, (e.g., "FTS Finland" or Facebook groups such as "Onlyfans Suomi"), or that there were language barriers, as participation in our study required mastering the English or Finnish language.

An interesting finding regarding sample characteristics was that a small proportion (4.4%) of our sample of sex workers defined themselves as asexual. This indicates that no, or very low, sexual attraction or interest in having sex is required to work as a sex worker.

Financial Situation and Education

As would be expected, both a better economic situation and a higher income were associated with a higher quality of life and a higher level of professional agency. The economic situation was strongly and significantly positively associated with quality of life, while the monthly gross income (both from only sex work and in total) was moderately and significantly positively associated with quality of life. Similar results have been found previously: A study on the general Finnish population indicated that the risk of poor quality of life decreased as income increased (Vaarama, 2010), while a study on sex workers in Greece reported that poor economic situation was associated with a decline in both physical and mental health (Drydakis, 2021).

A total of 71.2% rated their financial situation as good or very good. This is in line with a study of Liitsola et al. (2013), where the corresponding result was 66%. Educational level was also moderately and significantly positively associated with the quality of life. The findings correspond to research on the general Finnish population, where researchers reported that the main risk factors for low quality of life included low educational level and unemployment (Vaarama, 2010).

The median interval for monthly gross income from only sex work was 1,500–1,900€, while the median interval for the total monthly gross income was 2,000–2,499€. The sex workers' income was smaller than other workers' in Finland, as the median salary for full-time work of the general population in Finland was 3,228€/month in 2020 (Official Statistics of Finland, 2022). The earnings can, however, not be completely compared, because a sex worker may not work full-time.

Experienced Violence

In our sample, 49.5% of the participants had experienced any type of violence (physical, psychological, sexual, or combined) in the past six months by either a client, family, or partner. Psychological violence was the most common type of violence. The results

correspond to results of Liitsola et al. (2013), where psychological violence was the most frequent type of violence, and where about half of the participants had experienced any type of violence (physical, psychological, sexual, or combined) in the past year. However, it is possible that a higher proportion would have reported violence if we also had investigated violence for the past 12 months.

Nevertheless, our statistics on violence are high in comparison to other studies from Europe. For instance, in both the Netherlands (Krumrei-Mancuso, 2017) and Switzerland (Rössler et al., 2010), about one fourth had ever experienced violence during the time working as a sex worker. According to a meta-analysis, 32–55% of the female sex workers had experienced any (physical or sexual, or combined) workplace violence during the past year, while violence (physical or sexual, or combined) by an intimate or non-paying partner in the past year was experienced by 22% (Deering et al., 2014). However, the results from our sample followed the same pattern; it was more common to have been victimized by a client (44.8%) than by a partner or family (20.0%).

Experienced violence was also more common in the present study compared to female employees who had been subjected to violence in Finland in 2018 (Tilastokeskus, 2021). Namely, in the general female population, 33% reported that that they had experienced some type of violence (e.g., sexual harassment) at work at least once in the past year (Tilastokeskus, 2021), meaning that the reported violence by a client in the present study were approximately ten percentage points higher. However, the aforementioned results are not perfectly comparable as our results also included psychological violence, and the time was limited to only six months, and because most of the studies in the meta-analysis were from Asia, whose culture differs from Finland's.

Violence from clients was strongly and significantly negatively correlated with both quality of life and professional agency, while violence from a partner or family violence was moderately and significantly negatively correlated with the two variables. As expected (e.g., Hisasue et al., 2020; Lucena et al., 2017; Malik et al., 2021; Nestadt et al., 2020), the results indicated that a higher level of violence was associated with a lower level of quality of life and professional agency. Both violence by clients and by a partner or family also correlated significantly and strongly positively with drug-related problematic behavior, indicating that higher levels of violence are associated with higher levels of drug-related problematic behavior. The correlation between violence from clients and alcohol-related problematic behavior was non-significant, while there was a significant correlation between violence from family/partner and alcohol-related problematic behavior. However, the correlation was weak.

Main Findings and Interpretations

Professional Agency and Quality of life

In line with our first hypothesis, sex workers' professional agency correlated strongly and significantly positively with their quality of life, which means that a higher level of professional agency was associated with a higher quality of life. This result is consistent with previous research from abroad, where associations between sex workers' agency and concepts linked to quality of life (e.g., physical health and social support) have been found (Buttram et al., 2014; Dalla et al., 2003). Furthermore, both items measuring the voluntariness of the decision to start providing and the decision to continue providing sexual services were significantly and strongly positively correlated with quality of life. This indicates that a higher level of perceived voluntariness in the decision to start or continue providing sexual services is associated with a higher quality of life. Due to the high correlation between the statements and the Pearlin Mastery scale, which may indicate that they are largely measuring the same phenomenon (i.e., professional agency), it could be argued that it is sufficient to use either one in future research.

Compared to the general Finnish population (Vaarama et al., 2010), the sex workers in the present study scored lower on each domain of quality of life. Concerning the specific items measuring the participants' perception of their general quality of life and their general health, the results were, however, comparable. Most of the sex workers in our sample rated their quality of life as either good or very good. When comparing our results to women aged 25–44 (Vaarama et al., 2010), as the mean age in our sample was 32 years, the difference in perceived quality of life was ever greater. However, it is important to note that the standard deviations for each domain were larger in our sample, which means that it was more variance in our sample.

Compared to two studies conducted abroad, in Iran and India, the mean scores for sex workers in Finland were higher on all four dimensions of quality of life (Khodabakhshi Koolaee & Damirchi, 2016; Shukla & Mehrotra, 2014). These two are the only studies on sex workers where WHOQOL-BREF was advantaged as the measure of quality of life and where the mean scores were reported. One explanation to a higher quality of life in sex workers in Finland could be that cultures and laws differ between the countries, which makes the results not fully comparable with each other. The quality of life of sex workers might be higher in Finland because sex workers in Finland do not have to fear being arrested for providing sexual services. It also means that sex workers in Finland might find it easier to report violent clients, which could also be related to a higher quality of life.

Professional Agency and Substance-Related Problematic Behavior

Regarding our second hypothesis, the professional agency of sex workers was significantly and strongly negatively correlated with drug-related problematic behavior, and significantly and moderately negatively correlated with alcohol-related problematic behavior. The results are supporting our hypothesis, and corresponds to previous findings (e.g., Khodabakhshi Koolaee & Damirchi, 2016; Nestadt et al., 2020; Picos et al., 2018). This means that higher levels of professional agency were associated with lower levels of both alcohol- and drug-related problematic behavior. The correlation between quality of life and alcohol-related problematic behavior was significant and moderately negative, while the correlation between quality of life and drug-related problematic behavior was significant and strongly negative. The direction of the correlation between alcohol-related problematic behavior and quality of life is in line with a study of Olickal et al. (2021), conducted in South India. There, the quality of life among people who had used alcohol in the past year was lower compared to a group who abstained from alcohol in the past year. The quality of life was also lower if alcohol consumption was higher (Olickal et al., 2021). A possible explanation could be that sex workers with more alcohol use are more structurally vulnerable and therefore could have to agree to more in their work, i.e., they could have a lower level of professional agency. This in turn could lead to a lower quality of life.

Comparing our results to the general Finnish population (Karjalainen et al., 2019), the proportion of sex workers (24.2%) who had used any type of drugs during the past year was higher than the proportion of the general Finnish population (8%) during 2018. The drug use prevalence of sex workers was also higher than the general population's when comparing our results with the age group 25–34 years, where the prevalence was 18% in the general population. It is also crucial to note that we measured the sex workers' drug and alcohol use in the last six months, while the study on the general Finnish population measured the use in a year, meaning that the proportion of sex workers' drug use could be even larger if measured for a year.

In terms of alcohol use, sex workers' alcohol use seems to be comparable to the general Finnish population's alcohol use. In our sample, 69% had used alcohol at some point in the past six months, while 85% of Finns aged 15–79 had used alcohol at some point in 2016 (Mäkelä et al., 2018). As with alcohol use, it should be noted here that Mäkelä et al. examined the alcohol use for twice as long as in the present study, meaning that the proportion of sex workers who use alcohol would probably be larger if it would be measured for a year.

Clinical Applications

It is important that health care providers have information about sex workers' situation in Finland, and crucial to notice that most of the sex workers in the present study rated their quality of life and health as good or very good. The present study allows no conclusions regarding causality. However, it is possible that by increasing professional agency, sex workers' quality of life can be increased, and substance-related problematic behavior decreased.

Strengths and Limitations

The present study possesses some strengths: We used largely used measures and a broader definition of sex workers than previous studies by including sex workers of all genders who provided media-based and/or in-person services.

However, the present study also includes some limitations that need to be considered when interpreting the results. First, almost all participants were Finnish women, meaning that conclusions about other genders and foreign-born sex workers in Finland must be drawn with caution. A larger proportion of foreign-born sex workers were reached by Liitsola et al. (2013), who provided their survey in several languages. Nevertheless, the proportion of foreign-born sex workers differed from the estimates of the proportion of foreign-born sex workers in Finland. Thus, it seems to be a general problem to reach foreign-born sex workers, who are also probably more structurally vulnerable and marginalized. Secondly, the modified Pearlin Mastery Scale and the shortened versions of AUDIT and DUDIT were adjusted to better suit sex work settings, which makes comparisons with studies using the original scales more difficult. Thirdly, as in all studies relying on self-reports, there is a risk that participants are biased in some way. Collecting data on sex work may be particularly sensitive due to the associated stigma, which could lead to biases in who chooses to respond. Sex workers with higher well-being could want to show this and could be more prone to respond, meaning that the quality of life of sex workers could be lower than the estimates in the present study. Nevertheless, internalized stigma could also make sex workers to respond in accordance with their beliefs of people's opinions about sex work, implying that sex workers' actual quality of life therefore could be higher. Lastly, the current study was cross-sectional, meaning that we can only draw conclusions about the situation at the time of measurement.

Future Directions

Agency is suggested to be fluid instead of binary (Kaya & Erez, 2018), meaning that the levels of agency vary with time. Variables, such as legal reforms, can affect sex workers' working conditions and the level of freedom at work (Kaya & Erez, 2018). Quantitative

studies on how sex workers' professional agency changes over time are, however, lacking. Therefore, a longitudinal study could be conducted to investigate the variations.

Furthermore, a future study could investigate the differences between professional agency levels in sex workers in different contexts by comparing sex workers, who only work in one location, with each other. Namely, Bettio et al. (2017) suggested that context is associated with differences in agency, where, for instance, escorts have a higher level of agency compared to street-based sex workers.

Conclusion

The present study indicated that sex workers' professional agency, at the group level, was strongly and significantly positively correlated with quality of life, strongly and significantly negatively correlated with drug-related problematic behavior, and moderately and significantly negatively correlated with alcohol-related problematic behavior. Sex workers in Finland appear to have a high quality of life. The present study also showed that the proportion of alcohol use was comparable to the general Finnish population, while drug use was more common among sex workers compared to the general Finnish population. The results of the present study may be clinically important in improving the knowledge about sex workers among health care providers, however, conclusions about other groups of sex workers must be drawn with caution. Although the current study allows no conclusions regarding causality, it is possible that by increasing professional agency, sex workers' quality of life could be increased and substance-related problematic behavior decreased.

Summary in Swedish – Svensk sammanfattning

Sexarbetares yrkesmässiga agens, livskvalitet och substansrelaterade problematiska beteenden i Finland

Sexarbetare anses ofta vara en av de mest marginaliserade och stigmatiserade grupperna i världen (Amnesty International, 2016). Hittills är den kvantitativa forskningen på sexarbetares agens och välbefinnande begränsad (Nestadt m.fl., 2020). Det har konstaterats att det behövs ytterligare forskning om sexarbetares hälsa i Finland för att öka förståelsen för eventuella hälsoproblem och deras behov av hälsotjänster (Regushevskaya m.fl., 2017). Det är därför viktigt att utreda livskvaliteten och agensen bland sexarbetare och att öka kunskapen om sexarbetare så att vårdpersonal kan stödja denna traditionellt marginaliserade grupp bättre (Sawicki m.fl., 2019).

Definition av sexarbete

I tidigare studier har sexarbete ofta definierats som att sälja sex i utbyte mot pengar eller andra förmåner (se till exempel Krumrei-Mancuso, 2017; Liu m.fl., 2011; Wolf, 2019). Sexarbete kan dock också definieras på ett bredare sätt, vilket inkluderar att erbjuda alla typer av sexuella tjänster med samtycke i utbyte mot betalning, ekonomiska fördelar (till exempel semesterresor) eller omedelbara behov (till exempel mat) för sexarbetaren. Vidare kan definitionen omfatta både mediebaserade sexuella tjänster (till exempel OnlyFans och pornografi) och sexarbete som erbjuds personligen (till exempel eskorttjänster, massage och dans). Denna definition inkluderar sexarbete som inte nödvändigtvis innebär sexuell eller fysisk kontakt. En av orsakerna till att använda en bredare definition är förändringarna inom sexarbetsindustrin; till exempel den ökade marknadsföringen av sexarbete på nätet under det senaste decenniet (Selvey m.fl., 2017).

Sexarbete i Finland

De flesta studier om sexarbetare har genomförts utanför Europa, till exempel i USA, Afrika eller Indien, medan endast ett fåtal studier har genomförts i de nordiska länderna. Världens länder skiljer sig åt när det gäller lagar och restriktioner, till exempel huruvida det är lagligt att köpa sex. I Finland är det lagligt att både erbjuda och köpa sexuella tjänster, men branschen regleras av lagar och restriktioner (Pro-tukipiste, 2021). Definitionen av sexarbete är dock inte definierad i finsk lag och de juridiska gränserna är därför vaga (Pro-tukipiste, 2021). På grund av olika lagar och begränsningar i olika länder kan forskningsresultat utanför Finland inte nödvändigtvis generaliseras till finska förhållanden.

Forskning som rör finska sexarbetares välbefinnande i Finland är knapphändig och det är svårt att uppskatta hur många sexarbetare det finns i Finland (TAMPEP, 2010).

Uppskattningarna varierar mellan hundratals och tiotusen sexarbetare (Kontula, 2008) men siffrorna skulle troligtvis vara högre om även mediabaserade sexarbetare inkluderades i definitionen.

De flesta studierna om sexarbetare i Finland har en kvalitativ design med små sampel (se till exempel Diatlova, 2019; Kontula, 2008; Skaffari, 2010; Tähtinen, 2021). Liitsola m.fl. (2013) undersökte dock sexarbetares hälsa och välbefinnande kvantitativt och fann att ungefär hälften av sexarbetarna antingen var nöjda eller mycket nöjda med sina liv. Majoriteten av sexarbetarna rapporterade att deras hälsa och ekonomiska situation var god samt att deras funktionsförmåga var hög.

Sexarbete och livskvalitet

Kvinnliga sexarbetare är strukturellt sårbara (Footer m.fl., 2020; Nestadt m.fl., 2020). Strukturell sårbarhet är en term som används för att beskriva sambandet mellan social status och sexarbetarnas högre utsatthet för olika typer av skador (till exempel våld; Nestadt m.fl., 2020). Strukturell sårbarhet anses begränsa en persons valmöjligheter på grund av ekonomiska och sociala nackdelar, vilket kan tänkas påverka livskvaliteten.

Livskvalitet operationaliseras ofta som individers uppfattning om sin position i livet i relation till kultur och värderingar (Whoqol Group, 1998). Individers egna mål och förväntningar ingår också i definitionen (Whoqol Group, 1998). Endast ett fåtal kvantitativa studier har tidigare undersökt sexarbetares livskvalitet (se till exempel Khodabakhshi Koolaee & Damirchi, 2016; Krumrei-Mancuso, 2017; Picos m.fl., 2018; Pinedo González m.fl., 2021; Shukla & Mehrotra, 2014). Studier har till exempel rapporterat att sexarbetare som använder droger har sämre livskvalitet jämfört med dem som inte använder droger (Khodabakhshi Koolaee & Damirchi, 2016) och att psykisk hälsa har ett positivt samband med livskvalitet och ett negativt samband med droganvändning (Picos m.fl., 2018). Forskning, där sambandet mellan alkohol och livskvalitet har utforskats, har indikerat att frekvensen av alkoholanvändning och problematiskt drickande bland sexarbetare har ett negativt samband med hälsorelaterade aspekter (Chen m.fl., 2013; Heylen m.fl., 2019; Li m.fl., 2010; Zhang m.fl., 2014).

Forskare har undersökt vissa specifika områden som kan vara kopplade till livskvalitet, såsom psykisk och fysisk hälsa samt sociala relationer och miljöaspekter. Studierna har dock varit nischade på en specifik aspekt som är kopplad till livskvalitet i stället för att undersöka livskvalitet som helhet. Befintliga studier kan kopplas till livskvalitet, men den övergripande livskvaliteten har däremot undersökts sparsamt.

Sexarbete och agens

Känslan av agens konceptualiseras ofta som att känna att man har kontroll över sina handlingar och över resultaten av handlingarna (Moore, 2016). Agens har tidigare diskuterats i samband med sexarbete, men de kvantitativa studierna på ämnet är få.

En typ av agens är yrkesmässig agens. Den yrkesmässiga agensen operationaliserades i en översiktsartikel av Eteläpelto m.fl. (2013), som menar att den yrkesmässiga agensen existerar när professionella individer och/eller gemenskaper påverkar, gör val och tar ställning till sitt arbete och sin yrkesidentitet. Sexarbetares yrkesmässiga agens har inte undersökts tidigare. I en metaanalys fann dock forskare att kontroll-lokus (dvs. i vilken utsträckning en individ upplever att den har kontroll) i arbetet var positivt associerat med allmänt välbefinnande (Ng m.fl., 2006).

Vissa menar att inträdet till sexarbete är en konsekvens av den ekonomiska situationen, som begränsar en persons agens, och att inträdet därför inte är frivilligt. Däremot hävdar andra att detta argument kan tillämpas på alla arbeten, inte bara på sexarbete (Bettio m.fl., 2017). Man kan konstatera att även om det finns faktorer som begränsar agensen innebär inte det att sexarbetare inte alls skulle ha någon känsla av agens (Kesler, 2002).

Livskvalitet och agens bland sexarbetare

Med tanke på att sexarbetare är strukturellt sårbara, vilket antas begränsa en persons valmöjligheter och göra dem mer benägna att utsättas för olika typer av skador, är det relevant att undersöka deras agens och hur det är förknippat med deras livskvalitet. Sambandet mellan livskvalitet och sexarbetares yrkesmässiga agens har inte tidigare undersökts kvantitativt. Däremot har sambandet mellan agens och aspekter kopplade till livskvalitet undersökts, där slutsatserna varit att allvarlig psykisk sjukdom och HIV-överföring, substansanvändning och våld korrelerar negativt med agens (Buttram m.fl., 2014; Levi-Minzi m.fl., 2016; Nestadt m.fl., 2020). Däremot är fysisk hälsa (Dalla m.fl., 2003), socialt stöd och transportmöjligheter positivt korrelerade med sexarbetares agens (Buttram m.fl., 2014).

Trots den forskning som finns om sexarbetare är sambanden mellan känsla av yrkesmässig agens och livskvalitet som helhet inte helt kartlagda eftersom största delen av forskningen har haft en kvalitativ design (Nestadt m.fl., 2020). Bristen på studier om sexarbetares välbefinnande begränsar vårdpersonalens kunskap om hur man bemöter sexarbetare (Turner m.fl., 2021); därför är det viktigt att studera denna befolkningsgrupp i Finland.

Den aktuella studien

Den aktuella studien syftade till att få kunskap om hur sexarbetares yrkesmässiga agens är associerad med livskvalitet samt alkohol- och drogrelaterade problematiska

beteenden. Såvitt vi vet är detta den första kvantitativa studien där man undersöker den professionella agensen hos sexarbetare i Finland och den första studien i Finland som inkluderar sexarbetare som erbjuder mediebaserade tjänster. Till skillnad från vissa tidigare studier (till exempel Buttram m.fl., 2014; Decker m.fl., 2020; Footer m.fl., 2019; Nestad m.fl., 2020) inkluderades dessutom sexarbetare av alla kön i vår studie för att undersöka en bredare grupp av sexarbetare. Våra hypoteser var följande:

1. Sexarbetarnas yrkesmässiga agens kommer att korrelera positivt med deras livskvalitet.
2. Sexarbetarnas yrkesmässiga agens kommer att korrelera negativt med deras alkohol- och drogrelaterade problematiska beteenden.

Vi undersökte också hur olika demografiska aspekter korrelerar med den yrkesmässiga agensen, livskvaliteten och alkohol- samt drogrelaterade problematiska beteenden.

Metod

Nämnden för forskningsetik vid Åbo Akademi beviljade etiskt godkännande för studien i februari 2022, före datainsamlingen påbörjades.

Deltagare

Av de 155 som påbörjade enkäten slutförde 99 deltagare den. Deltagarnas ålder varierade från 18 till 80 år eller äldre och var i genomsnitt 25 år gamla när de började erbjuda sexuella tjänster. De hade erbjudit sexuella tjänster i genomsnitt sex år. De flesta deltagare var kvinnor, hade finskt medborgarskap och arbetade endast från och/eller i Finland och hade åtminstone avlagt gymnasieexamen (10–12 års utbildning). Det var något vanligare att ha någon form av relation än att vara singel. En majoritet rapporterade att deras ekonomiska situation var god eller mycket god. Medianen för månadsbruttoinkomsten från enbart sexarbete var 1500–1999 euro, medan medianen för den totala månadsbruttoinkomsten var 2000–2499 euro.

Mått

Alla frågor som användes i den aktuella studien hittas i Appendix. Alla frågor var obligatoriska att svara på.

Pearlin Mastery Scale (Pearlin & Schooler, 1978), som traditionellt används för att mäta hur mycket en individ uppfattar att hens liv är under egen kontroll eller styrt av externa faktorer, användes för att mäta sexarbetarnas nuvarande känsla av yrkesmässig agens. Vi modifierade skalan för att den bättre skulle passa våra forskningsfrågor. I den aktuella studien var skalans interna validitet utmärkt. Därtill mättes den yrkesmässiga agensen genom två

egengjorda påståenden som berörde frivilligheten i besluten att börja, och att fortsätta, erbjuda sexuella tjänster.

För att mäta den självupplevda livskvaliteten under de senaste två veckorna använde vi oss utav WHOQOL-BREF (Whoqol Group, 1998), som är ett välanvänt frågeformulär. WHOQOL-BREF innehåller 26 frågor (Whoqol Group, 1998), där fyra olika dimensioner mäts: fysisk hälsa, psykisk hälsa, sociala aspekter och miljömässiga aspekter. I den aktuella studien var skalans interna validitet utmärkt.

För att bedöma sexarbetarnas alkohol- och drogrelaterade problematiska beteende under de senaste sex månaderna använde vi Alcohol Use Disorders Identification Test (AUDIT; Saunders m.fl., 1993) respektive Drug Use Disorder Identification Test (DUDIT; Berman m.fl., 2003). Vi modifierade skalorna för att fokusera på alkohol- respektive drogrelaterade problematiska beteenden för att minimera den eventuella stigmatiseringen som sexarbetarna kunde uppleva när de svarade på frågorna. Skalornas interna validitet var på en god nivå i den aktuella studien.

Procedur

Före datainsamlingen provanvände vi vår första version av enkäten med några sexarbetare för att säkerställa att frågorna inte skulle upplevas stigmatiserande för dem. Vi rekryterade deltagare genom finska organisationer (Pro-tukipiste och FTS Finland) för sexarbetare, genom internetforum för sexarbetare och via sociala medieplattformar samt genom snöbollsurval. För att delta krävdes det att sexarbetaren var minst 18 år gammal och att hen hade erbjudit sexuella tjänster i Finland de senaste sex månaderna. Deltagarna informerades fullständigt om studiens innehåll och gav sitt informerade samtycke innan de deltog i enkäten på nätet. Efter att ha fyllt i enkäten fick deltagarna möjlighet att delta i ett lotteri. Först bad vi deltagarna att uppge bakgrundsinformation (till exempel ålder och kön). Dessutom frågade vi olika frågor om deltagarnas sexarbete (till exempel vilka sexuella tjänster de erbjöd och var), arbetssituation (till exempel arbete vid sidan av att sexarbetet) och upplevt våld kopplat till arbetet.

Statistiska analyser

Först beräknades en summapoäng för varje skala (WHOQOL-BREF, Pearlin Mastery Scale, AUDIT och DUDIT). Därefter utförde vi korrelationsanalyser för de olika variablerna. Efter detta kontrollerade vi om de beroende variablerna uppfyllde antagandena för linjära regressioner. Eftersom alla antaganden inte uppfylldes utförde vi tre robusta analyser, en per beroende variabel, med summapoängen för den modifierade skalan Pearlin Mastery Scale

som oberoende variabel i var och en av analyserna. För varje beroendevariabel (WHOQOL-BREF, AUDIT och DUDIT) använde vi dess summapoäng.

Resultat

Det var vanligare att erbjuda personliga tjänster än mediabaserade tjänster och att uppleva våld från kunder än från familjer eller partners. Ungefär hälften hade upplevt någon typ av våld (psykiskt, sexuellt eller fysiskt eller en kombination av dessa), från antingen en klient och/eller familj/partners under de senaste sex månaderna. Psykiskt våld var den vanligaste typen av våld.

För att möjliggöra en jämförelse mellan olika studiers resultat standardiserade vi poängen för de olika områdena enligt beskrivningen i WHOQOL-BREF-manualen. Detta gav följande resultat: fysisk hälsa (M = 70,38; SD = 24,99), psykisk hälsa (M = 64,53; SD = 23,98), social dimension (M = 69,90; SD = 26,24) och miljödimension (M = 74,14; SD = 21,58). Majoriteten svarade "instämmer i viss mån" eller "instämmer helt" på båda påståendena om att beslutet att börja, och att fortsätta, erbjuda sexuella tjänster var helt frivilligt. De flesta sexarbetare bedömde sin livskvalitet och sin allmänna hälsa som god eller mycket god. Under de senaste sex månaderna hade mer än hälften av sexarbetarna någon gång druckit alkohol medan ungefär en fjärdedel hade tagit droger någon gång.

Pearlin Mastery Scale korrelerade starkt och signifikant positivt med WHOQOL-BREF, måttligt och signifikant negativt med AUDIT och starkt och signifikant negativt med DUDIT. Dessa resultat tyder på att en högre nivå av yrkesmässig agens var associerat med en högre nivå av livskvalitet och lägre nivåer av alkohol- och drogrelaterade problematiska beteenden.

Pearlin Mastery Scale och WHOQOL-BREF korrelerade starkt och signifikant positivt med de två påståendena om deltagarnas upplevelse av frivillighet i beslutet att börja, och fortsätta, erbjuda sexuella tjänster. Detta innebär att en högre grad av frivillighet var associerad med en högre grad av yrkesmässig agens och livskvalitet. Påståendena korrelerade måttligt och signifikant negativt med AUDIT samt starkt och signifikant negativt med DUDIT, vilket tyder på att en högre grad av frivillighet var associerad med en lägre grad av substansrelaterade problematiska beteenden.

Pearlin Mastery Scale och WHOQOL-BREF korrelerade signifikant och positivt med flera variabler, till exempel utbildning och inkomster (både inkomst från enbart sexarbete och total inkomst), samt signifikant och negativt med andra, exempelvis med våld. Detta tyder på att både högre nivåer av yrkesmässig agens och livskvalitet var associerade med högre

utbildningsnivåer och högre inkomster (detta gällde både för inkomster från enbart sexarbete och totala inkomster), samt med lägre nivåer av upplevt våld.

AUDIT och DUDIT korrelerade starkt och positivt signifikant med varandra samt signifikant med några av variablerna. Till exempel korrelerade båda måttligt negativt och signifikant med utbildning, medan de korrelerade svagt till starkt positivt och signifikant med erfarenheter av våld från familjen eller partners. Detta tyder på att en högre nivå av alkohol- och drogrelaterade problematiska beteenden var associerad med en lägre utbildningsnivå och en högre nivå av upplevt familje- eller partnervåld.

Våra resultat från de robusta regressionsanalyserna för WHOQOL-BREF, AUDIT och DUDIT visade att modellen för WHOQOL-BREF förklarade 73,2 % av variansen i Pearlin Mastery Scale, medan modellerna för AUDIT och DUDIT förklarade 14,2 % respektive 4,73 %. Detta innebär att höga poäng på WHOQOL korrelerar starkt med höga poäng på Pearlin Mastery Scale. Alla modeller var signifikanta.

Diskussion

I den här studien ville vi undersöka om sexarbetares yrkesmässiga agens var associerad med livskvalitet och alkohol- samt drogrelaterade problematiska beteenden genom att undersöka sexarbetare som erbjuder sexuella tjänster i Finland. Vi undersökte också sambanden mellan olika demografiska aspekter, yrkesmässig agens, livskvalitet och substansrelaterade problematiska beteenden. Den här studien är, såvitt vi vet, den första kvantitativa studien i Finland som undersöker hur sexarbetares yrkesmässiga agens är relaterat till deras livskvalitet samt alkohol- och drogrelaterade problematiska beteenden.

Demografiska aspekter och korrelationer med undersökningsvariablerna

Genom att inkludera alla kön i vår studie och använda en bred definition av sexarbete strävade vi efter att rekrytera olika typer av sexarbetare. De flesta sexarbetare som erbjöd personliga tjänster var dock kvinnor, medan de mest typiska kunderna rapporterades vara män. Dessa resultat är i linje med tidigare forskning från både Finland och utomlands (Birch, 2015; Liitsola m.fl., 2013; TAMPEP, 2010).

Som man kunde förvänta sig var både en bättre ekonomisk situation och en högre inkomst associerade med en högre livskvalitet och en högre nivå av yrkesmässig agens. Den ekonomiska situationen var starkt och signifikant positivt associerad med livskvalitet, medan den månatliga bruttoinkomsten (både från enbart sexarbete och totalt) var måttligt och signifikant positivt associerad med livskvalitet. Liknande resultat har hittats tidigare både i finska studier och studier utomlands (Drydakis, 2021; Vaarama, 2010).

Majoriteten bedömde sin ekonomiska situation som god eller mycket god. Detta stämmer överens med en studie på sexarbetare i Finland av Liitsola m.fl. (2013). Utbildningsnivån hade också ett måttligt och signifikant positivt samband med livskvaliteten. Resultaten stämmer överens med forskning på den allmänna finska befolkningen, där forskare rapporterade att de viktigaste riskfaktorerna för låg livskvalitet var låg utbildningsnivå och arbetslöshet (Vaarama, 2010).

Medianintervallet för den månatliga bruttoinkomsten från enbart sexarbete var 1500–1999 euro, medan medianintervallet för den totala månatliga bruttoinkomsten var 2000–2499 euro. Sexarbetarnas inkomster var mindre än andra arbetstagares i Finland, då den månatliga medianlönen för heltidsarbete för den allmänna befolkningen i Finland var 3228 euro år 2020 (Official Statistics of Finland, 2022). Inkomsterna kan dock inte jämföras helt och hållet, eftersom en sexarbetare inte nödvändigtvis arbetar heltid.

När det gäller andelen som upplevt våld var våra resultat i linje med tidigare forskning i Finland (Liitsola m.fl., 2013), som rapporterade att psykologiskt våld var den vanligaste typen av våld och att ungefär hälften av deltagarna hade upplevt någon typ av våld under de senaste tolv månaderna. Trots detta är vår statistik gällande våld hög i jämförelse med andra studier gjorda i exempelvis Nederländerna (Krumrei-Mancuso, 2017) och Schweiz (Rössler m.fl., 2010).

Om man jämför våra resultat med statistiken över kvinnliga arbetstagare som utsatts för våld i Finland år 2018 var våldet mindre vanligt för den kvinnliga befolkningen i allmänhet (Tilastokeskus, 2021). Resultaten visade att en högre nivå av våld var associerad med en lägre nivå av livskvalitet och yrkesmässig agens, vilket var förväntat (till exempel Hisasue m.fl., 2020; Lucena m.fl., 2017; Malik m.fl., 2021; Nestadt m.fl., 2020).

Centrala resultat och tolkningar

Yrkesmässig agens och livskvalitet

I linje med vår första hypotes korrelerade sexarbetarnas yrkesmässiga agens starkt och signifikant positivt med deras livskvalitet, vilket innebär att en högre nivå av yrkesmässig agens var associerad med en högre livskvalitet. Detta resultat stämmer överens med tidigare forskning från utlandet, där man har funnit samband mellan sexarbetares agens och koncept kopplade till livskvalitet (till exempel fysisk hälsa och socialt stöd; Buttram m.fl., 2014; Dalla m.fl., 2003).

Dessutom korrelerade frågorna som mätte frivilligheten i beslutet att börja erbjuda, och beslutet att fortsätta, erbjuda sexuella tjänster signifikant och starkt positivt med

livskvalitet. Detta tyder på att en högre nivå av upplevd frivillighet i beslutet att börja eller fortsätta erbjuda sexuella tjänster är associerad med en högre livskvalitet.

Jämfört med den allmänna finska befolkningen (Vaarama m.fl., 2010) fick sexarbetarna i den aktuella studien lägre poäng på varje domän av livskvalitet. När det gäller de specifika frågorna som mätte deltagarnas uppfattning om sin allmänna livskvalitet och sin allmänna hälsa var resultaten dock jämförbara. De flesta sexarbetarna i vårt urval bedömde sin livskvalitet som antingen bra eller mycket bra. Det är dock viktigt att notera att standardavvikelserna för varje domän var större i vårt sampel, vilket innebär att det var mer variation i vårt sampel.

Jämfört med två studier som genomförts utomlands, i Iran och Indien, var medelvärdena för sexarbetare i Finland högre på alla de fyra dimensionerna av livskvalitet (Khodabakhshi Koolaee & Damirchi, 2016; Shukla & Mehrotra, 2014). En förklaring till högre livskvalitet hos sexarbetare i Finland kan vara att kulturer och lagar skiljer sig åt mellan länderna, vilket gör att resultaten inte är helt jämförbara med varandra.

Yrkesmässig agens och substansrelaterade problematiska beteenden

När det gäller vår andra hypotes korrelerade sexarbetares yrkesmässiga agens signifikant och starkt negativt med drogrelaterade problematiska beteenden samt signifikant och måttligt negativt med alkoholrelaterade problematiska beteenden. Resultaten stöder vår hypotes och motsvarar tidigare resultat (Khodabakhshi Koolaee & Damirchi, 2016; Nestadt m.fl., 2020; Picos m.fl., 2018). Detta innebär att högre nivåer av yrkesmässig agens var associerade med lägre nivåer av både alkohol- och drogrelaterade problematiska beteenden. Korrelationen mellan livskvalitet och alkoholrelaterade problematiska beteenden var signifikant och måttligt negativ, medan korrelationen mellan livskvalitet och drogrelaterade problematiska beteenden var signifikant och starkt negativ. Riktningen på korrelationen mellan alkoholrelaterade problematiska beteenden och livskvalitet stämmer överens med en studie av Olickal m.fl. (2021), utförd i södra Indien. Där var livskvaliteten lägre bland personer som hade använt alkohol under det senaste året jämfört med en grupp som avstått från alkohol under det senaste året. Livskvaliteten var också lägre om alkoholkonsumtionen var högre (Olickal m.fl., 2021). En möjlig förklaring skulle kunna vara att sexarbetare med mer alkoholanvändning är mer strukturellt sårbara och att de därför skulle kunna behöva gå med på mer i sitt arbete, dvs. att de skulle kunna ha en lägre nivå av yrkesmässig agens. Detta skulle i sin tur kunna leda till en lägre livskvalitet.

Vid jämförelse med den allmänna finska befolkningen gällande droganvändning (Karjalainen m.fl., 2019) var andelen sexarbetare som hade använt någon typ av droger under

det senaste året högre än andelen i den allmänna finska befolkningen under 2018. När det gäller alkoholanvändning verkar sexarbetarnas användning vara jämförbar med den allmänna finska befolkningens användning (Mäkelä m.fl., 2018).

Kliniska tillämpningar

Det är viktigt att vårdpersonal har information om sexarbetarnas situation i Finland och att man noterar att sexarbetare på gruppnivå bedömde sin livskvalitet och hälsa som god eller mycket god. Den aktuella studien tillåter inga slutsatser om kausalitet. Det är dock möjligt att sexarbetarnas livskvalitet skulle kunna höjas, och substansrelaterade problematiska beteenden minskas, genom att öka den yrkesmässiga agensen.

Styrkor och begränsningar

Den här studien uppvisar vissa styrkor; vi använde en bredare definition av sexarbetare än tidigare studier och vi använde oss av välanvända frågeformulär. Studien innehåller emellertid också vissa begränsningar som måste beaktas när resultaten tolkas. Nästan alla deltagare var finska kvinnor, vilket innebär att vi varken kan dra slutsatser om andra kön eller om utlandsfödda sexarbetare i Finland. Vidare är det svårare att jämföra resultaten med andra studiers resultat där man använt de ursprungliga skalorna, eftersom vi använt en modifierad Pearlin Mastery Scale och förkortade versioner av AUDIT och DUDIT. Det finns alltid också en risk för att deltagarna på något sätt är partiska eller att det uppstår en snedvridning i vilka som väljer att svara när det kommer till studier som använder självrapportering för insamling av data. Slutligen är den aktuella studien är en tvärsnittsstudie, vilket innebär att vi endast kan dra slutsatser om situationen vid tidpunkten för mätningen.

Framtida riktlinjer och slutsats

Den aktuella studien visade att sexarbetares yrkesmässiga agens på gruppnivå korrelerade starkt och signifikant positivt med livskvalitet, starkt och signifikant negativt med drogrelaterade problematiska beteenden och måttligt och signifikant negativt med alkoholrelaterade problematiska beteenden. Sexarbetare i Finland verkar ha en hög livskvalitet. Den aktuella studien visade också att alkoholanvändningen bland sexarbetare var jämförbar med den finska befolkningens, medan droganvändning var vanligare bland sexarbetare jämfört med den finska befolkningen. Framtida studier kunde undersöka hur agensen varierar med tiden genom en longitudinell studie eller undersöka hur kontexten samvarierar med agensen (till exempel genom att jämföra sexarbetare vid strippklubbar och gatubaserade sexarbetare).

References

Amnesty International. (2016). *Sex workers at risk: A research summary on human rights abuses against sex workers*. http://www.amnestyusa.org/sites/default/files/briefing_-_sex_workers_rights_-_embargoed_-_final.pdf

Beattie, T. S., Smilenova, B., Krishnaratne, S., & Mazzuca, A. (2020). Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis. *PLOS Medicine*, *17*(9), Article e1003297. https://doi.org/10.1371/JOURNAL.PMED.1003297

Bellhouse, C., Crebbin, S., Fairley, C. K., & Bilardi, J. E. (2015). The impact of sex work on women's personal romantic relationships and the mental separation of their work and personal lives: A mixed-methods study. *PLOS ONE, 10*(10), 1–20. https://doiorg.ezproxy.vasa.abo.fi/10.1371/journal.pone.0141575

Benoit, C., Ouellet, N., Jansson, M., Magnus, S., & Smith, M. (2017). Would you think about doing sex for money? Structure and agency in deciding to sell sex in Canada. *Work, Employment and Society, 31*(5), 731–747. https://doi.org/10.1177/0950017016679331

Berman, A. H., Bergman, H., Palmstierna, T. & Schlyter, F. (2005). Evaluation of the Drug Use Disorders Identification Test (DUDIT) in criminal justice and detoxification settings and in a Swedish population sample. *European Addiction Research, 11*(1), 22–31. https://doi.org/10.1159/000081413

Bettio, F., della Giusta, M., & di Tommaso, M. L. (2017). Sex work and trafficking: Moving beyond dichotomies. *Feminist Economics*, *23*(3), 1–22. https://doi.org/10.1080/13545701.2017.1330547

Birch, P. (2015). *Why men buy sex: Examining sex worker clients* (1st ed.). Routledge. https://doi.org/10.4324/9781315817293

Brody, C., Chhoun, P., Tuot, S., Pal, K., Chhim, K., & Yi, S. (2016). HIV risk and psychological distress among female entertainment workers in Cambodia: A cross-sectional study. *BMC Public Health*, *16*(133), 1–10. https://doi.org/10.1186/S12889-016-2814-6/TABLES/5

Bungay, V., Halpin, M., Atchison, C., & Johnston, C. (2010). Structure and agency: Reflections from an exploratory study of Vancouver indoor sex workers. *Culture, Health & Sexuality, 13*(1), 15–29. https://doi.org/10.1080/13691058.2010.517324

Burnes, T. R., Rojas, E. M., Delgado, I., & Watkins, T. E. (2018). "Wear some thick socks if you walk in my shoes": Agency, resilience, and well-being in communities of North American sex workers. *Archives of Sexual Behavior*, *47*(5), 1541–1550. https://doi.org/10.1007/s10508-016-0915-z

Buttram, M. E., Surratt, H. L., & Kurtz, S. P. (2014). Risk and protective factors associated with personal mastery among sexual minority African-American female sex workers. *Journal of Gay and Lesbian Social Services*, *26*(4), 407–425. https://doi.org/10.1080/10538720.2014.956242

Chen, Y., Li, X., Zhang, C., Hong, Y., Zhou, Y., & Liu, W. (2013). Alcohol use and sexual risks: Use of the Alcohol Use Disorders Identification Test (AUDIT) among female sex workers in China. *Health Care for Women International*, *34*(2), 122–138. https://doi.org/10.1080/07399332.2011.610535

Dalla, R. L., Xia, Y., & Kennedy, H. (2003). "You just give them what they want and pray they don't kill you": Street-level sex workers' reports of victimization, personal resources, and coping strategies. *Violence Against Women, 9*(11), 1367–1394. https://doi.org/10.1177/1077801203255679

Decker, M. R., Park, J. N., Allen, S. T., Silberzahn, B., Footer, K., Huettner, S., Galai, N., & Sherman, S. G. (2020). Inconsistent condom use among female sex workers: Partner-specific influences of substance use, violence, and condom coercion. *AIDS and Behavior, 24*(3), 762–774. https://doi.org/10.1007/s10461-019-02569-7

Deering, K. N., Amin, A., Shoveller, J., Nesbitt, A., Garcia-Moreno, C., Duff, P., Argento, E., & Shannon, K. (2014). A systematic review of the correlates of violence against sex workers. *American Journal of Public Health*, *104*(5), e42-e54. https://doi.org/10.2105/AJPH.2014.301909

Diatlova, A. (2019). *Between visibility and invisibility: Russian-speaking women engaged in commercial sex in Finland* (Publication No. 126) [Doctoral dissertation, University of Helsinki]. HELDA.

https://helda.helsinki.fi/bitstream/handle/10138/305227/BetweenV.pdf?sequence=1&isAllowed=y

Ditmore, M. H. (2013). *When sex work and drug use overlap: Considerations for advocacy and practice*. https://www.hri.global/files/2014/08/06/Sex_work_report_%C6%924_WEB.pdf

Drydakis, N. (2021). Sex workers' self-reported physical and mental health in Greece. A repeated cross-sectional study in 2009, 2013 and 2019. *Culture, Health & Sexuality*. https://doi.org/10.1080/13691058.2021.1974562

Eteläpelto, A., Vähäsantanen, K., Hökkä Päivi, & Paloniemi, S. (2013). What is agency? Conceptualizing professional agency at work. *Educational Research Review*, *10*, 45–65. http://dx.doi.org/10.1016/j.edurev.2013.05.001

Footer, K. H. A., Park, J. N., Allen, S. T., Decker, M. R., Silberzahn, B. E., Huettner, S., Galai, N., & Sherman, S. G. (2019). Police-related correlates of client-perpetrated violence among female sex workers in Baltimore City, Maryland. *American Journal of Public Health, 109*(2), 289–295. https://doi.org/10.2105/AJPH.2018.304809

Footer, K. H. A., White, R. H., Park, J. N., Decker, M. R., Lutnick, A., & Sherman, S. G. (2020). Entry to sex trade and long-term vulnerabilities of female sex workers who enter the sex trade before the age of eighteen. *Journal of Urban Health*, *97*(3), 406–417. https://doi.org/10.1007/S11524-019-00410-Z/TABLES/4

Garcia, L. G., & Olivar, J. M. N. (2021). Using one's body: sex, money and agency from the coast to the backlands of northeast Brazil. *Feminist Theory*, *22*(3), 361–380. https://doi.org/10.1177/1464700120920766

Ham, J., & Gerard, A. (2014). Strategic in/visibility: Does agency make sex workers invisible? *Criminology & Criminal Justice*, *14*(3), 298–313. https://doi.org/10.1177/1748895813500154

Heylen, E., Shamban, E., Steward, W. T., Krishnan, G., Solomon, R., Srikrishnan, A. K., & Ekstrand, M. L. (2019). Alcohol use and experiences of partner violence among female sex workers in Coastal Andhra Pradesh, India. *Violence Against Women*, *25*(3), 251–273. https://doi.org/10.1177/1077801218778384

Hisasue, T., Kruse, M., Raitanen, J., Paavilainen, E., & Rissanen, P. (2020). Quality of life, psychological distress and violence among women in close relationships: A population-based study in Finland. *BMC Women's Health*, *20*(1), 1–10. https://doi.org/10.1186/S12905-020-00950-6/TABLES/3

Karjalainen, K., Hakkarainen, P., & Salasuo, M. (2019). *Suomalaisten huumeiden käyttö ja huumeasenteet 2018 [Finns' drug use and attitudes towards drugs 2018]*. Finnish Institute for Health and Welfare. https://www.julkari.fi/bitstream/handle/10024/137660/Suomalaisten_huumeiden_k%c3%a4ytt%c3%b6_ja_huumeasenteet_2018_tilastoraportti.pdf?sequence=3&isAllowed=y

Kaya, O., & Erez, E. (2018). Migration, agency, and the sex industry: Practitioners' perspectives on foreign sex workers in Turkey. *International Journal of Offender Therapy and Comparative Criminology*, *62*(10), 2954–2981. https://doi.org/10.1177/0306624X17726514

Kesler, K. (2002). Is a feminist stance in support of prostitution possible? An exploration of current trends. *Sexualities*, *5*(2), 219–235. https://doi.org/10.1177/1363460702005002005

Khodabakhshi Koolaee, A., & Damirchi, F. (2016). Comparing quality of life among female sex workers with and without addiction. *Journal of Client-Centered Nursing Care*, *2*(4), 201–206. https://doi.org/10.32598/JCCNC.2.4.201

Kontula, A. (2008). *Punainen eksodus: Tutkimus seksityöstä Suomessa [Red exodus: A study on sex work in Finland]* (Publication No. 802). [Doctoral dissertation, Tampere University]. Acta electronica Universitatis Tamperensis. https://trepo.tuni.fi/bitstream/handle/10024/67897/978-951-44-7579-5.pdf?sequence=1&isAllowed=y

Krumrei-Mancuso, E. J. (2017). Sex work and mental health: A study of women in the Netherlands. *Archives of Sexual Behavior*, *46*(6), 1843–1856. https://doi.org/10.1007/S10508-016-0785-4

Levi-Minzi, M. A., Surratt, H. L., O'Grady, C. L., & Kurtz, S. P. (2016). Finding what works: Predicting health or social service linkage in drug using, African American, female sex workers in Miami, FL. *Health Care for Women International*, *37*(7), 744–759. https://doi.org/10.1080/07399332.2016.1158262

Li, Q., Li, X. & Stanton, B. (2010). Alcohol use among female sex workers and male clients: An integrative review of global literature. *Alcohol and Alcoholism*, *45*(2), 188–199. https://doi.org/10.1093/alcalc/agp095

Liitsola, K., Kauppinen, J., Nikula, M., Thesslund, E., Huovinen, M., Aalto, E., Ollgren, J., Brummer-Korvenkontio, H. (2013). *Terveyttä seksi- ja erotiikka-alalla. Erotiikka-, escort-, ja seksityötä tekevien terveys- ja hyvinvointi Suomessa. [Health in sex and erotic work. The health and welfare of erotic-, escort- and sex-workers in Finland]*. Finnish Institute for Health and Welfare. http://urn.fi/URN:ISBN:978-952-302-105-1

Liu, S., Srikrishnan, A., Zelaya, C. E., Solomon, S., Celentano, D. D., & Sherman, S. G. (2011). Measuring perceived stigma in female sex workers in Chennai, India. *AIDS Care*, *23*(5), 619-627. https://doi.org/10.1080/09540121.2010.525606

Lucena, K. D. T. de, Vianna, R. P. de T., Nascimento, J. A. do, Campos, H. F. C., & Oliveira, E. C. T. (2017). Association between domestic violence and women's quality of life. *Revista Latino-Americana de Enfermagem*, *25*, Article e2901. https://doi.org/10.1590/1518-8345.1535.2901

Mäkelä, P., Härkönen, J., Lintonen, T., & Tigerstedt, C. (2018). *Näin Suomi juo [This is how Finland drinks]*. Finnish Institute for Health and Welfare. https://www.julkari.fi/bitstream/handle/10024/136800/THL_TEE029_2018.pdf?sequence=1&isAllowed=y

Malik, M., Munir, N., Usman Ghani, M., & Ahmad, N. (2021). Domestic violence and its relationship with depression, anxiety and quality of life: A hidden dilemma of Pakistani women. *Pakistan Journal of Medical Sciences*, *37*(1). https://doi.org/10.12669/PJMS.37.1.2893

Moore, J. W. (2016). What is the sense of agency and why does it matter*? Frontiers in Psychology*, *7*, 1272. https://doi.org/10.3389/fpsyg.2016.01272

Nelson, E. U. E. (2020). Structural inequities, HIV vulnerability and women's agency: Street-based sex workers in Nigeria. *Global Public Health*, *15*(12), 1800–1809. https://doi.org/10.1080/17441692.2020.1791211

Nestadt, D. F., Tomko, C., Schneider, K. E., Kerrigan, D., Decker, M. R., & Sherman, S. G. (2020). Co-occurring threats to agency among female sex workers in Baltimore,

Maryland. *Journal of Interpersonal Violence*, *37*(11-12), NP8818-NP8843. https://doi.org/10.1177/0886260520978188

Ng, T. W. H., Sorensen, K. L., & Eby, L. T. (2006). Locus of control at work: A meta-analysis. *Journal of Organizational Behavior*, *27*(8), 1057–1087. https://doi.org/10.1002/JOB.416

Official Statistics of Finland. (2022). *Structure of earnings 2020* (ISSN 1799-0092). https://www.stat.fi/til/pra/2020/pra_2020_2022-03-11_en.pdf

Olickal, J. J., Saya, G. K., Selvaraj, R., & Chinnakali, P. (2021). Association of alcohol use with quality of life (QoL): A community based study from Puducherry, India. *Clinical Epidemiology and Global Health*, *10*, Article e100697. https://doi.org/10.1016/J.CEGH.2021.100697

Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, *19(*1), 2–21. https://doi.org/10.2307/2136319

Picos, A. P., González, R. P., & de la Iglesia Gutiérrez, M. (2018). Exploring causes and consequences of sex workers' psychological health: Implications for health care policy. A study conducted in Spain. *Health Care for Women International*, *39*(8), 844–858. https://doi.org/10.1080/07399332.2018.1452928

Pinedo González, R., Palacios Picos, A., & de La Iglesia Gutiérrez, M. (2021). "Surviving the violence, humiliation, and loneliness means getting high": Violence, loneliness, and health of female sex workers. *Journal of Interpersonal Violence*, *36*(9–10), 4593–4614. https://doi.org/10.1177/0886260518789904

Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S. G., Sanders, T., Mwangi, P., & Crago, A.-L. (2018). Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLOS Medicine*, *15*(12), 1–54. https://doi.org/10.1371/journal.pmed.1002680

Poon, A. N., Li, Z., Wang, N., & Hong, Y. (2011). Review of HIV and other sexually transmitted infections among female sex workers in China. *AIDS Care*, *23*(1), 5–25. https://doi.org/10.1080/09540121.2011.554519

Pro-tukipiste. (2021). *Lainsäädäntö [Legislation]*. Retrieved November 4, 2021, from https://protukipiste.fi/hyva-tietaa/lainsaadanto/.

Regushevskaya, E., Haavio-Mannila, E., Tuormaa, T., & Hemminki, E. (2017). *Prostitution and health in Finland*. Finnish Institute for Health and Welfare. https://www.julkari.fi/bitstream/handle/10024/131902/URN_ISBN_978-952-302-821-0.pdf?sequence=1

Rössler, W., Koch, U., Lauber, C., Hass, A. K., Altwegg, M., Ajdacic-Gross, V., & Landolt, K. (2010). The mental health of female sex workers. *Acta Psychiatrica Scandinavica*, *122*(2), 143–152. https://doi.org/10.1111/J.1600-0447.2009.01533.X

Sagar, T., & Jones, D. (2014). Off-street sex workers and victim-orientated policymaking at the local level: Denial of agency and consequences of victimhood. *Crime Prevention and Community Safety*, *16*(4), 230–252. https://doi.org/10.1057/CPCS.2014.9

Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R. and Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption — II. *Addiction, 88*(6), 791–804. https://doi.org/10.1111/j.1360-0443.1993.tb02093.x

Sawicki, D. A., Meffert, B. N., Read, K., & Heinz, A. J. (2019). Culturally competent health care for sex workers: An examination of myths that stigmatize sex work and hinder access to care. *Sexual and Relationship Therapy*, *34*(3), 355–371. https://doi.org/10.1080/14681994.2019.1574970

Selvey, L., Hallett, J., Lobo, R., Mccausland, K., Bates, J., & Donovan, B. (2017). *Western Australian Law and Sex Worker Health (LASH) Study: A Summary Report to the Western Australian Department of Health*. https://www.policeprostitutionandpolitics.com/pdfs_all/Academic_pro_decrim_articles_pdfs/2016%20LASH%20Australia.pdf

Sherman, S. G., Park, J. N., Galai, N., Allen, S. T., Huettner, S. S., Silberzahn, B. E., Decker, M. R., Poteat, T. C., & Footer, K. (2019). Drivers of HIV infection among cisgender and transgender female sex worker populations in Baltimore city: Results from the SAPPHIRE study. *Journal of Acquired Immune Deficiency Syndromes*, *80*(5), 513–521. https://doi.org/10.1097/QAI.0000000000001959

Shukla, A. & Mehrotra, D. (2014). Quality of life among female sex workers. *Indian Journal of Health and Wellbeing*, *5*(10), 1222–1224.

Skaffari, P. (2010). *Rajat ylittävä prostituutio – Tutkimus naisten kokemuksista pohjoisen itä prostituutiossa [Cross-border prostitution - A study on women's experiences of prostitution in the North East]*. [Doctoral dissertation, University of Lapland]. Acta Electronica Universitatis Lapponiensis. https://lauda.ulapland.fi/bitstream/handle/10024/61727/Skaffari+DORIA.pdf?sequence=1

Steen, R., Chersich, M., Gerbase, A., Neilsen, G., Wendland, A., Ndowa, F., Akl, E. A., Lo, Y. R., & de Vlas, S. J. (2012). Periodic presumptive treatment of curable sexually transmitted infections among sex workers: A systematic review. *AIDS*, *26*(4), 437–445. https://doi.org/10.1097/QAD.0B013E32834ED991

Strathdee, S. A., Philbin, M. M., Semple, S. J., Pu, M., Orozovich, P., Martinez, G., Lozada, R., Fraga, M., de la Torre, A., Staines, H., Magis-Rodríguez, C., & Patterson, T. L. (2008). Correlates of injection drug use among female sex workers in two Mexico-U.S. border cities. *Drug and Alcohol Dependence*, *92*(1–3), 132–140. https://doi.org/10.1016/j.drugalcdep.2007.07.001

TAMPEP - the European Network for the Promotion of Rights and Health among Migrant Sex Workers. (2010). *National Mapping Reports*. Retrieved May 18, 2022, from https://tampep.eu/wp-content/uploads/2017/11/ANNEX-4-National-Reports.pdf.

Tavakoli, F., Khezri, M., Tam, M., Bazrafshan, A., Sharifi, H., & Shokoohi, M. (2021). Injection and non-injection drug use among female sex workers in Iran: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, *221*, Article e108655. https://doi.org/10.1016/j.drugalcdep.2021.108655

Tilastokeskus. (2021). *Sukupuolten tasa-arvo Suomessa 2021 [Gender equality in Finland 2021]*. https://www.stat.fi/tup/julkaisut/tiedostot/julkaisuluettelo/yyti_sts_202100_2021_23460_net.pdf

Turner, K., Meyrick, J., Miller, D., & Stopgate, L. (2021). Which psychosocial interventions improve sex worker well-being? A systematic review of evidence from resource-rich countries. *BMJ Sexual & Reproductive Health*, *48:* e88–e100. https://doi.org/10.1136/BMJSRH-2021-201028

Tähtinen, M. (2021). *Seksityöntekijöiden terveys ja terveyden edistäminen [Sex workers' health and health promotion]*. [Master's thesis, University of Eastern Finland]. UEF eRepo. https://erepo.uef.fi/bitstream/handle/123456789/24887/1618987911723159765.pdf?sequence=1&isAllowed=y

Vaarama, M., Moisio, P., & Karvonen, S. (2010). *Suomalaisten hyvinvointi 2010 [Finns' well-being in 2010]*. Finnish Institute for Health and Welfare. https://www.julkari.fi/bitstream/handle/10024/80297/8cec7cec-5cf3-4209-ba7a-0334ecdb6e1d.pdf?sequence=1&isAllowed=y

van Bavel, H. (2017). Beyond exploitation: Towards a nuanced understanding of agency for adolescent female sex workers – evidence from Zanzibar and Morogoro. *Culture, Health & Sexuality*, *19*(1), 76–90. https://doi.org/10.1080/13691058.2016.1207253

Whoqol Group. (1998). Development of the World Health Organization WHOQOL-BREF quality of life assessment. *Psychological Medicine, 28*(3), 551–558. https://doi.org/10.1017/S0033291798006667

Wolf, A. (2019). Stigma in the sex trades. *Sexual and Relationship Therapy*, *34*(3), 290–308. https://doi.org/10.1080/14681994.2019.1573979

Zhang, C., Li, X., Chen, Y., Hong, Y., Shan, Q., Liu, W., & Zhou, Y. (2014). Alcohol and other drug use, partner violence, and mental health problems among female sex workers in Southwest China. *Health Care for Women International*, *35*(1), 60–73. https://doi.org/10.1080/07399332.2012.757317

Appendix

Table 1

Items and Response Options in the Current Survey

Item block	Question	Response Options
Demographics	Your current age in years:	18; 19; 20; 21; 22; 23; 24; 25; 26; 27; 28; 29; 30; 31; 32; 33; 34; 35; 36; 37; 38; 39; 40; 41; 42; 43; 44; 45; 46; 47; 48; 49; 50; 51; 52; 53; 54; 55; 56; 57; 58; 59; 60; 61; 62; 63; 64; 65; 66; 67; 68; 69; 70; 71; 72; 73; 74; 75; 76; 77; 78; 79; 80 years or older
	Your gender:	Man; Woman; Transman; Transwoman; Non-binary; Other, what?
	Your sexual orientation:	Heterosexual; Homosexual; Bisexual; Pansexual; Asexual; Other, what?
	Your relationship status:	Single; In a relationship; Cohabiting; Married; Other, what?
	Do you have children?	Yes; No
	Your country of birth:	Open-ended question
	Do you currently provide sexual services in some other country/countries than Finland?	No, only in Finland (in person) or from Finland (online); Yes, also somewhere else than Finland
	Please write which other country/countries than Finland you are currently providing sexual services in:	Open-ended question
	Choose the option that suits you best:	I am a Finnish citizen; I have a permanent residence permit in Finland; I have a temporary residence permit in Finland; I do not have a residence permit in Finland; I do not want to say
	What is the highest level of education you have completed?	No education; Primary (6 years or less); Secondary (7-9 years); High school or vocational school (10-12 years); University or applied university (13 years or more)
	Besides providing sexual services, choose which of the following work-related options suits you: (You can choose one or several answers that suits you best).	I have other paid full-time or part-time work; I do volunteer work; I am studying or completing an internship; I am a caregiver (to parents, children or other family member); Something else; I do not have any other work
WHOQOL-BREF	How would you rate your quality of life?	Very good; Good; Neither poor nor good; Poor; Very poor
	How satisfied are you with your health?	Very satisfied; Fairly satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	To what extent do you feel that physical pain prevents you from doing what you need to do?	An extreme amount; A great deal; A moderate amount; A small amount; Not at all
	How much do you need any medical treatment to function in your daily life?	An extreme amount; A great deal; A moderate amount; A small amount; Not at all
	How much do you enjoy life?	An extreme amount; A great deal; A moderate amount; A small amount; Not at all

	To what extent do you feel your life to be meaningful?	An extreme amount; A great deal; A moderate amount; A small amount; Not at all
	How well are you able to concentrate?	Extremely; Very; Moderately; Slightly; Not at all
	How safe do you feel in your daily life?	Extremely; Very; Moderately; Slightly; Not at all
	How healthy is your physical environment?	Extremely; Very; Moderately; Slightly; Not at all
	Do you have enough energy for everyday life?	Completely; To a great extent; Somewhat; Slightly; Not at all
	Are you able to accept your bodily appearance?	Completely; To a great extent; Somewhat; Slightly; Not at all
	Have you enough money to meet your needs?	Completely; To a great extent; Somewhat; Slightly; Not at all
	How available to you is the information you need in your daily life?	Completely; To a great extent; Somewhat; Slightly; Not at all
	To what extent do you have the opportunity for leisure activities (hobbies)?	Completely; To a great extent; Somewhat; Slightly; Not at all
	How well are you able to get around physically?	Extremely; Very; Moderately; Slightly; Not at all
	How satisfied are you with your sleep?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your ability to perform your daily living activities?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your capacity for work?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with yourself?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your personal relationships?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your sex life?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with the support you get from your friends?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with the conditions of your living place?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your access to health services?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How satisfied are you with your transport?	Very satisfied; Fairy satisfied; Neither satisfied nor dissatisfied; Fairly dissatisfied; Very dissatisfied
	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	Never; Infrequently; Sometimes; Frequently; Always
Voluntariness	I feel like my decision to start providing sexual services was completely voluntary.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	I feel like my decision to continue providing sexual services is completely voluntary.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree

Modified Pearlin Mastery Scale	*I can decide what I do in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	*I can stop providing sexual services whenever I want to.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	*Things never work out the way I want them to in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	I cannot solve some of the problems that I have in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	Sometimes I feel that I am commanded (pushed around) in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	I have little control over the things that happen to me in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	Most of the time, I feel helpless in dealing with the problems in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	What happens to me in the future, concerning my work, mostly depends on me.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	There is little I can do to change most of the important things in my work.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
	I can do anything in my work when I put my mind to it.	Strongly agree; Somewhat agree; Somewhat disagree; Strongly disagree
Violence from client	Have any of the following happened to you during the past 6 months? I have experienced physical violence (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) by a client.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
	I have experienced psychological violence (verbally assaulted, harassed or threatened) by a client.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
	I have experienced sexual violence (assaulted or harassed) by a client.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
Violence from family member and/or partner	I have experienced psychological violence (verbally assaulted, harassed or threatened) by them.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
	I have experienced physical violence (pushed, shoved, slapped, hit, kicked, choked, or otherwise physically hurt) by them.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
	I have experienced sexual violence (assaulted or harassed) by them.	Not during the past 6 months; Once during the past 6 months; 2-5 times during the past 6 months; 6 or more times during the past 6 months
Work descriptives	What kind of interaction do you regularly have with your clients? (You can choose one or several answers that suits you best).	No interaction (e.g., photos on a platform); Interaction online or by phone (e.g., chatting, talking or webcamming); Interaction in person but no physical nor sexual contact (e.g., stripping on a scene); Interaction in person with physical but no sexual contact (e.g., massage, kissing or hugging); Interaction in person with sexual contact (e.g., touching genitals or penetration)
	What kind of sexual services do you provide online/by phone? (You can choose one or several answers that suits you best).	I do not provide sexual services online/by phone; Photos/videos; Webcamming; Phone calls/messages with client; Other, what?

	What kind of sexual services are you providing in person?(You can choose one or several answers that suits you best).	I do not provide sexual services in person, only online/by phone; Full services; Escorting; Massage; Dance/stripping; Girl-/boyfriend experience; Sugar dating; Fetish sessions; Other, what?
	Where do you provide sexual services in person?(You can choose one or several answers that suits you best).	I do not provide sexual services in person, only online/by phone; In my home; In client's home; In a brothel; In a strip club/an erotic bar; In a massage parlour; In a hotel; In a studio (e.g., SM); On the street; In a car; In a rented apartment (not my own home); Somewhere else, where?
	For how many years have you been providing sexual services?	Less than 1 year; 1; 2; 3; 4; 5; 6; 7; 8; 9; 10; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20; 21; 22; 23; 24; 25; 26; 27; 28; 29; 30; 31; 32; 33; 34; 35; 36; 37; 38; 39; 40; 41; 42; 43; 44; 45; 46; 47; 48; 49; 50; More than 50 years
	How old were you when you started providing sexual services?	10 years or younger; 11; 12; 13; 14; 15; 16; 17; 18; 19; 20; 21; 22; 23; 24; 25; 26; 27; 28; 29; 30; 31; 32; 33; 34; 35; 36; 37; 38; 39; 40; 41; 42; 43; 44; 45; 46; 47; 48; 49; 50; 51; 52; 53; 54; 55; 56; 57; 58; 59; 60; 61; 62; 63; 64; 65; 66; 67; 68; 69; 70 years or older
	Please, consider how true the following statement is for you: "I often think about quitting my work"	Not at all true; Slightly true; Very true
	When you consider stopping providing sexual services, what are the most common reasons to stop? (You can choose one or several answers that suits you best).	I want to try a new work; I got a better work offer; This is only a temporary work; I do not earn enough money; I do not like my work; I want to study; I am expecting a child; It is affecting my relationship/relationships; I experience too much stigma because of my work; I feel physically/mentally ill; I am retiring soon; Other reason, what?
	What gender is your most typical client?	Man; Woman; Transman; Transwoman; Non-binary; Other, what?
	What is your monthly gross income (before taxes) from providing sexual services?	0-499 €; 500-999 €; 1000-1499 €; 1500-1999 €; 2000-2499 €; 2500-2999 €; 3000-3499 €; 3500-3999 €; 4000-4499 €; 4500-4999 €; 5000-5499 €; 5500-5999 €; 6000-6499 €; 6500-6999 €; 7000-7499 €; 7500-7999 €; 8000-8499 €; 8500-8999 €; 9000-9499 €; 9500-9999 €; 10 000 € or more
	What is your monthly gross income (before taxes) in total (from both providing sexual services and other work)?	0-499 €; 500-999 €; 1000-1499 €; 1500-1999 €; 2000-2499 €; 2500-2999 €; 3000-3499 €; 3500-3999 €; 4000-4499 €; 4500-4999 €; 5000-5499 €; 5500-5999 €; 6000-6499 €; 6500-6999 €; 7000-7499 €; 7500-7999 €; 8000-8499 €; 8500-8999 €; 9000-9499 €; 9500-9999 €; 10 000 € or more
	Assess your economic situation over the last 6 months:	My economic situation is good, and I can save some of my income; My economic situation is good, but I spend all of my income; My economic situation is quite tight, and the money is just enough for the necessary expenses; My economic situation is tight and there is not enough money even for the necessary expenses; My money does not cover all the expenses and I had to take a loan
Modified AUDIT	*Have you used alcohol during the last 6 months? Also include those times when you drink only small amounts, such as a medium bottle of beer or a little bit of wine.	Yes; No

	During the past 6 months...	
	How often have you found that you were not able to stop drinking once you had started?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often have you failed to do what was normally expected of you because of drinking?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often have you had a feeling of guilt or remorse after drinking?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	Have you been unable to remember what happened the night before because you had been drinking?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	Have you or someone else been injured as a result of your drinking?	No; Yes, but not in the past 6 months; Yes, during the past 6 months
	Has a relative or friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?	No; Yes, but not in the past 6 months; Yes, during the past 6 months
Modified DUDIT	*Have you used drugs during the last 6 months? Note. medicines are NOT considered drugs if they have been prescribed for you by a doctor and you are taking them in the doses prescribed by your doctor.	Yes; No
	Over the past 6 months, have you felt that your longing for drugs was so strong that you could not resist it?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	Has it happened, over the past 6 months, that you have not been able to stop taking drugs once you started?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often over the past 6 months have you taken drugs and then neglected to do something you should have done?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often over the past 6 months have you needed to take a drug the morning after heavy drug use the day before?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	How often over the past 6 months have you had guilt feelings or a bad conscience because you used drugs?	Never; Less than monthly; Monthly; Weekly; Daily or almost daily
	Have you or anyone else been hurt (mentally or physically) because you used drugs?	No; Yes, but not in the past 6 months; Yes, during the past 6 months
	Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs?	No; Yes, but not in the past 6 months; Yes, during the past 6 months

Note. Items marked with * were self-made questions added to a scale.

PRESSMEDDELANDE

Sexarbetare som upplever att de har möjlighet att påverka sitt jobb mår bättre

Pro gradu-avhandling i psykologi
Fakulteten för humaniora, psykologi och teologi vid Åbo Akademi

Resultaten från en pro gradu-avhandling vid Åbo Akademi tydde på att ju mer sexarbetarna i Finland upplevde att de kunde påverka sina jobb, desto bättre mådde de. ”Majoriteten av sexarbetarna i studien uppgav att de mådde bra”, säger Mimmi Uusitalo, som skrivit avhandlingen. Resultaten tydde också på att en större andel sexarbetare har använt droger jämfört med den allmänna finska befolkningen, medan alkoholanvändningen inte skilde sig nämnvärt från den allmänna finska befolkningen.

Vidare hade hälften av alla sexarbetare som deltog i vår studie upplevt någon typ av våld (fysiskt, psykiskt, sexuellt eller kombinerat) under de senaste sex månaderna från antingen en kund, familj eller partner. Det innebär att det var vanligare att utsättas för våld bland sexarbetare jämfört med bland andra kvinnliga arbetstagare i Finland. Ju mer våld sexarbetarna hade upplevt, desto sämre mådde de och desto mindre upplevde de att de kunde påverka sina jobb. Ju bättre den ekonomiska situationen var och ju högre inkomsten var, desto bättre mådde sexarbetarna och desto mer upplevde de att de kunde påverka sitt jobb. Sexarbetarnas inkomster var lägre jämfört med andra arbetstagares i Finland.

Den befintliga forskningen om sexarbetare i Finland är begränsad – man har inte tidigare gjort någon enkätundersökning för att undersöka i vilken mån sexarbetare i Finland upplever att de kan påverka sitt jobb. Vi undersökte om sexarbetares upplevelse av att kunna påverka sitt jobb hörde ihop med deras välmående, som mättes genom att undersöka sexarbetarnas livskvalitet och alkohol- samt drogrelaterade problematiska beteenden.

I den aktuella studien analyserades 137 sexarbetares enkätsvar. Enkäten baserades på välanvända frågeformulär för att mäta måendet och i vilken grad sexarbetare i Finland upplever att de kan påverka sitt jobb. Majoriteten av sexarbetarna var kvinnliga finska medborgare.

Avhandlingen utfördes av Mimmi Uusitalo under handledning av Jan Antfolk och Annika Gunst.

Ytterligare information fås av:
Mimmi Uusitalo
Magisterstuderande i psykologi
Psykologi/Åbo Akademi
+358456529950
mimmi.uusitalo@abo.fi