



Original research article

Psychological well-being among women engaged in sex work: a comparison between Slovakia and the Czech Republic and selected associations

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Abstract

Introduction: This research is based on Ryff's model of psychological well-being and on the concepts of stigma and structural stigma. Psychological well-being is understood as a multidimensional indicator of positive psychological functioning, the level of which may also be influenced by the social and institutional context.

Aim: The aim of this paper is to analyse the level of psychological well-being among women engaged in sex work, comparing Slovakia and the Czech Republic, and to examine how this relates to age, education, length of engagement in sex work, and drug use.

Methods: This was a quantitative, cross-sectional, and comparative study. The sample comprised 102 female respondents, of whom 52 were from Slovakia and 50 from the Czech Republic. Psychological well-being was assessed using the 18-item version of Ryff's standardised questionnaire. The data were analysed using IBM SPSS Statistics, employing descriptive and inferential statistical methods.

Results: Statistically significant differences in psychological well-being were found according to country of engagement in sex work and self-reported drug use. Respondents engaged in sex work in the Czech Republic had higher levels of psychological well-being, whereas respondents who reported drug use had lower levels. Age, education, and length of engagement in sex work were not statistically significantly associated with psychological well-being.

Conclusion: The results highlight the need for further research into factors relating to the psychological well-being of women engaged in sex work and, in line with the available literature, underscore the importance of low-threshold, non-judgemental, and integrated services that combine psychosocial assistance and support.

Keywords: Cross-national comparison; Low-threshold service; Psychological well-being; Self-reported drug use; Sex work; Structural stigma

Introduction

This paper focuses on the psychological well-being of women engaged in sex work, comparing the Slovak Republic and the Czech Republic. It seeks to determine whether there are differences in the levels of psychological well-being among respondents in both countries and whether psychological well-being is related to selected variables, specifically age, education, length of engagement in sex work, and drug use. The research problem addressed in this paper is the psychological well-being of women engaged in sex work in the Slovak Republic and the Czech Republic, particularly from a comparative perspective and in relation to selected variables.

This area has not yet been sufficiently studied empirically in either country, particularly from a comparative perspective. At the same time, it is an area of significance for social work,

as women engaged in sex work represent a group with whom social workers come into contact primarily through outreach services, low-threshold services, counselling services, and support services. Examining psychological well-being in this population may therefore contribute to a better understanding of their situation and to the more precise tailoring of professional support. In light of current knowledge, research in this area has more frequently focused on risk factors and the negative consequences associated with sex work, whereas psychological well-being as a distinct subject of study remains less explored.

This paper therefore focuses on a specific indicator of psychological functioning and examines its variability in relation to the country in which respondents engaged in sex work and selected respondent characteristics. This is also where its significance for the field of social work lies.

The innovative aspect of this paper lies in the fact that it compares two similar national contexts – Slovakia and the

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Czech Republic – whilst also examining the links between psychological well-being and selected socio-demographic and situational variables. Within the national context, this is a topic that has not been sufficiently explored empirically using quantitative methods, yet it has clear practical significance from a social work perspective. The aim of this paper is to analyse the level of psychological well-being among women engaged in sex work by comparing Slovakia and the Czech Republic, and to examine its relationship to age, education, length of engagement in sex work, and drug use. The main aim of the paper is complemented by five sub-objectives:

1. To compare levels of psychological well-being among respondents engaged in sex work in Slovakia and the Czech Republic.
2. To assess the relationship between the respondents' age and their levels of psychological well-being.
3. To compare levels of psychological well-being among respondents according to educational attainment.
4. To assess the association between length of engagement in sex work and psychological well-being.
5. To compare levels of psychological well-being between respondents who reported using drugs and those who did not.

Theoretical framework

The research is based on two theoretical frameworks. The primary framework is Ryff's model of psychological well-being, from which this paper draws the understanding of psychological well-being as an independent and multidimensional construct of positive psychological functioning, rather than merely the absence of psychological difficulties (Ryff, 1989; Ryff and Keyes, 1995). The secondary framework is the concept of stigma and structural stigma, from which the research proceeds on the assumption that the psychological well-being of women involved in sex work is shaped not only by individual characteristics, but also by social norms, institutional practices, and barriers to accessing services (Hatzenbuehler and Link, 2014; Link and Phelan, 2001).

In this text, the term 'sex work' is used to refer to consensual sexual services provided in exchange for payment between adults; this term also serves to analytically distinguish sex work from human trafficking and other forms of forced sexual exploitation (UNAIDS, 2024). In line with Ryff's concept, the term 'psychological well-being' is understood in this paper as positive psychological functioning. The term 'stigma' refers to the process of social devaluation and discrediting of a particular group, whilst 'structural stigma' refers to its systemic and institutionalised forms, which may also manifest as restricted access to health, social, and counselling services (Hatzenbuehler and Link, 2014; Link and Phelan, 2001). From a social work perspective, this is an area in which fieldwork, counselling, and support-based approaches are primarily employed; for vulnerable groups, a low-threshold approach to support is also significant (ROZKOŠ bez RIZIKA, 2026; Štefáková, 2016; UNAIDS, 2024).

Social work is, in fact, a profession based on the principle of social justice, which justifies the need for non-judgemental and non-discriminatory support for this target group (Jusko et al., 2019). Within the Slovak professional community, the issue of prostitution is also addressed as a topic of social work, particularly in relation to the need for professional assistance, prevention, and support for those working in this field (Vansač and Kenderešová, 2024). In this context, the harm reduction approach is also relevant; it is based on non-judgement, respect for choice, and the reduction of social and health-related

harm (Cintulová and Brédová, 2025; Cintulová et al., 2022). Current literature demonstrates that research into the mental health of women in sex work focuses primarily on psychological distress, depression, anxiety, PTSD, suicidal behaviour, and the use of psychoactive substances (Martín-Romo et al., 2023; Millan-Alanis et al., 2021). A systematic review and meta-analysis of 80 studies reports significant heterogeneity in the findings, with the most vulnerable subpopulations including, in particular, women living with HIV, migrant women, and women who use psychoactive substances (Kalinowski et al., 2025). More recent empirical studies also indicate that psychological distress is associated with internalised stigma and lower levels of self-determination in sex work (Brunswig et al., 2026), and that psychological distress may also be linked to somatic symptoms and coping mechanisms (Tam et al., 2022). The literature also identifies the use of psychoactive substances and the length of engagement in sex work as relevant to the analytical focus of this paper; in Yedemie's (2025) research, these were negatively associated with psychological well-being.

To facilitate interpretation in an international context, the relevant national contexts are also outlined. In the Czech Republic, some sex work has shifted from nightclubs to private premises and flats, reducing its visibility and making the population more difficult to map and reach through support services. At the same time, women engaged in private or indoor sex work do not constitute a homogeneous group (Ondrášek and Kajanová, 2017). In the Slovak context, Valkovičová (2017) highlights a legal vacuum and a narrative of 'tolerated invisibility', within which indoor forms are largely tacitly tolerated, whilst outdoor forms remain more exposed to monitoring in public spaces. In both the Slovak and Czech contexts, there are organisations that work with this target group in a low-threshold or outreach capacity, specifically OZ Odysseus, OZ Prima, the STORM Association, and ROZKOŠ bez RIZIKA. Therefore, in this paper, the national context is primarily understood as a contextual framework, rather than as a direct explanation of the differences identified between the countries. It allows the issue under investigation to be situated within the context of social work and the availability of services in both countries, whilst the mechanisms themselves that might explain the cross-national differences were not directly measured in this research.

Materials and methods

The research was designed as a quantitative, cross-sectional, and comparative study, aimed at identifying and comparing the levels of psychological well-being among women engaged in sex work in the Slovak Republic and the Czech Republic. The chosen design was based on the aim of measuring psychological well-being using a standardised assessment tool and analysing its relationship with selected demographic, social, and occupational characteristics of the respondents. The research sample comprised 102 respondents, of whom 52 were from the Slovak Republic (51.0%) and 50 from the Czech Republic (49.0%). The study included women engaged in sex work in both countries; in line with an inclusive approach, individuals assigned male at birth who identified as women were also eligible for inclusion in the sample, provided they met the specified criteria. The sample was selected using purposive and convenience sampling, which was appropriate given the nature of the population under study – a socially vulnerable group that is difficult to reach. Data collection in Slovakia was carried out in collaboration with two relevant organisations providing

services to this target group, namely OZ Odyseus and the Združenie STORM, and in the Czech Republic in collaboration with the non-profit organisation ROZKOŠ bez RIZIKA. Collaboration with these organisations facilitated contact with the respondents whilst also ensuring the safety, credibility, and ethical appropriateness of the research process.

The main variable under investigation was psychological well-being, operationalised using Ryff's 18-item standardised psychological well-being questionnaire. The items were rated on a 6-point Likert scale, with a higher response score indicating a greater degree of agreement with the statement in question. Before calculating the total score, the reverse-scored items were recoded so that all items pointed in the same direction in terms of meaning; that is, so that a higher score indicated a higher level of psychological well-being. The total score was calculated as the sum of the responses to all 18 items following the recoding of the reverse-scored items. The possible total score ranges from 18 to 108 points, with a higher score indicating a higher level of psychological well-being in the respondent. The internal consistency of the scale's total score was acceptable in the sample under study (Cronbach's $\alpha = 0.736$). The research instrument also included original items mapping selected characteristics of the respondents, in particular: country, age, education, length of time engaged in sex work, and drug use. These variables were included in the analysis as differentiating and interpretative indicators in relation to psychological well-being. The variable 'drug use' was operationalised using a self-designed dichotomous item: 'Are you a drug user?', with 'yes' or 'no' as possible responses. In the event of a positive response, respondents were asked to specify the name or combination of substances used and the duration of use. The item did not have an explicitly defined time frame and did not distinguish between frequency, intensity, problematic use, or categories of legal and illegal substances. In the present analysis, only dichotomous categorisation based on the 'yes' or 'no' response was used; the variable therefore reflects self-reported drug use, not clinically diagnosed or frequency-graded use. Data collection took place systematically in the second half of 2024 using a paper-based questionnaire. The questionnaire was anonymous and the respondents completed it with the assistance of a field worker. The administration of the survey was carried out in collaboration with the participating organisations and their staff, who facilitated the respondents' participation in the research. This method of data collection was chosen in view of the specific characteristics of the target group, its limited accessibility, the need for safe and trustworthy contact, and the sensitivity of the issue under investigation.

Once data collection was complete, the data from the completed questionnaires were transferred to a statistical programme for further processing and analysis. The data obtained were processed using IBM SPSS Statistics. The significance level was set at $\alpha = 0.05$. Data analysis involved descriptive statistical methods, in particular absolute and relative frequencies, followed by inferential statistical methods. When comparing groups, non-parametric tests were used, given the nature of the data. The Mann-Whitney U test was used to compare two independent groups. Correlation analysis, specifically Spearman's correlation coefficient, was used to assess the relationships between the selected variables. The results were interpreted in relation to the research objective and the differentiation variables under investigation. The validity of the study was supported by the use of a standardised measurement tool and expert consultations with social workers,

psychologists, and field workers from partner organisations. These consultations contributed to the appropriate design of the research procedure, a more sensitive formulation of the items, and respect for the specific characteristics of the study population. The research was conducted with an emphasis on the ethical principles governing research involving human participants, particularly a vulnerable and stigmatised group. The respondents' participation was voluntary and subject to informed consent, which was set out on the front page of the questionnaire; by completing the questionnaire, the respondent expressed her consent to participate in the research.

Before taking part in the research, the respondents were informed of the aim of the research, the nature of the data being collected, how it would be processed, the principle of anonymity, and their right to refuse to take part or to withhold answers to individual questions at any time without any negative consequences. The research process was designed so as not to compromise their safety, confidentiality, or access to the services they use. Particular attention was paid to protecting anonymity, ensuring the secure handling of data, and minimising psychological distress, stigmatisation, and secondary traumatisation. The research presented in this paper was conducted in accordance with the ethical principles of the 1964 Declaration of Helsinki, as revised in 2013. All participants were treated with dignity and respect, with due regard for the protection of their rights, anonymity, safety, and privacy. The preparation and publication of the manuscript were guided by the recommendations and ethical standards of COPE (Committee on Publication Ethics).

Results

Psychological well-being by country of engagement in sex work

A descriptive analysis of the psychological well-being scores of female respondents from Slovakia and the Czech Republic revealed differences between the groups being compared, with the Czech Republic respondents scoring higher. Across the entire sample, the mean psychological well-being score was 64.35 ($SD = 14.88$; $Mdn = 62.50$), with scores ranging from 25.00 to 100.00 (Table 1). Descriptive statistics suggested differences in psychological well-being according to country of engagement in sex work (Chart 1).

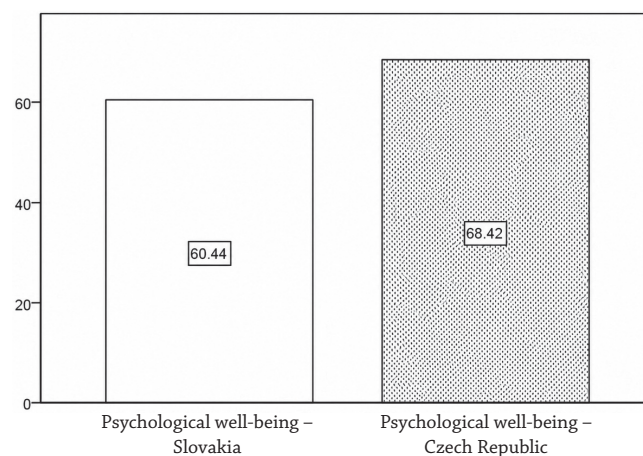


Chart 1. Mean psychological well-being score by country of engagement in sex work

Table 1. Descriptive characteristics of psychological well-being scores by country of engagement in sex work

Country	Level of psychological well-being
Slovak Republic	
<i>N</i>	52
Mean	60.44
Standard deviation	12.90
Median	58.00
Minimum	34.00
Maximum	92.00
Czech Republic	
<i>N</i>	50
Mean	68.42
Standard deviation	15.81
Median	69.00
Minimum	25.00
Maximum	100.00
Total	
<i>N</i>	102
Mean	64.35
Standard deviation	14.88
Median	62.50
Minimum	25.00
Maximum	100.00

The Mann–Whitney *U* test was used to confirm the statistical significance of the differences reported. We compared levels of psychological well-being; the median and mean scores for psychological well-being among Slovak female respondents were: *Mdn* = 58.0; *M* = 60.44. The median and mean psychological well-being scores for Czech female respondents were: *Mdn* = 69.0; *M* = 68.42. The Mann–Whitney *U* test showed that this difference is statistically significant: $U(N_{SR}=52, N_{CR}=50) = 859.00, z = -2.95, p = 0.003$. The effect size, with $z = -2.954$ and a total number of respondents $N = 102$, was $r = 0.293$, representing a small to medium effect. The Mann–Whitney *U* test demonstrated a statistically significant difference in psychological well-being between respondents engaged in sex work in Slovakia and those engaged in sex work in the Czech Republic. Respondents engaged in sex work in the Czech Republic had significantly higher mean psychological well-being scores than those engaged in sex work in Slovakia.

Association between age and psychological well-being

Table 2 presents the results of a correlation analysis of the relationship between age and levels of psychological well-being in the analysed sample. Spearman's correlation revealed a very weak positive relationship between the respondents' age and their levels of psychological well-being; however, the association was not statistically significant.

Spearman's correlation revealed a very weak association between the respondents' age and their level of psychological

Table 2. Correlation analysis of the association between age and psychological well-being

	Age	Level of psychological well-being
Spearman's correlation	1	0.06
<i>p</i> -value		0.577
Total	102	102

well-being, which was not statistically significant. The results of the correlation analysis therefore did not demonstrate a statistically significant association between the variables under study.

Psychological well-being by educational attainment

The Mann–Whitney *U* test was used to confirm the statistical significance of the differences. We compared levels of psychological well-being between participants with a lower level of educational attainment ($N = 73$, mean rank = 48.99) and those with a higher level of educational attainment ($N = 29$, mean rank = 57.83). The Mann–Whitney *U* test indicated that the difference between the groups was not statistically significant, $U(N_{lower}=73, N_{higher}=29) = 875.00, z = -1.36, p = 0.173$; the effect size was small ($r = 0.135$), which does not support the conclusion that there is a significant difference between the groups. The results are shown in Table 3.

Table 3. Results of the Mann–Whitney *U* test for differences in psychological well-being scores by educational attainment

	Level of psychological well-being
Mann–Whitney <i>U</i> test	875.00
Wilcoxon <i>W</i>	3576.00
<i>z</i>	-1.36
<i>p</i> -value	0.173
<i>r</i>	0.135

The Mann–Whitney *U* test did not reveal a statistically significant difference in levels of psychological well-being between respondents with lower and higher levels of educational attainment.

Association between length of engagement in sex work and psychological well-being

We assessed the relationship between the number of years of engagement in sex work and levels of psychological well-being. Spearman's correlation revealed a very weak, negative, yet statistically insignificant relationship, $r = -0.02, p = 0.840, N = 96$. The results are shown in Table 4.

Table 4. Correlation analysis of the association between length of engagement in sex work and psychological well-being

	Length of engagement in sex work (years)	Level of psychological well-being
Spearman's correlation	1	-0.02
<i>p</i> -value		0.840
<i>N</i>	96	96

Correlation analysis did not reveal a statistically significant association between the length of engagement in sex work and levels of psychological well-being; the correlation found was very weak and negative.

Psychological well-being according to self-reported drug use

The Mann–Whitney *U* test was used to confirm the statistical significance of the differences. When comparing levels of

psychological well-being between respondents who reported drug use ($N = 49$, mean rank = 42.18) and those who did not report drug use ($N = 53$, mean rank = 60.11), we found that the differences between the mean ranks were statistically significant. The Mann–Whitney U test for psychological well-being showed that this difference was significant, $U(N_{\text{users}} = 49, N_{\text{non-users}} = 53) = 842.00$, $z = -3.06$, $p = 0.002$; the effect size was $r = 0.303$, which represents a moderate effect. The results are shown in Table 5.

Table 5. Results of the Mann–Whitney U test for differences in psychological well-being scores according to self-reported drug use

	Level of psychological well-being
Mann–Whitney U test	842.00
Wilcoxon W	2067.00
z	-3.06
p -value	0.002
r	0.303

A statistically significant difference in levels of psychological well-being was found between respondents who reported drug use and those who did not, with respondents reporting drug use achieving lower levels of psychological well-being.

Discussion

The research showed that psychological well-being differed significantly between respondents engaged in sex work in Slovakia and those engaged in sex work in the Czech Republic, and according to self-reported drug use. No statistically significant association was found between psychological well-being and either age or length of engagement in sex work, and no statistically significant difference was found according to educational attainment. The broader social, occupational, and institutional context may be viewed as a relevant interpretative framework based on the available literature; however, it was not directly measured in this study and therefore cannot be regarded as an empirically verified explanation for the observed differences.

In this regard, Beattie et al. (2020) point out that the mental health of women engaged in sex work is affected by poverty, violence, alcohol and drug use, HIV, and stigmatisation, and that structural and occupational risks – such as discrimination, marginalisation, police harassment, coercion, and limited access to services – also play an important role. Their meta-analysis also revealed significant associations between violence and depression, violence and suicidal behaviour, alcohol and suicidal behaviour, illicit drugs and depression, as well as between depression and HIV infection. This is also consistent with the current body of literature, which highlights the high heterogeneity of mental health among women in sex work and the significance of structural and group-specific risks, particularly among women who use psychoactive substances (Kalinowski et al., 2025).

The statistically significant difference between respondents from Slovakia and the Czech Republic can be cautiously discussed in the context of the literature on stigma, structural barriers, and access to services; however, it cannot be directly explained by these factors. Our research did not directly measure variables such as stigma, internalised stigma, experience of violence, legal status, type of sex work, working

conditions, the extent of contact with support organisations, or the availability of services. The observed difference therefore points, in particular, to the need for further research that would specifically examine these mechanisms. The relevance of stigma is also supported by Tomko et al. (2021), who found that internalised stigma among women engaged in sex work was associated with depression and lower perceived control over their situation. The importance of the structural context is also highlighted by Bensen et al. (2025), who found that the stigma surrounding sex work manifests itself particularly in interactions with the healthcare system, the police, the community, and the family. An international study by Brunswig et al. (2026) demonstrated that psychological distress was positively associated with internalised stigmatisation and negatively associated with self-determination in sex work; the respondents also emphasised the need for destigmatisation, better access to healthcare, and improved labour rights.

Our findings are consistent with this line of research; however, they do not allow us to conclude that the difference between Slovakia and the Czech Republic was caused specifically by differing levels of stigma or the availability of services, as these variables were not measured directly in our study. A meta-analysis also supports caution in drawing such unequivocal conclusions; neither the legal status of sex work nor a country's economic conditions emerged as clear moderators of mental health difficulties (Kalinowski et al., 2025). For the Czech context, it is also relevant to note that part of the sex work is shifting to private premises and flats, which increases the secrecy of this scene and makes contact with services more difficult; at the same time, this is a heterogeneous group that cannot be understood in a uniform manner (Ondrášek and Kajanová, 2017).

The results of analyses focusing on psychological well-being in relation to age, education, and length of engagement in sex work show that these variables were not statistically significantly associated with levels of psychological well-being in the sample studied. This finding is not at odds with previous research. Krumrei-Mancuso (2017) demonstrated that the psychological functioning of women in sex work may be more closely linked to quality of life, violence, motivation to remain in or leave the industry, and perceptions of alternative employment than to demographic characteristics alone; in her study, higher education was associated with lower depressive symptoms, whilst age was more closely linked to lower confidence in finding alternative work. Similarly, a more recent German study showed that significant correlates of mental health disorders were more likely to include homelessness, lower income, experiences of threats and controlling behaviour, and work-related stress than age or education (Kroehn-Liedtke et al., 2025). In our sample, the results of the analyses carried out under sub-objectives 2 to 4 can only be interpreted to mean that age, education, and the length of time spent engaging in sex work were not statistically significantly associated with psychological well-being. This opens up the possibility that other factors may play a more significant role, such as working conditions, experiences of violence, stigma, the type of sex work, legal status, or the availability of services. However, these factors were not directly measured in this study; therefore, their significance remains a subject for further research. With regard to the length of engagement in sex work, one can only hypothetically consider the interaction of opposing mechanisms: namely, the accumulation of stress on the one hand, and adaptation or the development of coping strategies on the other. This is one reason why the literature does not present a consistent picture; whilst Yedemie (2025) found a

negative correlation between psychological well-being and the number of years of engagement in sex work, the social and structural context was different.

The clearest result came from the analysis carried out as part of the fifth sub-objective. Female respondents who reported drug use had a significantly lower level of psychological well-being than those who did not report drug use. This finding is consistent with the systematic review and meta-analysis by Beattie et al. (2020), according to which the use of illicit drugs among women in sex work is statistically significantly associated with depression; however, given the cross-sectional nature of the available studies, this relationship cannot be interpreted as causal. This finding is consistent with previous research. Yedemie (2025) identified a strong negative correlation between psychological well-being and drug use among women in sex work, whilst also highlighting the need for a trauma-informed approach and the availability of psychological and addiction services. In their meta-analysis, Kalinowski et al. (2025) identified women engaged in sex work who used psychoactive substances as a subgroup with higher levels of psychological difficulties. Our findings therefore support a cautious interpretation that, in the sample studied, self-reported drug use was significantly associated with lower levels of psychological well-being. However, given the dichotomous self-report operationalisation, this result cannot be interpreted in terms of frequency, intensity, type of substance, or the problematic nature of use. Similarly, more recent qualitative findings from Pakistan indicate that sexualised drug use among individuals engaged in sex work was associated with poorer mental health, occupational demands related to sex work, risky sexual practices, and the need to integrate harm reduction, HIV prevention, and psychological support (Ali et al., 2025). From a methodological perspective, however, one cannot speak of a direct causal effect, but only of a statistically significant association. According to Stachoň and Budoš Vrtová (2021), social work is a profession based on the ideal of social justice, which justifies the need for non-judgemental and non-discriminatory support for this target group.

From a social work perspective, the findings have three main implications:

- Support for women engaged in sex work cannot be differentiated solely on the basis of age, education, or length of engagement in sex work, as these variables did not prove to be significant in our research.
- Given the observed association between self-reported drug use and lower psychological well-being, it is necessary to integrate psychosocial support, mental health interventions, and harm reduction.
- Given the differences observed between countries and the evidence regarding stigma and barriers to accessing services, there is a case for strengthening low-threshold, non-judgemental, and safe forms of support.

Within the broader context of supporting women exposed to violence, crisis intervention also plays a significant role as part of specialist support (Kimpanová et al., 2023; Šrobárová, 2016). Available research shows that subjectively perceived stigma, judgemental attitudes among service providers, and other social and structural barriers reduce the willingness of people engaged in sex work to seek services, whereas community-oriented, trauma-informed interventions based on peer support can improve access to support (Brunswig et al., 2026; Rahaman and Shamma, 2025; Ranjit et al., 2024). For social

work, this implies the need to develop integrated and flexible services that minimise the risk of secondary stigmatisation and link mental health, counselling, and support for substance use.

Limitations of the research

When interpreting the results, it is necessary to take into account the methodological limitations of the study. The study is cross-sectional in nature and therefore does not allow for causal conclusions to be drawn. Furthermore, stigma, internalised stigma, violence, and the availability of services were not measured directly; consequently, their significance can only be discussed indirectly through theoretical frameworks and comparison with other studies. Another limitation is the method of operationalising drug use, which was measured using a dichotomous self-assessment item without an explicitly defined time frame and without further distinction regarding frequency, intensity, type of substance, legality of the substance, or the extent of problematic use. Nevertheless, the results show that, in the sample studied, psychological well-being differed significantly according to country of engagement in sex work and self-reported drug use. No statistically significant association was found between psychological well-being and either age or length of engagement in sex work, and no statistically significant difference was found according to educational attainment. The significance of stigma, working conditions, access to services, experiences of violence, and other structural factors needs to be investigated in further research incorporating these variables as targeted variables.

Conclusion

This paper presents empirical findings on psychological well-being among women engaged in sex work in Slovakia and the Czech Republic and examines selected associations. The results showed that psychological well-being differed significantly according to country of engagement in sex work, with higher levels among respondents engaged in sex work in the Czech Republic than among those engaged in sex work in Slovakia. A statistically significant difference was also found according to self-reported drug use, with respondents who reported drug use showing lower levels of psychological well-being. No statistically significant association was found between psychological well-being and either age or length of engagement in sex work, and no statistically significant difference was found according to educational attainment. The possible significance of broader social, occupational, and risk-related circumstances cannot be directly confirmed from these data, but it represents a potential avenue for further research. From a social work perspective, the results, in conjunction with the available literature, support the importance of accessible, low-threshold, non-judgemental, and integrated services that combine psychosocial support, mental health support, and interventions relating to the use of psychoactive substances. Despite the study's limitations, particularly its cross-sectional nature and the inability to draw causal conclusions, this paper expands existing knowledge within the national context and highlights the need for further research focusing on stigma, internalised stigma, experiences of violence, working conditions, legal status, the type of sex work, the availability of services, and the extent of contact with support organisations as possible factors related to the psychological well-being of this vulnerable group.

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Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

References

1. Ali U, Samo RN, Riaz U, Ullah A, Shahswar Ali M, Ali SA, Maqsood K (2025). Factors, practices and health needs of men who have sex with men, transgender and female sex workers engaged in sexualized drug use in Pakistan. *AIDS Care* 37(10): 1768–1784. DOI: 10.1080/09540121.2025.2545302.
2. Beattie TS, 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 Med* 17(9): e1003297. DOI: 10.1371/journal.pmed.1003297.
3. Bensen L, Hill MR, Gardner J, Thompson AE (2025). Gender identity and sexual experience: an intersectional analysis of experienced stigma among U.S. sex workers. *Arch Sex Behav* 54(8): 3061–3069. DOI: 10.1007/s10508-025-03210-6.
4. Brunswig F, Desbuleux-Rettel JFM, Kratzer L, Holmström C, Lotzin A, Schweizer K, et al. (2026). Sex work stigma and psychological distress – a mixed-methods analysis of an international sample of sex workers. *Sex Res Soc Policy* 23: 182–190. DOI: 10.1007/s13178-025-01133-4.
5. Cintulová LL, Brédová S (2025). Social work with injecting drug users in the context of stigmatization. 1st ed. Dublin: International Scientific Board of Catholic Researchers and Teachers in Ireland, 148 p. [online] [cit. 2026-03-08]. Available from: https://www.researchgate.net/publication/410448252_Social_work_with_injecting_drug_users_in_the_context_of_stigmatization_Dublin_ISBCRTI
6. Cintulová LL, Budayová Z, Brédová S (2022). Sociálna prevencia a príprava sociálnych pracovníkov v oblasti prevencie. Bratislava: Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety, n. o., 250 p.
7. Hatzenbuehler ML, Link BG (2014). Introduction to the special issue on structural stigma and health. *Soc Sci Med* 103: 1–6. DOI: 10.1016/j.socscimed.2013.12.017.
8. Jusko P, Stachoň M, Budoš Vrtová J (2019). Sociálna spravodlivosť ako zásada sociálnej politiky a sociálnej práce. *Konijn Stud Spoř Ekon* 5(2): 111–128. DOI: 10.30438/kse.2019.5.2.2.
9. Kalinowski O, Lotysh A, Kaya G, Kroehn-Liedtke F, Zerbe LK, Mihaylova H, et al. (2025). Prevalence, risk and resilience factors of mental health conditions among female sex workers: a systematic review and meta-analysis. *Front Public Health* 12: 1455999. DOI: 10.3389/fpubh.2024.1455999.
10. Kimpanová L, Baláži I, Oláh M (2023). Domáce násilie páchané na ženách v kontexte povedomia o krízovej intervencii. *Sociálno-zdravotnícke spektrum* 27: 1–14. [online] [cit. 2026-03-20]. Available from: <https://www.szspektrum.eu/wp-content/uploads/2023/10/Kimpanova-2.pdf>
11. Kroehn-Liedtke F, Kalinowski O, Kaya G, Lotysh A, Mihaylova H, Sipos K, et al. (2025). A quantitative study on female sex workers' mental health in Germany. *Front Public Health* 13: 1590151. DOI: 10.3389/fpubh.2025.1590151.
12. Krumrei-Mancuso EJ (2017). Sex Work and Mental Health: A Study of Women in the Netherlands. *Arch Sex Behav* 46(6): 1843–1856. DOI: 10.1007/s10508-016-0785-4.
13. Link BG, Phelan JC (2001). Conceptualizing stigma. *Annu Rev Sociol* 27: 363–385. DOI: 10.1146/annurev.soc.27.1.363.
14. Martín-Romo L, Sanmartín FJ, Velasco J (2023). Invisible and stigmatized: a systematic review of mental health and risk factors among sex workers. *Acta Psychiatr Scand* 148(3): 255–264. DOI: 10.1111/acps.13559.
15. Millan-Alanis JM, Carranza-Navarro F, de León-Gutiérrez H, Leyva-Camacho PC, Guerrero-Medrano AF, Barrera FJ, et al. (2021). Prevalence of suicidality, depression, post-traumatic stress disorder, and anxiety among female sex workers: a systematic review and meta-analysis. *Arch Womens Ment Health* 24(6): 867–879. DOI: 10.1007/s00737-021-01144-1.
16. Ondrášek S, Kajanová A (2017). "It is such a very free job." Selected aspects of the lifestyle of women in the private sex business. *Kontakt* 19(1): e67–e72. DOI: 10.1016/j.kontakt.2017.01.009.
17. Rahaman MA, Shamma FT (2025). Socio-cultural challenges and mental health needs of female sex workers in Bangladesh: a call for culturally sensitive interventions. *Int J Equity Health* 24(1): 252. DOI: 10.1186/s12939-025-02544-w.
18. Ranjit YS, Meisenbach R, Roscoe R, Joshi O (2024). Understanding mobile use behavior, stigma and associated needs among female sex workers in Nepal: a qualitative study. *Front Commun* 9: 1259463. DOI: 10.3389/fcomm.2024.1259463.
19. ROZKOŠ bez RIZIKA (2026). ROZKOŠ bez RIZIKA. [online] [cit. 2026-03-20]. Available from: <https://rozkosbezrizika.cz/>
20. Ryff CD (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J Pers Soc Psychol* 57(6): 1069–1081. DOI: 10.1037/0022-3514.57.6.1069.
21. Ryff CD, Keyes CL (1995). The structure of psychological well-being revisited. *J Pers Soc Psychol* 69(4): 719–727. DOI: 10.1037//0022-3514.69.4.719.
22. Šrobárová S (2016). Krízová intervencia pri špecifických životných situáciách. In: Šrobárová S (Ed.). *Krízová intervencia v multidisciplinárnom kontexte*. 1st ed. Ružomberok: Katolícka univerzita v Ružomberku, VERBUM – vydavateľstvo KU, pp. 111–144.
23. Stachoň M, Budoš Vrtová J (2021). Sociálna kritika a sociálna práca. 1st ed. Banská Bystrica: Univerzita Mateja Bela v Banskej Bystrici, Vydavateľstvo Univerzity Mateja Bela v Banskej Bystrici – Belianum, 145 p. DOI: 10.24040/2021.9788055719290.
24. Štefáková L (2016). Terminologické vymedzenie metód a metodiky sociálnej práce. In: Štefáková L, Hulínová V (Eds). *Metódy a metodika sociálnej práce I: formy a druhy sociálnej práce*. 1st ed. Ružomberok: Katolícka univerzita v Ružomberku, VERBUM – vydavateľstvo KU, pp. 15–35.
25. Tam CC, Zhou Y, Qiao S, Li X, Shen Z (2022). Mindfulness, psychological distress, and somatic symptoms among women engaged in sex work in China. *Appl Psychol: Health and Well-Being* 14(3): 967–986. DOI: 10.1111/aphw.12362.
26. Tomko C, Nestadt DE, Rouhani S, Silberzahn BE, Haney K, Park JN, et al. (2021). Confirmatory factor analysis and construct validity of the Internalized Sex Work Stigma Scale among a cohort of cisgender female sex workers in Baltimore, Maryland, United States. *J Sex Res* 58(6): 713–723. DOI: 10.1080/00224499.2020.1755821.
27. UNAIDS (2024). Terminology guidelines. Geneva: Joint United Nations Programme on HIV/AIDS. [online] [cit. 2026-03-20]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-terminology-guidelines_en.pdf
28. Valkovičová V (2017). Prostitúcia, governmentálna a techniky moci: konsenzuálne poskytovanie sexuálnych služieb na Slovensku. *Acta FF ŽČU* 9(1): 7–30. [online] [cit. 2026-03-20]. Available from: <http://hdl.handle.net/11025/26213>.
29. Vansač P, Kenderešová E (2024). Problematika prostitúcie v súčasnej spoločnosti v kontexte sociálnej práce. In: *Sociálna práca v súčasnej spoločnosti 3*. Ružomberok: Katolícka univerzita v Ružomberku, VERBUM – vydavateľstvo KU, pp. 305–322.
30. Yedemie YY (2025). Unseen and unheard: exploring psychological well-being, drug use, and resilience strategies among female sex workers in Ethiopia. *J Soc Serv Res*: 1–17. DOI: 10.1080/01488376.2025.2575382.