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Impact of Legal Systems on Sex Workers' Engagement with Welfare Systems: Comparing Sweden and the Netherlands

Khimjee, Sarah

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“Impact of Legal Systems on Sex Workers’ Engagement with Welfare Systems: Comparing Sweden and the Netherlands”

Leiden University MAIR Thesis ¹

by Sarah Khimjee

Supervisor: Dr. Marion Pluskota

Second Reader: Dr. M.G. Palacio Ludeña

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S3476324

s.khimjee@umail.leidenuniv.nl

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Introduction

While personal biases are ingrained in societies, prejudices can negatively impact lives when enshrined in legislation. Globally, sex workers are amongst the more marginalized communities (Amnesty International, 2016) – often legislatively isolated from access to social, economic and health systems. Besides codification of societal discrimination, these legislative anomalies cause economic insecurities and challenges in accessing legal and welfare systems. A large proportion of sex workers are female, further exacerbating their marginalization.

Per Esping-Andersen, global welfare systems within modern nation states can broadly be characterized across three categories – liberal, corporative, and social-democratic (Esping-Andersen, 1990). Liberal welfare systems are characterized by “modest social insurance plans,” and cater specifically to “a clientele of low-income, usually working-class, state dependents” (Esping-Andersen, 1990). Corporatist welfare states call for very traditional remits of social insurance, such as excluding non-working mothers and putting the burden of care on families, in alignment with their inherent subsidiarity principle which “serves to emphasize that the state will only interfere when the family's capacity to service its members is exhausted” (Esping-Andersen, 1990). Social democratic states promote “an equality of the highest standards, rather than an equality of minimal needs;” however, they are intrinsically

linked to work, as “welfare state(s) genuinely committed to a full employment guarantee and a welfare state(s) entirely dependent on its attainment” (Esping-Andersen, 1990). This is important to keep in mind when it comes to protection of residents who take on jobs that have anomalous legislation, such as sex workers.

Esping-Andersen categorizes Sweden as a social democratic welfare state, which is largely focused on equalizing all individuals under a highly effective welfare system. The Netherlands “is usually regarded as a ‘hybrid’ type, in between Esping-Andersen’s regime types of corporatism and social-democracy,” while institutionally, it imbibes more social-democratic characteristics, as highlighted by its social security system that covers workers with social insurance and citizens with comprehensive benefits (Oorschot, 2006). While both Sweden and the Netherlands broadly seem aligned to the social-democratic welfare system, it is imperative to look at how this plays out in practice, especially when considering marginalized groups’ engagement with these systems.

One large consequence of marginalization is individuals’ lack of access to welfare systems. A recent report concluded that “millions of people, including some of the world’s most marginalized groups, are unable to benefit from the very systems that have been set up to protect them” (OHCHR, 2022). An estimated 40% of individuals across the EU who are entitled to welfare rights and benefits do not sign up for them and/or are unable to access them (OHCHR, 2022). It is imperative for governments to be able to address this on a systemic level, as “by failing to address why people cannot access the benefits they are entitled to, governments risk perpetuating the very poverty and inequalities these systems are designed to wipe out” (OHCHR, 2022). The phenomenon of social exclusion in the context of a modern welfare state represents marginalized groups’ lack of “participation in all kinds of institutional, social, cultural and political associations.” (Kloprogge, n.d.). They also “lack the resources that people commonly use to participate in society,” such as income, health, welfare, social participation, housing, education, paid employment (Kloprogge, n.d.). Research

highlights the high rates of social exclusion sex workers across the globe are subject to (Government of UK, 2014) (Ziegler, 2020).

Of a list of 162 countries, ~52% regulate some form of legal prostitution, though the makeup of social welfare systems differs across the countries that regulate prostitution (ProCon.Org, n.d.). Sweden ranks first in the EU on the Gender Equality Index (Gender Equality Index, 2023). Ironically, its legal model for sex work is confounding as it is abolitionist in its composition, as it permits the sale of sexual services, but not the purchase or third-party vending of them, deeming all forms of sex work as violence against women (Ekberg, 2004). In addition to being perilous, the law is inherently anti-feminist in its construct. The Netherlands, on the other hand, has a framework where selling and purchasing sex is legal and regulated, including for third parties. Both nations offer a range of welfare options to qualifying residents, across a variety of categories, including housing, childcare, healthcare, education, etc. While both states broadly fall under Esping-Andersen's social-democratic welfare typology, the welfare offerings within the legislatures differ from the lived experiences of sex workers trying to access them across both geographies.

Scholars have conducted research across multiple facets of the sex work industries in the Netherlands and Sweden – from Post, Che, Brouwer, and Vols exploring legal models, to Shah situating the industry within the global political economy and beyond. However, a forthcoming literature review reveals that the data linking sex workers' access to welfare systems was not abundant, let alone specific to Sweden and the Netherlands. While there is data on various welfare systems across, sex workers' engagement with these is rarely directly documented and analyzed in the context of the geographies being discussed in this paper. Furthermore, due to the abolitionist nature of the Nordic model, there is a general hesitancy for primary sources from the industry within Sweden (or any other country that follows the Nordic model) to come forward, even if for research purposes. The need to research sex workers' engagement with different welfare realms while juxtaposing different legal structures is critical to understanding how these legal structures dictate sex workers' lives and experiences.

Furthermore, while Sweden and the Netherlands broadly fall under the same welfare typology classification as determined by Esping-Andersen, the way their legal and welfare systems manifest in practice often differ from the way they are documented in legislature, impacting how sex workers engage with welfare systems.

This study traverses the intersection of sex work and welfare based on current literature, as well as primary data collected via interviews from sex workers in Sweden and the Netherlands. Exploring the following research question, this paper concludes with specific recommendations based on relevant findings.

How does sex workers' access to welfare systems differ across Sweden and the Netherlands as a result of the countries' varying legal models?

Methodology, Definitions & Limitations

Definitions

In this paper, the following terms represent their corresponding definitions below:

- Sex worker: an individual who engages in sexual activities transactionally – be it online or in-person – and classifies themselves as a sex worker.
- Welfare systems: this paper adapts Esping-Andersen's definition, which "involves state responsibility for securing some basic modicum of welfare for its citizens" (Esping-Andersen, 1990). The key welfare systems explored in this paper are housing, healthcare and educational/vocational programs.
 - For education specifically, when discussed in the context of welfare in this paper, it refers to educational trainings and programs that are accessible to adults, such as vocational programs to hone specific skills, etc.

Methodology

I approach the research question by utilizing a mixed-method approach and leveraging a combination of quantitative and qualitative data. I probe welfare systems across both countries by critically analyzing academic literature and other relevant documentation across the chosen thematic categories of housing, healthcare and education. While welfare systems can be much more extensive and range across many other spheres, the aforementioned fulfill the most fundamental needs for a resident in a modern day nation-state. As such, this paper focuses on sex workers' access to systems that provide welfare security to residents going about their daily lives. Due to the limited scope of this study, additional categories are not explored within this paper.

I provide qualitative backing to my research by conducting interviews with three sex workers each from Sweden and the Netherlands, who highlight their personal experiences engaging with national welfare systems in the aforementioned categories in their country of work. The interview questions were drafted with the research question in mind, with the objective of capturing data relating to themes relevant to this paper. The questionnaires were reviewed by Dr. Pluskota, who is guiding this research as a subject matter expert at Leiden University, and follow the Code of Ethics and Behavioral Sciences of Leiden University. They are included in [Appendix A](#) for reference.

Interviewees were approached through established and trusted non-profit organizations to create a trusted environment that enabled the interviewees to share their experiences and perspectives safely and anonymously. The interviews were conducted in a semi-structured form – with a definitive list of questions and relevant follow-ups. I also leveraged multiple documents about protocols when interviewing sex workers, provided by sex worker organizations based in the Netherlands. I partnered with the Prostitution Information Center in Amsterdam, the European Sex Workers' Alliance, and Red Umbrella Sweden to connect with the sex workers who participated in this study. Due to the scope of the assignment, three sex workers from Sweden and three sex workers from the Netherlands were asked to participate in the study. The interviews were conducted virtually and in-person, depending on the interviewees'

availability and geographical placement. Interviewee demographics are as follows. Please note, all names have been anonymized for privacy and protection.

Country of Work/Residence	Name	Age	Citizen of Country of Work (Y/N)	Race	Gender
Sweden	Misha	44	Y	Caucasian	Cis Female
Sweden	Georgia	32	Y	Roma and Caucasian	Trans Female
Sweden	Erik	19	N	Caucasian	Trans Male
Netherlands	Monica	29	N	Caucasian	Cis Female
Netherlands	Beena	59	Y	Caucasian	Cis Female
Netherlands	Lola	35	N	Mayan	Trans Female

Limitations

Please note the following limitations of this study.

- Due to the limited timeframe of this study, only a select number of sex workers could be interviewed; with additional timing, a similar qualitative analysis conducted across a larger, more diverse sample group could be beneficial to further support the data.
- The study does not account for undocumented sex workers due to the assignment's limited scope, as well as the reluctance of undocumented sex workers willing to openly participate in research. An ideal research environment would account for undocumented sex workers' voices, as they are vital to the movement of intersectional equality in the industry.

- Given the nature of the industry, there is limited published academic literature on this topic, specifically connecting sex workers in the Netherlands and Sweden to welfare systems, resulting in gaps in the availability of core data. As such, a combination of various relevant and credible sources have been used to extrapolate the current research landscape in the next chapter. The following chapter with interviews looks to add more data and an analytical dimension to help fill this white space in academia.
- Due to the lack of large non-female sex worker representation across the available partner organizations in the Netherlands and Sweden, this study does not adequately represent non-female sex workers; while there is a voice, it does not account for a large number of participants.
- Personal bias is also a consideration here, as it is a limitation across all studies conducted by researchers. I support the decriminalization of sex work, as it has been proven to be the most conducive legal system for sex workers' rights and benefits; this has been reported by multiple sex worker organizations/coalitions and international human rights organizations. I have also heard from sex workers across Sweden, Denmark, and the Netherlands, as well as worked with a sex workers' collective in India – all experiences which cemented my belief in the benefits of decriminalization of sex work globally. While my views have shaped my work and inspire my research, I actively work towards separating my views from the data and my analysis of that data, as represented in this paper. The analysis is supported by published literature and data derived from the interviews, as opposed to being colored by my bias, to the best of my ability.

Accessing Welfare: Reviewing and Analyzing Relevant Literature and Documentation

Sex workers' engagement with welfare systems can be extrapolated by analyzing systems' suitability for the community. This chapter establishes a thematic classification by critically analyzing existing literature on welfare systems across Sweden and the Netherlands, and sex workers' access to welfare via housing, education and healthcare.

While other categories intersect with sex workers' access to welfare, they remain beyond the scope of this paper.

Overview of Relevant Legal Systems and Policies in Sweden and the Netherlands

Sweden has historically been renowned as a feminist state (European Institute for Gender Equality, 2023). The Swedish state's integration of the "Swedish gender equality discourse" starting in the 1960's catalyzed change across multiple laws, leading to the establishment of gender-equality focused national departments, including but not limited to the "Ministry of Equal Status in 1976, a Parliamentary Commission on Equal Status in the same year, and the creation of the Equal Opportunities Ombudsman in 1980", such as the "Ministry of Equal Status in 1976," and beyond (Svanström, 2004). However, while gender was put into focus, it excluded critical layers of intersectionality when considering identity – thus, focusing more on women's labor and economic rights than issues of sexuality. (Svanström, 2004). For example, it took until 1987 for the Swedish Penal Code to prohibit discrimination based on sexual orientation, and until 2009 for those with "transgender identity and expressions" to be included in the aforementioned legislation. (Sweden.Se., 2023).

The necessity of intersectionality to the feminist movement was pioneered by Kimberlé Crenshaw, an American critical legal race scholar, who coined the term "intersectionality" in 1989; it has been a poignant tool of analysis within international feminist discourse ever since (Scottish Government, 2022). Intersectionality, as defined by Crenshaw herself, is "a lens for seeing the way in which various forms of inequality often operate together and exacerbate each other" (Steinmetz, 2020). Despite the centrality and necessity of intersectionality to the feminist movement over the decades, the aspect of sexuality has not been included as part of the Swedish feminist movement since its introduction as a concept within international feminist discourse, adding to the backdrop for the present-day legal model of sex work. Per a report authored by the Government of Sweden and published by UN Women, "Sweden's government is a feminist government and has made a clear commitment to promoting gender equality in

all policymaking” (Government of Sweden, n.d.). The role of the “feminist government” is focused on combatting “inhibitive gender roles and structures and to let gender equality have a formative impact on policy choices and priorities, and in the allocation of resources” (Government of Sweden, n.d.). However, this “feminism” falls short in application – the abolitionist approach it adopts towards prostitution policy is another brick on the platform for heteronormative and limiting feminist causes, endangering sex workers more than it assists them. (Wagenaar, 2017). As such, sex workers find themselves on the far fringes of Swedish society, struggling to access basic rights and needs.

Sweden has maintained the criminalization of the purchase of sexual services since January 1, 1999 – “in contrast to previous measures against prostitution, the criminalization of the purchase of sexual services targets the demand” -- that is, the buyer (Swedish Institute, 2010). Interestingly, “the initiative to criminalize the buyers originally came from the Swedish women’s movement and was carried forward by the women’s associations of the political parties” (Ekberg, 2013). The proposal to criminalize buyers and third-party vendors of “sexual services was part of Government Bill Violence against Women,” which “proposed a large number of different measures in different social sectors to combat violence against women, prostitution and sexual harassment in working life” (Swedish Institute, 2010). However, present-day experiences of Swedish sex workers highlight the lack of truth in the aforementioned claims; the sentiment across the community is resounding frustration for the lack of representation in legislative bodies and focus groups that decide laws determining the fate of sex workers, as well as a lack of representation in political leaders.²

Prostitution was fully legalized in the Netherlands in 1999, with the Dutch Parliament supporting the Act Lifting the Ban on Brothels; furthermore, “legalization made a distinction between voluntary sex work, which is legal, and forced prostitution, which remains a criminal offence” (Outshoorn, 2012) (Post et al., 2019). Even prior to lifting the ban on brothels, sex work was highly tolerated; this policy of tolerance was

² This discussion is further built upon and corroborated within a forthcoming chapter

deemed *gedoogbeleid* (Werkman, 2016). Prostitution was regulated by the municipality. Due to changing public perception – attributable to many circumstances – the Dutch government brought forth “the Bill Regulation of Prostitution into Parliament in 2009,” which focused on the “special nature of the prostitution sector, and the many men and women who were victims of abuse” (Post et al., 2019). This led to a greater legal focus on screening for human trafficking.

Per the Chamber of Commerce, or *KvK*, sex workers’ ability to work, as well as the associated logistics – including but not limited to work-housing regulation – are determined by municipalities (KvK.NL, n.d.). As of 2023, Dutch municipal controls have strengthened per the legislature, requiring the “processing of the personal data of sex workers,” with the ability for that to be legally retained for up to five years. (Aa, 2023). While this does not change the overall legal structure of the industry, it does call for additional regulation, which steers towards a more surveillance-based model.

It is also important to consider how the differences in Swedish and Dutch policies conflate, or do not conflate, voluntary and chosen sex work with forced sex work. In Sweden, sex work by definition, is “regarded as something women are forced into, concurring with the oppression paradigm” (Zeegers et al., 2015). The law was passed with the intention of ending prostitution, which was a form of violence men perpetrated against women as such, it “purposely excluded men who sell sex because men are not considered victims, either as buyers or as sellers” (Bacio, 2021). Thereby, in Sweden, “the term ‘forced prostitution’ is almost a pleonasm, as prostitution is regarded by definition as the result of force” (Zeegers et al., 2015). In juxtaposition, the Dutch legal model makes a clear distinction between forced prostitution and prostitution; “forced prostitution is an act to be addressed by Dutch criminal law in contradiction with voluntary prostitution,” which is legally regulated – for sellers, buyers and third-party vendors. (Zeegers et al., 2015).

Housing

Housing is a basic human right (OHCHR, n.d.). However, marginalized communities all around the globe struggle with access to housing – sex workers included. This stems from factors such as the country’s legislative and enforcement policies, one’s economic status, and more. This section focuses on the intersection of documented sex workers’ access to housing as a result of their countries’ legal models.

Netherlands

Social Housing and Housing Benefits

Social housing in the Netherlands is controlled and determined by housing associations: “organizations that let or sell accommodation and provide homes for older people and people with a disability” (Koninkrijksrelaties, 2013). Of the ~3 million rental homes in the Netherlands, approximately 75% belong to the aforementioned associations, who are required to set monthly rent based on specific agreements they are bound to (Koninkrijksrelaties, 2013). This ensures the rent of a social house remains under the allotted limit. Furthermore, housing associations have yearly quotas of social housing to allot to individuals below a certain income (Koninkrijksrelaties, 2013). We see a present-day continuation of rent control policies from after WWII, so as to ensure “tenants are supported by housing assistance,” with rent increases permissible once a year – per adherence to a predetermined law (Gokmen, 2022). In addition to rent controlled housing, there is also a housing benefit available to those who qualify; as of 2023, that limit is €808,06 per month, as of 2023 (Zaken, 2021).

While there are provisions for social housing on paper and within the legislature, the Netherlands has been undergoing a housing crisis, with an increasing shortage of houses and soaring demand. This trend has risen in the past years and is estimated to continue following that trajectory (Capital Value, 2020). This has created an environment where housing becomes hard to access for the general public, and is especially harder for those who are economically challenged – “a lack of affordable housing is causing migrants and Dutch nationals to effectively compete for places to live

in the Netherlands” (Genovese, 2023). This affects sex workers in the Netherlands for a multitude of reasons – one of which is that they are amongst the key communities to have borne large economic hardships over the last few years. This is exacerbated as a result of a COVID-19 – “sex workers in the Netherlands experienced severe financial and social distress during the COVID-19 health crisis,” effects of which are saliently intertwined with their access, or lack thereof, to the precarious Dutch housing market today. (Oude Breuil, 2023). Thus, despite the existence of a welfare safety net, it is harder for those who need housing – and have been paying their due in national taxes – to access it.

Working From Home

To work from home in the Netherlands, one has to follow a certain set of regulations, no matter the industry (Business.Gov.Nl., n.d.). These include not advertising on/near the building, reporting the home business to the municipal authority, needing to follow local zoning plan guidelines – which often limit sex work businesses – and beyond (Business.Gov.Nl., n.d.). Most municipalities require businesses to ensure they are not causing disturbance or inconvenience to neighbors (Business.Gov.Nl., n.d.). For sex work specifically, the legality of whether or not one can work from home depends on the municipality. “However, most municipalities prohibit sex work from one’s own home,” which causes complications for sex workers who want to work from home, and particularly those whose only option is to work from home (ACS, n.d.). The Dutch government notes high foot-traffic businesses may not be best suited for home. (Business.Gov.Nl., n.d.). This severely disadvantages sex workers who want or need to conduct in-person business from home. As such, sex workers’ ability to work from home is severely inaccessible when juxtaposed with employees of more traditional jobs who choose to work from home. If sex workers do choose to work from home, even in a legal system where it is allowed, in practice, this is likely to result in those sex workers being marginalized, surveilled, and potentially evicted. A forthcoming chapter that highlights the experiences of sex workers further discusses the implications of the housing law on sex workers’ daily lives – from physical safety to eviction.

Sweden

The social democratic vision of the welfare state in Sweden was represented by the concept of *folkhem*, or the people's home; this envisioned a society where equality transcended social status and was channeled through "the state's investment in housing and social institutions that were designed to reflect expert opinion with regard to hygiene and rationality (Saarikangas 1997). This resulted in the Swedish government's *Miljonprogram* – a rapid construction of over a million apartments between 1965 and 1975. (Hilson, 2020). Even so, scholars of the Swedish welfare state categorize its housing welfare as the wariest of its pillars, with Torgersen characterizing housing as the "wobbly pillar of the welfare state" and Bengtsson describing housing as the "commodity of the welfare state" (Torgersen, 1987) (Bengtsson, 1995).

Housing Policy

Swedish housing policies have changed over the decades, with their current trajectory demarcated by "reduced tax benefits, reduced interest subsidies, reduced housing allowances and an emphasis on housing as an individual responsibility;" as such, the welfare regime, even while categorized as social-democratic by Esping-Andersen, is "now based on directing support towards low-income households and depressed neighborhoods" (Esping-Andersen, 1990) (Holmqvist, 2014). The public housing sector in Sweden has changed from operating on a non-profit basis to a profit-seeking model. The passage of a government act in 2010 ended the municipality's role in rent-setting "between public housing companies and tenant unions," and has since led to documented issues with housing access in certain areas of Sweden. (Holmqvist, 2014).

Housing Access as a Sex Worker

Swedish law infers that if landlords find out sex workers are operating businesses from their homes, landlords must initiate eviction (Brouwers, 2017). Studies highlight that “third party criminalization ... forces sex workers to compromise safety (and) limit(s) (their) access to basic needs such as housing,” further endangering them (SWARM Collective, 2020). This automatically underscores that the abolitionist policies espoused by countries like Sweden are not conducive to sex workers in asserting their claims to a fundamental human right such as housing. Another study conducted in Canada, which follows a legal model similar to that of Sweden, highlighted that 35% of sex workers experienced barriers when accessing housing, affirming the aforementioned claim that criminalizing sex work impedes human rights of marginalized communities (Branch of Legislative Services, 2019) (Duff et al., 2015).

The Swedish Social Insurance Agency provides housing support to legal, low-income Swedish residents (Nordic Cooperation, n.d.). However, per the OECD, these “are unlikely to have a big impact on mobility and rents” (OECD, 2023). The stigmatization of sex workers and the anomalous criminalization of the industry makes it harder for them to access these resources (Stardust, 2017). Thus, although Sweden has welfare systems in place, the criminalization of the purchase of sex work hinders sex workers’ access to them. This becomes apparent in the housing sector, where sex workers in Sweden often struggle with access to affordable, safe housing given how their line of work is viewed legally and socially.

Per Overs and Loff, the “recognition of sex work as an occupation” is crucial to ensuring that communities are granted the “same protections and benefits as other citizens and workers” (Overs and Loff, 2013). Wagenaar et al. highlight that “the pervasive stigma attached to prostitution and the laws in many countries that make it illegal to provide services such as housing to sex workers, force (them) to rely on ‘personal’ contacts or shady persons”; while they scrutinize Dutch law in this context, they fail to bring to fore the most detrimental legal framework that fosters homelessness for sex workers – Sweden’s Nordic model (Wagenaar et al., 2017). On the flip side, due to the legality of the sex industry in the Netherlands, the risk of homelessness is lower

when compared to Sweden, allowing the community to better access welfare services such as housing subsidies (Zaken, 2022). However, this looks different in practice than on paper, as detailed by interviewees highlighted in the forthcoming chapter.

Education/Vocational Training

Sweden

Some sex workers are in the industry by choice, others are not; yet, regardless of their reason for entry into sex work, one may choose to opt out of the trade. Adult vocational, upskilling and educational programs are important for the safe exit from the sex trade for those that wish to opt-out, as they can provide a pathway to alternative means of livelihood. While some individuals may want to quit sex work, a lack of viable alternative jobs and income opportunities can be a deterring factor; as such, exit programs in Sweden often “include housing, job training and healthcare. This is seen as a vital part of the Nordic Model, as the criminalization of the client cannot stand alone” (Nielsen, 2023). Ekberg comments that due to the nature of its welfare state, Sweden is responsible for “assisting women to leave ... prostitution, and for providing women with access to shelters, counseling, education, and job training;” the direct responsibility for the provision of services to victims of prostitution, according to law, remains with the Swedish municipalities” (Ekberg, 2004). Scoular posits that abolitionist societies need more than just training programs in place in order to provide sex workers with a safe, sustainable “exit strategy” due to the nature of their laws (Scoular, 2010). While Shiff and Ekberg’s pieces discuss available provisions, they also highlight a current gap in this academic nook: the lack of data connecting sex workers’ interaction with educational-specific welfare systems.

Law enforcement authorities and civic agencies work in unison to provide services to those who are selling sex but want to exit prostitution (Kaime-Atterhög, 2021). However, when it comes to these programs translating to reality, they manifest in the form of exit programs that are typically linked to cleaning companies in Sweden,

regardless of their educational background and expertise (ECJ, n.d.). In the following chapter, Swedish sex workers who were interviewed for this paper highlight how this causes a barrier for those looking to exit the industry and leverage those programs, as they seem to silo all sex workers who want to quit – even those who have multiple graduate degrees – at the bottom of the socio-economic rung upon quitting.

Netherlands

The Dutch government also has in place, for legal residents, programs to upskill with access to higher education and vocational training (Business.Gov.NI, n.d.). The Netherlands places a strong emphasis on the vocational aspect of adult education. (Smit et. al, 2005). Ritzen notes that “institutions for vocational training intended specifically for (re)training the unemployed are doubling their capacity” (Ritzen, 1981). While these provisions exist, not many studies in terms of sex workers’ integration with the Dutch higher educational/vocational training services are available. Just as with other services, sex workers struggle to access vocational/educational services – largely due to stigma. Studies highlight that a large proportion of sex workers they interviewed in the Netherlands “were satisfied with their job for more than half the time or always” (SOAIDS Nederland et. al, 2018). Nonetheless, those who wish to switch industries should be able to access training services through the state, and need to be able to do so without feeling the stigma holding them back. However, this is not the case for many Dutch sex workers who consider alternative careers; while there is a gap in literature linking sex workers in the Netherlands and Sweden to welfare programs, the difference between the proposition and reality of these programs within the context of a social-democratic state and in sex workers’ lives is highlighted in the forthcoming chapter.

Healthcare

Sweden

Swedish healthcare is a publicly funded decentralized system, with a small private sector participation; counties in Sweden are responsible for providing health services, with local and national taxes funding each county (Kirkman et al., 1996). A specific list of basic, minimum services is made accessible to all members of society, with individuals having the ability to purchase additional services or insurance (Kirkman et al., 1996). The country's health policy is built upon the foundation of establishing equality and calls for equal care for all, regardless of their identity or social position, with a universal health insurance system, of which 94% is publicly financed. (Hogstedt et al., 2004). Despite the goal of establishing an equitable welfare state in terms of healthcare, studies have determined that individuals who experience discrimination and socio-economic disadvantages are those who are most likely to refrain from accessing requisite medical treatment, thereby raising concerns about the lived experience of equity when it comes to Swedish health policies (Burström, 2002) (Wamala et al., 2007). This inequity is exacerbated when it comes to sex workers, as the laws governing sex work in Sweden are anomalous, thereby putting sex workers in need of healthcare in precarious positions.

Access to healthcare is a critical component of a modern society, but the sex industry, due to its nature of work, demands greater access to healthcare services due to the greater interaction of one's body in the workplace. Some legal systems even call for testing as a requirement for regulating the industry. However, in countries where sex work is taboo and legally challenged, sex workers face high levels of stigma in healthcare settings.

In the nineteenth century, abolitionism was constructed in "moral opposition to state regulation where prostitutes were registered for disease control and public order" (Kilvington, 2001). The negative consequences of this are far-reaching, even in present-day policies. A study conducted in the UK found that "criminalizing both soliciting and the sharing of premises exposed sex workers to more violence and reduced access to health and welfare services" (Howard, 2018).

In Sweden, increased stigma against sex workers has resulted in them being denied health-related services. The Stockholm Unit opposes providing condoms to sex workers, believing that condoms will encourage sex work (Sukthankar et al., 2005). The police seize condoms, de-incentivizing sex workers (and clients) from carrying condoms, resulting in riskier sexual practices, necessitating a greater need for healthcare services. (Sukthankar et al., 2005). This goes starkly against European harm-reduction law, especially when it comes to public health issues such as HIV; harm minimization approaches taken by sex workers in Sweden are met with punitive responses from the police, resulting in “many sex workers avoid(ing) contact with all state officials, including health care workers” (Kilvington, 2001).

According to Ross et al., “legal barriers encourage a lack of screening for STIs”, and “legalization brings a level of public scrutiny that decreases the risk of violence” within marginalized communities (Ross et al., 2012). While they claim that Sweden, despite having an abolitionist approach, works to “provide protection and social and health services to women and men in prostitution,” they go on to refute this claim by highlighting the reality – “most sex workers are forced to transact their services outside the protection of the law” – due to the abolitionist nature of Swedish law (Ross et al., 2012). A study conducted in Canada highlighted that the “quasi-criminalization and stigmatization of sex work acts as a major barrier to accessing health care.” (Lazarus et al., 2012). Thus, high levels of stigma in abolitionist nations such as Sweden leads to sex workers struggling to access necessary healthcare resources.

Netherlands

In the Netherlands, low-income workers qualify for healthcare benefits (Zaken, 2022). Through cost containment and other reforms, the government subsidizes costs of many services; however, while “core components are well covered and the system of reimbursement for costs has greatly helped to increase accessibility, they are not all well integrated into the primary health care system” (Hardon, 2003). In the Netherlands, where sex work is legal and relatively less stigmatized, sex workers have the right to free, anonymous STI testing and vaccinations, regardless of documentation. This helps

provide equal access to healthcare systems and creates safer workplaces for sex workers, which are requirements per Dutch law. (Sekswerk.Info, n.d.) Nonetheless, stigma prevails in individuals and can affect some sex workers' experiences with healthcare services.

While there is limited information on the direct interaction of sex workers with healthcare welfare systems in the Netherlands and Sweden, an analysis of available literature highlights that sex workers in nations where sex work is legalized are generally able to access healthcare more easily, in comparison to those in countries with an abolitionist approach. Nevertheless, there are white spaces within the literature, and additional challenges sex workers face when operating under this legislation in practice; these are addressed in the forthcoming chapter.

Analysis and Discussion of Interview Results

The documentation and availability of welfare systems varies greatly with the way in which marginalized communities, especially sex workers, interact with them. This chapter discusses sex workers' experiences as they try to engage with welfare systems in the Netherlands and Sweden.

Stigma

A salient factor across all the sex workers who were interviewed for this paper was the overwhelming amount of stigma they faced across engagement with all welfare sectors – including housing, healthcare and educational/vocational training. The levels of stigma and their experiences differed based on multiple factors, from the legal system they worked within to their demographic background, and beyond. Studies highlight that stigma plays the role of a “fundamental determinant of social inequality” in a society, similar to “factors such as class, gender, race, and education” (Hatzenbuehler et al., 2013) (Link et. al, 2016) (Wilkinson et al., 2003). These fundamental determinants find

themselves deeply embedded within societies, and strongly impact individuals' "access to a range of resources and opportunities, including judicial and health care services" and beyond. (Link et. al, 1995) (Benoit et al., 2018). Despite the legality of sex work, sex workers in the Netherlands and Sweden find themselves in precarious situations due to stigma – from isolation due to banking, medical and other professionals not willing to work with them until they quit, to being wary of calling the police due to varied risks. Studies note that sex workers face significantly higher degrees of stigma than individuals in "low-prestige occupations" face (Benoit et al., 2015). This, along with the experiences of the sex workers in the industry (some of which are detailed in this chapter), highlight the social and systemic issue that lies under the stigma they are faced with on a daily basis.

Despite the legality of the industry in the Netherlands, and the legality of selling sex in Sweden, stigma runs deep across professional and institutional entities, deeming this a systemic issue at large. Beena, a 59 year-old Dutch sex worker claims that "even though prostitution is legal in the Netherlands, I don't want that to be in my *KvK* registration" because those records are public (Beena, 2023). Despite sex work being fully legal across all parties and Beena's pride in her profession, she is hesitant to publicly register as a sex worker due to the associated stigma and consequences. Misha, a 44 year-old Swedish sex worker talks about what those consequences look like under the legal system within which she operates – from struggling to open bank accounts to being removed from banks due to being allegedly tied to sex work or reported as a sex worker, these consequences are further exacerbated in an abolitionist environment, such as the one in Sweden. The anomalous legality and entrenched stigma enables clients to anonymously call banks and report sex workers. This typically results in the sex worker being expelled from the bank and having to restart the cycle. Not only does this cause concerns with sex workers having inequitable access to various socio-economic and welfare systems, it also affects their safety. Misha explains "I'm always scared that if a customer gets angry at me, they can report me to the bank, and (the bank) would kick me out" (Misha, 2023). Stigma in public entities is weaponized by clients and systems to further marginalize sex workers.

While legal systems set the context within which sex workers can operate and access certain systems, their intersectional identities affect this access. Research highlights “that the intersection of stigmas related to gender, sexuality, and sex work are a hefty burden” on trans sex workers – especially those who are visibly trans (Bernstein, 2007) (Ganju et al., 2017) (Lyons et al., 2017). Lola and Georgia, two trans female sex workers, highlighted multiple ways in which their trans identities have caused them to be stigmatized further than they already are as sex workers in the Netherlands and Sweden respectively. The intersection of marginalized identities “is particularly pronounced in creating barriers for leaving sex work and limiting alternative employment options” (Sausa et al., 2007). Lola has been denied jobs due to her being visibly trans; furthermore, she has tried to access vocational programs to hone her entrepreneurial skills while considering quitting sex work to pursue another path. However, despite the offering from the government, she notes the crosscurrents of her identity and societal stigma prohibit her from accessing programs such as these – “I’m a transgender refugee prostitute,” which results in her having to “figure it out on (her) own than be exposed to all that stigma” associated with finding a new career (Lola, 2023). Georgia shares how this stigma manifests in the housing industry – “somehow, because of the stigma, if you are trans and not (visibly) Swedish” and looking for an apartment, the landlord is often suspicious of conspicuous activities taking place there; she notes, “there is definitely a discriminatory approach towards trans people renting” because of the stigma associated with the connection between trans individuals and sex work – “it has unfortunately been this way historically” (Georgia, 2023). As such, many sex workers often face exacerbated stigma when trying to access welfare systems due to their intersecting marginalized identities.

Healthcare

Sweden and the Netherlands are classified as social democracies per Esping-Andersen, placing them amongst nations whose security systems largely cover workers with social insurance and citizens with comprehensive benefits (Oorschot, 2006). Healthcare is part of this umbrella of social security systems. As in any society,

residents from different backgrounds have varying interactions with social welfare systems; despite the social democratic system's intent to relatively equalize this process across residents from all backgrounds, it manifests differently in practice – as is evidenced by the case of sex workers in Sweden and the Netherlands.

Despite sex work being legal federally and across multiple municipalities in the Netherlands, and selling sex being legal in Sweden, all the Dutch and Swedish sex workers who were interviewed as part of this study noted the high levels of stigma against the industry and those who work in it; this trickles into interactions across multiple spheres, including but not limited to medical care – for physical and mental health. Thus, a system planned to aid its residents has failed to deliver because of skein legislation and human biases against sex workers.

Misha, a 44 year-old Swedish sex worker who lives on the outskirts of the city is uncomfortable revealing her profession in local healthcare environments. She lives in a small town, and struggles to access tests she thinks are necessary for her well-being for the fear of being outed as a sex worker – “it’s super hard” (Misha, 2023). As such, she has been relying on a sexual healthcare bus based in Gothenburg that travels out to various surrounding towns to carry out testing in a more anonymous environment (Västra Götalandsregionen, 2012). This is not as reliable as her local doctor, and due to the demonstrable stigma against sex workers in Sweden, Misha needs to go out of her way to access this service despite having health insurance. Another key factor that holds her back from sharing her profession as a sex worker in healthcare settings, where it could be beneficial for the provider to know, is her being a mother. Her trepidation is driven by the fact that she could likely be reported, resulting in her children being taken into custody of the state – “healthcare professionals feel there is some kind of fear for my kids, they can report me to the social welfare office. I’ve been scared to say I’m a sex worker because I am scared they will report me – even though I don’t think I put my children at any risk – but if you’re a sex worker, they automatically assume you do” (Misha, 2023). This is particularly dangerous, because we have seen through many sex workers’ experiences that stigma against sex-work is deep rooted in

Sweden – both individually and systemically. As such, if a healthcare provider harbors a bias against sex workers, the provider can report the sex worker to social services – even if the sex worker exhibits no signs of endangering their children. This stems entirely from stigma, and can be detrimental – both to the children and the parents. Furthermore, it acts as a strong deterrent for sex workers who are looking to seek necessary medical assistance.

Beena, a 59 year-old Dutch sex worker notes that while she doesn't think being a sex worker in the Netherlands affects her from directly accessing healthcare resources, she notes that there are stark differences “with how healthcare providers handle the fact that you're a sex worker” (Beena, 2023). While on the surface this can be translated to sex workers having equal access to healthcare systems in the Netherlands, it is imperative to consider Beena and the other Dutch sex workers' lived experiences when considering how these laws translate to sex workers' reality. As a former nurse, Beena has seen many examples of this occur with other sex workers. In resonance with other testimonies included in this paper, Beena feels the efficiency of healthcare depends on the individual at the end of the treatment (Beena, 2023). This highlights the fact that stigma against sex workers is a systemic issue, and the reality often vastly differs from legislation, even in countries where the trade is legalized. The narrative of stigma against sex workers in healthcare systems is highlighted by Monica, a 29 year-old Dutch sex worker in Amsterdam – “there tends to be an assumption in healthcare that all sex workers are traumatized in some ways – it is unfortunately just a fact of life that most people grow up in traumatic circumstances” – this isn't sex work specific; in fact, “sex workers have a lower rate of sexual violence than the general population does because they are able to talk about sex more openly and freely, and set boundaries more clearly” (Monica, 2023). Nonetheless, many healthcare professionals assume that “if you do sex work, any healthcare complaint you come in with must have to do with your reproductive health, which is frustrating” (Monica, 2023). As a result of this stigma, many sex workers don't divulge what they do to prevent being negatively stereotyped; however, holding this back is often detrimental to their ailments and/or course of treatment. Monica has found that this stigma holds her back from seeking the care she

needs – “even if I do need mental health care because of my work, doesn’t mean I want to leave my work; therapists are very quick to tell sex workers to leave their industry,” which they don’t tend to do with individuals from other professions (Monica, 2023).

The cursory presumption by service providers that sex work is the primary source of many illnesses – from STIs to mental health issues such as addiction – is extremely harmful. According to Misha, a 44 year-old Swedish sex worker, the most affected individuals are those sex workers who also have active addictions – they automatically get stigmatized by mental health care providers, who almost always assume their illness is a result of sex work (Misha, 2023). Misha explained that with other patients, a mental healthcare provider would not arbitrarily draw the conclusion that one’s addiction is a direct result of their job, and they can only be helped if they quit their job (Misha, 2023). Yet, mental healthcare providers in Sweden refuse to provide help to sex workers unless they quit their work – for many, this isn’t something they want to do, and for some, it isn’t something they can do immediately. (Misha, 2023) (Georgia, 2023). Georgia, a 32 year-old Swedish sex worker added that when sex workers want to quit via specific exit programs, they have to undergo a slew of mental health testing. One such example is the *Mikamottagningen* program, which is a service offered by Gothenburg city as a medium to help sex workers quit the industry (Mikamottagningen, n.d.). However, sex workers who want to leverage the resources they offer are required to be evaluated for PTSD, because “according to them (*Mikamottagningen*) – and this is a state agency, state healthcare unity, there is a big correlation between people who are selling their bodies and PTSD as a condition” (Georgia, 2023). Even if a sex worker (looking to quit via established programs) does not suffer from PTSD, they are forced to seek out treatment for it. On the other hand, if a sex worker in Sweden is suffering from a mental health ailment and wants to seek out assistance for it, they are required to stop sex work. Georgia’s colleague, who is also a sex worker, looked to seek out mental health services, and was turned away because she was a sex worker – “you have to completely dissociate with sex work in order to get access to” a basic healthcare service, despite selling sex being legal in Sweden (Georgia, 2023). This is a salient factor in deterring sex workers in Sweden from receiving access to mental healthcare,

even if they seek it for self-development. Misha noted that through her and her peers' experiences, she has found that "they (mental health providers) deny sex workers help because they don't want to help us" unless the sex workers quit (Misha, 2023). If they do manage to seek help, everything gets blamed on sex work. This stigma seems to extend to physical healthcare as well, according to interviewees in Sweden and the Netherlands.

Another consideration when it comes to sex workers' engagement with healthcare systems in Sweden and the Netherlands is cost. Despite these nations being classified as social democracies, not all services are included as part of socially provided/required insurance, and this causes issues with accessing specific types of care. Mental healthcare and trans-specific care are two of the many services that typically require additional costs to be included within insurance. Lola, a 35 year-old trans sex worker based in Eindhoven, the Netherlands, chose an insurance plan worth almost €200 monthly, with all premiums added to ensure the care she required post-transition was fully covered: "I chose it because I have very specific needs – from mental health to hormonal care" (Lola, 2023). With her add-ons, she gets access to almost everything; however, despite paying a rather high fee for insurance within this social democratic system Lola finds that the supply does not fulfill the demand. For example, for trans-specific care, "there's only one clinic in Amsterdam – one clinic in the whole country – with a waiting time of up to three years. So it doesn't matter if I pay €200" (Lola, 2023). Despite the high monthly cost Lola bears, she has to wait months to access time-sensitive care. Furthermore, the presence of only one clinic that can provide her with the necessary services, and the fact that it is located almost ~2 hours away from her, adds another layer of complexity in accessing healthcare. The issue of insufficient supply also extends to mental health care – not only for Lola and her peers in the Netherlands, but also in Sweden. "We have too many people that have the need and not enough doctors, so it's hard to get help there" – even if you aren't a sex worker (Misha, 2023). Per the OECD, while "policy makers and service providers in Sweden recognize the need to take steps to tackle mental ill-health, current action is inadequate despite the magnitude of the mental health burden" (OECD, n.d.). As such, Misha's

issue ties into a much larger one about the lack of adequate mental health services in Sweden. Furthermore, similar to the Netherlands, most types of mental health care costs require additional monthly payments; this is not always feasible for residents, and is a deterring factor when seeking mental health services in Sweden. Misha noted that access to “mental healthcare costs a lot because it's not regulated by the government in the same way” that physical health is; as such, “I have felt that I needed it (mental healthcare) once in a while, but it cost too much,” which dissuaded her from accessing necessary care (Misha, 2023).

In some cases, health insurance is linked to one’s visa/documentation status; this adds layers of complexity when considering how one can engage with healthcare offerings based on their visa status. This is exemplified by Monica, a 29 year-old sex worker based in Amsterdam, who moved to the Netherlands from the United Kingdom ~3 years ago. Due to complications with her visa and despite her active and timely efforts to register as a *ZZZP*, or a freelancer, with the *KvK*, she was made to wait over a year and a half before she received documentation granting her the legal rights to access systems and welfare she was already privy to – such as healthcare. Monica typically sees a doctor quarterly due to pre-existing chronic illnesses. Given her lack of access to health insurance in the Netherlands, despite her paying €134 each month, she has been unable to see a doctor or mental health provider for ~6 months. When asked if she thinks her health insurance provides her comfort of coverage, she noted, “I think it's actually ridiculously expensive, having to pay €134 a month, and it doesn't even cover me. If I have a medical emergency, I need to pay €300 out of pocket; I don't typically have €300 on hand, so it does worry me a little bit (in case) I have a serious medical issue (arise)” (Monica, 2023). As someone with additional medical complications and a history of eating disorders, access to regular physical and mental healthcare is crucial for Monica; yet, despite submitting all the documentation and undergoing all the necessary processes, she has not been able to access this basic service (Monica, 2023). “Even though my visa is only for a year, it’s taken me six or so months” to sort through logistical hindrances, due to which she has not been able to access welfare services that are granted under Dutch law and meant to provide

protection to its residents (Monica, 2023). When it comes to mental health care, the same concerns prevail – she is required to pay up to €300 out of pocket to receive care, after which her insurance takes over. However, needing to pay the initial €300 out of pocket, in addition to her monthly premium, is a hindering factor in Monica seeking out mental health care (Monica, 2023). She noted, while the issues that stem from registration at the *KvK* may not be isolated to sex workers, they are ones that *ZZPs* – which most sex workers are – face consistently. Another example of sex workers' access to healthcare being hindered by documentation status is that of Erik, a 19 year-old sex worker in Sweden, who entered Sweden via a special visa as he fled the Russia-Ukraine war. He was granted a “residence permit with temporary protection in Sweden under the EU’s Temporary Protection Directive” (Migrationsverket.se, 2023). Under his documentation status, he does not have access to healthcare beyond emergency care – “there’s no health insurance available for me in Sweden” (Erik, 2023). Therefore, aside from emergencies, he needs to cover all other medical costs out of pocket. As a trans man, he requires access to certain medical provisions, for which he has been working with a local, public LGBTQ-focused health clinic. “I am getting quite a lot of help from them” – from testing to therapy to PrEP (for HIV prevention) – despite the fact that per the “law they cannot do it” (Erik, 2023). However, the clinic is focused on helping LGBTQ+ individuals as well as Ukrainian refugees; as such, he receives this assistance via a bureaucratic loophole that, in this case, worked in his favor. Erik’s insurance has a clause that allows doctors to determine, on a case-by-case basis, what medical care can and cannot wait; as such, local doctors have the jurisdiction to determine whether a given patient (with this insurance) can access certain types of extended care. While this happens to benefit Erik in this case, it speaks to a much larger issue with the system, as access to care and the quality of that care becomes a subjective process, dependent on the individual on the other side of the interaction, as we have seen in the cases of Erik, Misha, Beena, Lola, and several others.

When it comes to healthcare, sex workers across Sweden and the Netherlands had similar experiences in terms of factors that limited their access to established healthcare systems, despite both countries being broadly deemed as social

democracies within the Esping-Andersen typological classification. In an environment where welfare systems are created to establish equality across people of all backgrounds and provide high quality welfare services to its residents, sex workers, who are already marginalized in society due to social and legal factors, face overwhelming issues with accessing healthcare services. This is particularly worrisome when considering that the legal systems within which these sex workers are operating are aimed to protect them, per the countries' legislature. From the deep-rooted systemic stigma and the lack of available health care providers for specific services, to the deterring effect of high cost and the bureaucratic impact of visa-related documentation on law-abiding individuals, sex workers across Sweden and the Netherlands face multiple issues when accessing healthcare services.

The anomalies within the legal system, and their transcription from legislation into practice, highlight the white spaces in the legal system and the need to better support sex workers across both nations. While stigma is a salient deterrent across healthcare access in both countries, in Sweden, which is abolitionist in approach with its law, this comes with additional severe ramifications, such as the possible loss of one's children to the state due to one's profession. In the Netherlands, examples of sex workers' struggling to access necessary care such as mental health services or endocrinologists highlighted the differences between legislation and the lived experiences of sex workers trying to access these systems.

Housing

Housing is another basic tenet of a nation's welfare system, per the definition ascribed in an earlier chapter. As such, under Esping-Andersen's classification of a social-democracy, a state is meant to "preemptively socialize the costs of familyhood" (Esping-Andersen, 1990). However, layering the current housing scenario in Sweden and the Netherlands with the stigma sex workers' in both nations face specifically with housing, highlights the failure of this aspect of the social democratic state. This convergence – of sex workers and housing systems – is especially important to

consider in the case of a social democracy, as it is meant to incorporate all “strata and classes under one universal insurance system” (Esping-Andersen, 1990). Yet, the way this manifests in practice for sex workers – an intersectionally marginalized community across the board – is unlike the way it is intended to. Sex workers in the Netherlands and Sweden are on the receiving end of a variety of housing-related complications – from simply accessing safe housing as a result of the Dutch housing crisis raising housing costs, to the Swedish legal system enabling the prosecution of sex workers’ domestic partners as pimps.

Monica, a 29 year-old sex worker in Amsterdam operates as a camgirl from home, and has not revealed her identity to anyone in her neighborhood, including her landlord; she is constantly anxious about getting caught and evicted, despite living in a country where she is documented and her job is legal. Per the Dutch legislation around sex work, there is a greater onus on local municipalities to regulate the industry, instead of federal authorities. As such, more conservative localities, such as the one Monica has identified she lives in, create increased hindrances for sex workers trying to make their living safely (Monica, 2023). Furthermore, Monica is hesitant to purchase a house, because “as a sex worker with a mostly cash-based income, it is very hard to get a mortgage in the Netherlands;” she notes the intersection of sex workers and migrants puts those individuals at an increased disadvantage in terms of accessing housing (Monica, 2023).

A few of the interviewees live in social housing, albeit under different pretexts: from Beena, a 59 year-old Dutch sex worker, who was formerly a nurse, to Lola, a 35 year-old sex worker who found housing through an asylum seeker program after residing at the asylum seeker lodging for over seven months. Beena lives alone in a rented apartment that is a part of Dutch social housing. She has a comfortable relationship with her landlord, feels safe in her home, and has lived there for years – since before she became a sex worker. She does not conduct business from her home, and socially identifies as a sex worker in many environments, but notes “I don’t want my neighbor to know what type of work I do” (Beena, 2023). This sheds light on the fact that

even though sex work is completely legal in the Netherlands, Beena is legally registered as a nurse with the *KvK*, and despite having been in this home for years, the stigma against sex workers could be weaponized against her and risk the security of her accommodation – something she actively works to avoid. Lola’s apartment, found through her asylum seeker program, did not come easily – “I got it because at least I have (a higher) education and I don’t stay quiet” (Lola, 2023). Some people she knows from her time there are still living in shelters due to their lack of self-advocacy, as well as the lack of available housing. This indicates a structural issue with the government, and brings to fore the extent of the Dutch housing crisis discussed in prior chapters. Lola is personally affected by the housing crisis in the Netherlands, resulting in shortages and increased rent prices. More than 60% of Lola’s monthly income goes to rent, even though she lives in social housing. She often has to “do sex work to be able to pay my (bills and) taxes” (Lola, 2023). Lola lives in Eindhoven, which she notes is a city in the Netherlands that is known to be anti-sex work (Lola, 2023). As such, she explained that her experience as a sex worker wanting to work from home in Eindhoven is vastly different from that of her neighbor, who as an accountant, would legally be able to do so without any worries (Lola, 2023). While she feels safe in her home in terms of violence, she has a distrust in the system and its underlying consequences – “the problem isn’t trusting the police, it’s what the (long-term) consequences are going to be – the housing company is going to know; am I going to get evicted? Will I get a fine? I need to keep working – if I open my mouth right now, there may not be a tomorrow at work” (Lola, 2023). As such, there is still a palpable hesitation from some Dutch sex workers to call upon authorities in case any issues arise while working from home. Since most municipalities prohibit working from home, despite it being federally legal across all parties, sex workers such as Lola and Monica, both of whom work from home in some capacity, feel uncomfortable relying on authorities for protection, despite legality. In fact, there is a heightened sense of fear – “you feel like you’re being surveilled both institutionally and socially” (Monica, 2023).

When considering experiences with social housing, as in the case of Lola and Beena, it is important to note the distinction in background as well as demographics.

Beena was born and raised in the Netherlands, is Caucasian and is registered as a nurse with the *KvK*, while Lola is a trans female asylum seeker registered as an independent consultant, who fled Guatemala for the Netherlands. While both Beena and Lola are sex workers who reside in Dutch social housing, it is imperative to note the different contexts within which their housing was secured, as well as their demographics, and how those correlate to their individual experiences with social housing in the Netherlands.

While Esping-Andersen's classification of Sweden as a social-democratic welfare state leads to the proposition that Sweden provides equal welfare coverage to all its residents, the Nordic model characteristically opposes this goal, thereby causing a clear dissonance between the legislature and its practice. Under the Nordic model, all parties associated with sex workers, except sex workers themselves, are subject to criminal charges; this applies to individuals from their landlords to their domestic partners. The ill-effects of the legal anomalies within the Nordic model are exemplified by Misha, who lives with her husband and two children in rural Sweden. Her husband co-owns the home on paper, which led to him being implicated as a third-party vendor for her sex work business – which she typically conducts outside her home. Since they own their house, the police were unable to evict Misha's family. However, many of Misha's peers in similar situations who do not own their homes have been threatened by the police with reporting to landlords. Outing sex workers to their landlords results in eviction per Swedish law, and can also result in the prosecution of the landlord as a pimp if no action is taken fast enough. Misha noted that in Sweden, "the police is using (housing complications) to make sex workers quit doing sex work" (Misha, 2023). This is harmful and demonstrates a dangerous power imbalance, with the authoritative body having the power to exploit anomalies across the legislature to threaten sex workers – the very individuals the law seemingly serves to benefit. This brings to fore the highly perilous nature of the abolitionist Nordic model, which implicates all parties associated with sex workers with criminalization, thereby isolating sex workers and driving them to quit or be further marginalized.

The interviewees were asked about their feelings of comfort and safety in their homes, and while most felt relatively safe physically, many also had mental fears around getting caught, and its potential repercussions such as eviction, loss of documentation and removal from the country, seizing of children by state authorities, etc. It has been evident through multiple interviews with Swedish sex workers that working from one's home is often dangerous and can put others they associate with at risk of prosecution for simply residing there, or co-owning the property. Under the Nordic model, there are multiple laws that state "housing and hotels cannot be used for sex work and that landlords have to evict a person thought to use a property for sex work" (English Collective of Prostitutes, 2017). This fear is exemplified by Misha, whose home was raided by the police due to her being a sex worker, and this incident impacted Misha and her family's feelings of safety. Misha noted that they "felt much more safe before the police raided our (their) house;" they have also felt the need to get more security for the house despite living in the middle of the country – a relatively safe area. (Misha, 2023). They have taken measures they did not formerly need; "we are not afraid of burglars or customers;" they are afraid of the police (Misha, 2023). Erik, a 19 year-old sex worker in Stockholm lives and works in a rented apartment, where his landlord is not aware of his profession. While he generally feels safe in his home, he would not call the police in case a client got violent with him at home – "I would rather get help from my friends or somewhere else" (Erik, 2023). He typically informs his friends before seeing a client, so they are aware in case he needs assistance. Similar to Misha, Erik feels targeted by the very system designed to protect and maintain the safety of residents. Since Erik is in Sweden on a special permit that provides Ukrainians fleeing the war with temporary residency, he worries that a police call could do more than just affect his housing; it has the potential to be reported to the immigration office, and that could risk his immigration process being halted or forcefully terminated. Georgia, a 32 year-old trans female sex worker in Sweden, also noted that the legal model of sex work in Sweden has "very much" affected her access to housing resources.

As demonstrated by the sex workers interviewed from Sweden and research that shows the implications of the abolitionist nature of the Nordic model, we see the ironic way in which the police cause sex workers (and their families) to feel more anxious and unsafe. While working from home does come with certain risks for sex workers in the Netherlands, multiple interviews with Swedish sex workers highlight how incredibly dangerous it is for them, and how it risks much more than just one's career if caught.

Educational/Vocational Programs

Under the Esping-Andersen social-democratic model, benefits and societal wellbeing are intrinsically linked to work, and therefore, so is education — a “welfare state genuinely committed to a full employment guarantee and a welfare state entirely dependent on its attainment” (Esping-Andersen, 1990). The aforementioned welfare state is aimed at promoting “an equality of the highest standards, rather than an equality of minimal needs” (Esping-Andersen, 1990). However, this isn't necessarily the experience of sex workers in the Netherlands and Sweden.

All of the interviewees were educated, with most of them having advanced degrees and alternative/prior professions; nevertheless, many of them had not actively considered switching out of sex work, and therefore did not feel the need to engage directly with government-provided vocational programs in order to do so. However, even those who wanted to explore alternative routes and/or hone certain skills and considered this welfare offering were met with obstacles ranging from stigma to a lack of available, relevant programs.

Lola, a 35 year-old trans female sex worker based in Eindhoven is an asylum seeker from Guatemala. She “would love” to participate in vocational programs or trainings for entrepreneurs – to hone her skills as a community leader (Lola, 2023). However, the stigma deters her from accessing these programs; “If I google the *KvK* website they may have some trainings or some open days, but I'm going to be the only (sex worker) there – the only non-White” trans person – “what am I going to say?”

(Lola, 2023). Despite the legality in law, Lola experiences high levels of stigma – this deters her from even wanting to engage in government-provided vocational programs due to them primarily catering to heteronormative individuals in practice, albeit not per legislature. As such, Dutch vocational programs have not proven helpful in her pursuit.

Georgia, a 32-year old trans female sex worker based in Sweden noted that in her experience, the vocational programs that enabled sex workers to quit the trade in Sweden targeted those who “hit the bottom in Sweden – you have access to that if you are completely unemployed and cannot find any other program” (Georgia, 2023). There are not many competence-focused programs for those who are already well established in society and looking to exit sex work. The exit programs that do exist “are very much biased in a way that (assumes) sex workers are uneducated and incapable of doing anything (aligned with) higher education” (Georgia, 2023). As such, exit programs are often connected with cleaning companies in Sweden – “if sex workers want to quit and take part in exit programs, they get a cleaning job. Even with my graduate degree, I would get a cleaning job” via an exit program (Georgia, 2023) (ECJ, n.d.). Georgia’s experience and the documented examples of exit programs for sex workers in Sweden being linked to cleaning programs, as opposed to other skill-specific opportunities, simply highlights the high levels of stigma against sex workers, entrenched even within government systems within nations that adopt the Nordic, abolitionist approach – such as Sweden. In Georgia’s perspective, these systems of power consider themselves “a savior phenomenon” (Georgia, 2023). However, in practice, they are based on heteronormative feminism and stigma, further marginalizing communities they claim to protect.

Another consideration when thinking about sex work within the context of Esping-Andersen’s social democratic welfare systems that are intrinsically tied to work, is the fact that sex workers cannot simply put “sex worker” on their resumes to account for their current profession or a past gap in their experience. Misha, a 44 year-old Swedish sex worker says, “if you are a sex worker, you can’t write it on your CV – either you have a big blank, or you talk about a (nonexistent) company you run without being

transparent” (Misha, 2023). As such, to be “productive members of society” under the aforementioned welfare typology, they are required to work, but cannot put the skills they develop as sex workers to use in alternative professional settings due to stigma, despite their profession being federally legal. Misha highlighted the range of skills sex workers have and often need to develop, especially given how autonomous Swedish law drives them to be. These range from book-keeping to marketing to security to strategy and beyond. However, the abolitionist nature of the Nordic model and stigma against sex workers even in nations with regulation of the industry prevent sex workers from being able to share these acquired skills authentically on their resumes, impacting their career prospects if they are considering quitting. This principally works against the characteristics of a social democratic welfare system, which both Sweden and the Netherlands are broadly classified as by Esping-Andersen, by preventing sex workers from fully engaging with the labor market.

Conclusion & Recommendations

While selling sex is permitted per the Nordic model, purchasing and third-party participation is not – third parties traditionally include pimps, but the Nordic model’s opaque laws can implicate landlords, cause banks to refrain from providing services to sex workers, and lead to the wrongful prosecution of romantic partners as pimps. Prosecuting buyers and third parties relegate sex work into the shadows, compromising lives and liberties of sex workers. Sweden is heralded for its superior welfare systems, yet the legal model it follows has been proven to put sex workers further in the margins of legality and society. However – the other side of the spectrum – complete regulation does not solve the issue either. As demonstrated by interviewees in and data from the Netherlands, despite full legality, sex workers face high levels of stigma when trying to access welfare systems, jobs, and other services.

With the varying legal guardrails for sex work between Sweden and the Netherlands, my interviews of sex workers in both these geographies highlight that sex workers in the Netherlands generally encounter fewer legal impediments in comparison

to those in Sweden, who operate under the Nordic model. However, as demonstrated by the literature and interviews analyzed in the aforementioned chapters of this document, sex workers in both nations find themselves on the receiving end of deep-rooted social stigma, which seeps into multiple facets of their lives, including their engagement with welfare systems such as housing, healthcare and educational/vocational trainings. While the effects may vary in intensity based on the legal model and individual demographics, the legislature as it is impacts sex workers' lived experiences, and compromises their engagement with welfare systems in comparison to other individuals.

Recommendations

The issues sex workers across the Netherlands and Sweden face, especially in terms of accessing welfare systems, are widespread, systemic, deep-rooted and not instantaneously corrigible. However, by prioritizing sex workers' voices, needs and involvement, governments can start taking steps towards ameliorating some of these concerns. Some recommendations, based on my research, analysis, and conclusions drawn from conversations I had while interviewing sex workers for this paper, include:

- Legislators must work towards rationalizing anomalies in laws and guidelines to ensure accommodation and recognition of basic human rights to all individuals, in all facets of life, regardless of their job, demographics, or documentation status.
- Include sex workers when creating laws about sex workers – in good faith. This ensures that their voices are welcomed, respected, elevated, compensated, and centered when drafting legislation that pertains to them.
- Provide sex work-specific sensitivity training to professionals across public and service industries as part of their job onboarding and ensure sex worker friendly staff are represented in important health, public and service settings.
- Specifically for mental health professionals, ensure the public demand is met with enough available providers, and ensure these providers are equipped with the

training and knowledge to work with sex workers without requiring them to quit their jobs.

- Provide resources to organizations that foster community-based care. Sex workers have repeatedly highlighted the necessity of these organizations to help members of the community navigate various aspects of life as members of the industry, regardless of their geographical base – from legal to social and health-related.
- Ensure public welfare programs, such as vocational training, are accessible to populations outside the heteronormative majority – examples of this accessibility can include programs specifically catered to those with minority identities (across gender, race, socio-economic background, etc.), providing translation services on-site, and beyond.

While the aforementioned recommendations only address some of the reforms that are needed across various spheres and industries that intersect with sex work(ers), they have been made in alignment with feedback received from sex workers interviewed for this paper. Targeting specific programs and welfare systems is beneficial in the short-term and necessary for time-sensitive relief and access; however, to make long-term change, the issue needs to be tackled on a systemic level, leading towards decriminalization of the industry. Human rights organizations and sex workers alike note that decriminalizing the industry is the most conducive legal system for sex workers who operate within it, and the mechanism through which they are most protected (Amnesty International, 2016). When legal systems are inherently biased against sex workers by deeming all forms of sex work violence against women, they become abolitionist in nature and risk sex workers' safety, social perception, economic security and beyond – as highlighted by Misha, Georgia and Erik's narratives. While regulating the industry is certainly more beneficial than an outright abolitionist approach, it also brings high levels of stigma with it – as demonstrated by Monica, Beena and Lola. While physical safety may be less of a risk (albeit still present), stigma finds its way into a host of settings – from the *KvK* to one's psychiatrist. As such, to prioritize sex workers' safety and mitigate the widespread issues sex workers face with access to welfare systems in the

Netherlands and Sweden, moving towards decriminalization is imperative for long-term relief.

Appendices

Appendix A: Questions for Dutch and Swedish sex worker interviewees.

The interviews were conducted in a semi-structured format, with necessary follow-ups asked based on relevant responses. The questions were reviewed by Dr. Marion Pluskota, under whose guidance this research is being conducted, as well as members of the European Sex Workers' Rights Alliance, the Prostitution Information Center in Amsterdam, and Red Umbrella Sweden. I referred to multiple sex-worker interview-specific guides, provided by public organizations, in order to maintain industry-specific sensitivity throughout the duration of interviews.

Questions for Dutch Interviewees

Questions for Swedish Interviewees

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