BASCD 2026 Abstract #20 (RA)

Survival-based sex workers in Liverpool: Oral health needs, experiences and perspectives

Doughty, J.,[1] Ahearne, G.,[1] Ryder-Walker, S.,[1] Jolly, P,[1] Nagy, H.,[1] Rawsthorne, A.[1]

[1]University of Liverpool, England

Background: Globally, sex workers experience oral health inequalities: higher levels of dental decay, tooth-loss, and trauma. Sex workers face intersecting challenges including homelessness, addiction, and stigma. In the United Kingdom (UK), no qualitative research has explored the oral health experiences of sex workers.

Objective: To understand the oral health experiences and needs of sex workers in Liverpool, to identify perceived barriers to care, and to explore acceptable approaches to improving services through participatory engagement.

Methods: A qualitative participatory study was conducted with adults who sex work in Liverpool. Ethical approval was obtained from University of Liverpool Ethics Committee(Reference 15705). Twenty-one semi-structured interviews were undertaken following opportunistic and snowball sampling. Interviews were analysed using Framework approach to generate inductive codes and themes. The themes were translated into professional illustrations which supported women to engage in the data co-interpretation process. Art workshops were undertaken with the women to produce their own oral health-related images with the prompt “if my mouth had a voice, what would it say?”

Results: Participants described lives shaped by violence, homelessness, and poly-substance use, with oral health positioned low within daily survival priorities. Drug use, high-sugar diets, xerostomia, vomiting, and disrupted self-care contributed to rapid dental deterioration. Poor oral health produced significant physical pain, impaired function, and profound shame linked to intersecting stigmas of sex work, addiction, and visible dental damage. Access to comprehensive National Health Service (NHS) dental care was widely perceived as impossible; most care was urgent or self-managed, including do-it-yourself (DIY) dentistry. Despite this, women expressed strong motivation for restorative care and valued non-judgmental services.

Conclusion: Sex workers in Liverpool experience severe, intersecting oral health harms compounded by structural barriers to comprehensive rehabilitative oral care. Trauma-informed, flexible, and comprehensive dental services co-designed with sex workers are required to reduce inequalities and stigma.

Funding source: University of Liverpool Health and Life Sciences Participatory Engagement Grant, UK Research and Innovation Impact Acceleration Account Non-traditional outputs grant and UK Research and Innovation Impact Acceleration Account Economic and Social Research Council Grant

Correspondence to: Janine Doughty

Email: janineyd@liverpool.ac.uk