

# PEER: EXPLORING THE LIVES OF SEX WORKERS IN TYNE AND WEAR

by The PEER Research Team

PEER: Promoting Education, Empowerment and Research  
A Partnership Project between the Cyrenians' GAP Project  
and Northumbria University

## Acknowledgements

The PEER team would like to thank Northern Rock for funding this research which we hope will go some way in informing local service provision and policy for sex workers in Tyne and Wear. We would also like to thank all of the interviewees for giving up their time to take part in the research.

## Biographies

### *The Peer Researchers*

Following the completion of certified training by Northumbria University, the Peer Researchers led the data collection process for the project. They completed 36 interviews with sex workers, as well as 15 stakeholder interviews conducted jointly with the academic research team. The Peer Researchers were consulted on, and shaped all of the tools used in the research including the interview questions and consent forms. They also contributed sections of writing for the report. Prior to the publication of this report, the Peer Team presented initial findings at a conference held at Northumbria University and the Peer Researchers will continue to be involved in the dissemination of the project findings to interested groups in the future.

**Lynsey Johnson** is a Peer Researcher from the Newcastle area and has interviewed a large number of women involved in 'survival' type sex work. Lynsey has great knowledge and understanding of the triggers related to survival sex work and can relate to others about their situation. Having overcome many personal challenges she has remained committed to ensuring the voices of the respondents are heard. Lynsey has big plans for her future and would love to continue supporting women living unstable lives, in particular women who are involved in the criminal justice system and have become dependent on drugs and alcohol.

**Helen** is a Peer Researcher from the Newcastle area. Helen created the trafficking questionnaire making it very specific to women from BME communities who have who have been forced into the sex industry. She has used her own experiences to develop this piece of work. Helen feels that issues related to trafficking need to be heard more and is dedicated to raising awareness of those trafficked into the UK for the purposes of sexual exploitation.

**Cal** is a Peer Researcher from the Newcastle area and wanted to get involved in this research as she has a passion for helping to improve the lives of vulnerable women. Cal wanted to offer women a chance to share their experiences in a safe space, with someone who would understand. Her interview techniques were of high standard and she was able to comfort women when they were feeling distressed. This is a very unique skill. Cal is keen to carry on developing this work to ensure the women have a voice!!

**Rachael Coulter** is a Peer Researcher who is based in the Newcastle area. Rachael has a broad knowledge of the escort industry in the North East and further afield. She has established herself as a leader in the local industry in relation to the guidance and care she displays with escorts and their welfare. Her experience is invaluable when it comes to identifying the risks faced by individuals involved in the sex industry and assisting them to avoid the pitfalls.

**Eleena** is a Peer Researcher based in the Sunderland area. She has worked with GAP since 2009 and has now established herself as an invaluable asset to the project. She has shown a high level of determination and maturity during the research, whilst displaying the sensitivity that was clearly required when discussing the various difficult issues associated with the sex industry. Her ability to communicate at all levels has been evident throughout the research.

**June** is a Peer Researcher from the North Tyneside area. Her role within the escort industry is as a receptionist, taking calls and booking appointments. June acts as a first point of contact and an important part of her role is to assess all potential clients, to try and reduce any risks with regard to 'dodgy punters'. June communicates with the escorts daily and often shows concern for many of the women who confide in her – she will always make time to resolve any issues. June wants to raise awareness that sometimes escorting is not always ideal for women who may not be entirely prepared for the sex industry due to other commitments and concerns in their lives.

## ***The Academic Research Team***

The academic research team have overseen the PEER research project and supported the Peer Researchers in designing and developing the research project and associated research tools. The academic research team led on ensuring the research was ethical and methodologically robust throughout and delivered training on research methods to the Peer Researchers. The data analysis was completed by the academic research team and they authored this report. The academic team will support the dissemination of the research findings to a range of audiences, including academic audiences.

### **Dr. Mary Laing**

Mary Laing is a Lecturer in Criminology at Northumbria University. Mary's research interests centre on the regulation and criminalisation of sex and sexualities, with a specific focus on the sex industry. She has published in numerous edited collections and academic journals including *Geoforum*, *Journal of Law and Society* and *Geography Compass*. Since 2004 Mary has volunteered as a support worker for various sex-work outreach projects, delivering support services to male and female sex workers, working in both on and off street contexts. Mary is also the joint academic board member of the UK Network of Sex Work Projects.

### **Adele Irving**

Adele Irving is a Research Associate at Northumbria University. Adele's primary area of interest and expertise is multiple social exclusion. Adele has undertaken a number of projects in relation to homelessness, offending and sex work. Adele has managed, as well as assisted, the delivery of applied

research and evaluation projects, funded by a range of funding bodies and clients, including: the Northern Rock Foundation, the Millfield House Foundation, Newcastle City Council, Newcastle Youth Offending Team, Helix Arts, the Cyrenians, VONNE and the North East Offender Health Commissioning Unit.

## ***The Peer Research Buddies***

The Peer Researchers were provided with invaluable support to arrange interviews, as well as transportation to and from interviews and emotional support during the research process from support workers at the GAP project and SHINE. The Peer Researchers were very grateful of the support received and without this, it would not have been possible to complete the interview process in such a timely, efficient and supportive way.

### **Laura McIntyre**

Laura McIntyre is the Cyrenians GAP Project Manager. Laura has worked with the Cyrenians since October 2007, delivering and developing services to women described as marginalised and socially excluded, specifically those within The GAP Project. Before being employed by The Cyrenians Laura gained specialised skills and knowledge around dangerous drug taking behaviours and substance misuse, working for 24/7 – a NHS drug and alcohol service based in Gateshead. During 2010 Laura set up a working group to explore the needs of male sex workers, this work become funded in April 2011 - Male Action Project (MAP). MAP's primary aim is to gather an evidence base regarding the nature and extent of male sex work in Newcastle upon Tyne, which will impact on local policy and provision.

### **Emma Maddison**

Emma Maddison is a Support Worker with the GAP Project and has been in post since September 2008. Emma has worked within The Cyrenians for over 9 years, working in front line services with 'hard to reach' groups, she has also helped to develop new services and interventions. Emma's role within the GAP Project is to provide a safe, confidential and supportive service to women involved in sex work and those who may be vulnerable to sexual exploitation. Emma's role within in PEER has been vital, three clients she supports within GAP became Peer Researchers, Emma has offered consistent support to each researcher ensuring they all feel safe and comfortable during the process. Emma has supported Peer Researchers to engage and understand the PEER Project, from the training stages to helping to arrange interviews. Emma offered time to both researchers and some interviewees after interviews were completed, to talk through any difficult issues that may have arisen from interviews.

### **Ian Fiddes**

Ian Fiddes is a retired Northumbria Police Officer who first worked with the GAP Project in early 2007, helping to establish the 'Work Safe' Scheme. He also linked in with the Voices Heard Group and took part in the presentation of the original PEER research in October 2007. His knowledge of sex work goes back to 1989, when he first worked with the old Police Vice Team in Newcastle. In more recent years he has worked on various corruption cases involving the exploitation of sex workers, whilst coordinating Home Office initiatives exploring the sexual exploitation of trafficked women (Op Pentameter, 2006 and 2007) as part of his role in Force Intelligence. Following retirement in 2010 he became a Cyrenians volunteer and is

now working as the MAP Project Development Worker (male sex work), due for completion in April 2013.

### **Nicola Gilroy**

Nicola Gilroy is a GAP Project Support Worker and has been in this post since April 2009. Her role is to provide safe, confidential and supportive services to women involved in sex work and those who are vulnerable to sexual exploitation. Nicola provides intensive outreach support to women and also facilitates group support, including the Freedom Program. The project uses innovative techniques to engage some of the more "at risk" women within housing, criminal justice, drug treatment and mental/physical health services. Nicola has supported PEER by helping arrange interviews between her clients and the researchers, and has ensured that GAP clients feel emotionally stable after their interview due to disclosures of sensitive issues.

### **Heidi Hansen**

Heidi Hansen is a Community Development Worker from SHINE, which is a women's sexual health project in Newcastle. Heidi has worked within women's sexual health for 4 years now and support women from various communities with a number of issues linked to their sexual health. Heidi offers support to the GAP clients by providing advice and support through monthly drop-ins, night outreach and one-2-ones. Heidi is passionate about ensuring and supporting the development of positive health and wellbeing for women, especially vulnerable, marginalised or otherwise excluded women.



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## Executive summary

The overall aim of the PEER project is to provide a robust evidence base regarding the experiences and service needs of women engaging in sex work in Tyne and Wear, in order to inform local knowledge, policy and practice in this area. Specifically, the research objectives are:

- **To document the lives and experiences of women selling sex in Tyne and Wear**
- **To explore the women's experiences of service provision in Tyne and Wear**
- **To consult stakeholders about their knowledge and involvement in strategic decision-making and service provision in the context of sex work, and**
- **To produce a number of targeted recommendations in relation to local policy and service provision in the context of sex work.**

The research was conducted using a peer-led methodology; 36 interviews were completed by peer researchers with women working as escorts (n=14), women engaged in opportunistic or survival sex work (n=20) and one woman who had been trafficked for the purposes of sexual exploitation. One interview was also completed with a male escort. In addition 15 stakeholder interviews and one focus group were completed by the peer researchers in partnership with the academic research team. The key findings of the research are detailed below.



## The Opportunistic/Survival Group

- Most of the women interviewed were in their twenties and thirties.
- One third of the sample (n=7) became involved in sex work before the age of 17 and almost half (n=9) had been doing sex work for five years or more.
- Most of the women engaged in opportunistic sex work had experienced a lifetime of exclusion; with evidence of negative childhoods, poor educational attainment, limited employment histories, drug addiction, homelessness, offending and abusive relationships.
- 11 of 12 women (92%) reported problems of addiction. Nine of these (81%) were accessing drug treatment.
- 16 women (84%) had experienced a significant life event which they felt made it more likely that they would become involved in sex work. These included: physical and sexual abuse in childhood, drug addiction and homelessness. The qualitative data suggested that a number of women had also been forced into sex work by abusive family members and partners.
- None of the women reported to enjoy sex work; instead described it using language such as 'horrible', 'disgusting', 'horrific' and 'degrading'.
- Women sought business through 'word of mouth', friends, 'going out on the streets' and advertising in free papers and phone boxes. A minority of women also reported being propositioned while begging.
- Women reported to work in flats, cars, alleyways and in the back rooms of shops.
- Many women had strategies for keeping safe, including: condom use, working in groups, staying in public places, having partners with them when seeing clients, carrying mobile phones and informing people of when they were working.
- Although most worked for themselves, those who worked for others generally received little payment.
- All of the sample stated that sex work had had a significant emotional impact on them and all 18 women who answered the question reported to have suffered from mental health difficulties.
- Over half of the women (10 of those who answered the question) reported having 'bad' and 'violent' experiences with clients.
- 13 women (68%) had been victims of domestic violence, in a mixture of both past and current relationships.
- All 15 women who answered the question had a criminal record and 11 women (79%) had been to prison.
- Women reported that sex work had a limited impact on their physical and sexual health. Almost all of the women reported accessing GUM (18 of 19 or 95%) and to be registered with a GP (16 of 19 or 84%). Half of the sample (n=10), however, reported difficulties keeping appointments due to problems of depression and drug abuse.
- Few women had disclosed their involvement in sex work to health services for fear of judgement and embarrassment; although where women had disclosed, responses had generally been positive. Nonetheless, negative experiences with the police and social services were strong themes in the data.

## The Escort Group

- Almost one third of the women were aged 18-19 when they started working as an escort and almost two thirds were in their twenties. Just one participant was aged 17 or under.
- All of the women except one had experience in other forms of employment. Two of the women had day jobs, in addition to escorting, at the point of interview.
- The escort group generally had a positive outlook towards their work: 12 women (86%) stated they enjoyed their work and all 14 were able to identify benefits from working as an escort, including: flexible working hours, financial benefits and the work being varied.
- Ten women (72%) described their method of work as safe and nine discussed positive relationships with regular clients. Four women (29%), however, had also experienced violent clients.
- Five women (43%) suggested that escorting had had a negative emotional impact on them. This was typically linked to loneliness and disrespectful clients.
- Ten women (72%) identified stigma attached to escorting. Although only one woman felt this had affected her work, the remaining women reported mitigating feelings of stigma by trying to keep their working and personal lives separate.
- All 12 women who answered the question reported consistent condom use with clients and that there was no negotiation around this.
- None of the 11 women who answered the question indicated that escorting had had a negative impact on their sexual health and all 7 women who answered the question had found GUM helpful.
- All 13 women who answered the question were registered with a GP.
- Half of the sample (n=7) had experienced mental health difficulties.
- Eight women (57%) had been victims of domestic violence. In all but one case, domestic violence had occurred longer than 12 months prior to interview.
- Mixed childhoods were reported; while seven women (64%) described them as positive, a significant minority (4 or 36%) described them as negative.
- Very low levels of drug use were reported (with just one case of problematic drug use and two cases of recreational drug use) and no significant issues regarding housing were reported.
- Women reported generally positive experiences with services, although there were some exceptions to this.

## The Stakeholder Group

- Stakeholders demonstrated mixed levels of knowledge and awareness about local sex markets and sex work related issues.
- Operational stakeholders generally had greater levels of knowledge about local sex markets than strategic stakeholders, particularly in women's projects, homelessness services, sexual health services, counselling services and drug services.
- There were generally higher levels of awareness about survival and opportunistic sex work compared to knowledge of escort markets.
- The GAP project was seen as the regional expert on sex work and the main source of knowledge for stakeholders.
- The extent to which issues around sex work feature in the work of stakeholders varied significantly. Discussions around sex work were limited at the strategic level (although there were exceptions to this), but were key features of the work of operational stakeholders working in women's projects, sexual health services, drug treatment services, victim of crime support services and probation.
- Standard questions about engagement in sex work are only asked by sexual health services (which is the main service which has sought to engage with sex workers specifically). Operational stakeholders generally reported to feel uncomfortable asking women to disclose; preferring instead to build trusting relationships with women, with then often leads to voluntary disclosure.
- The outreach and referral roles played by GAP were deemed highly important by stakeholders in supporting women to engage with their services.
- All services adopt a holistic and multi-agency approach to addressing the needs of service users. In the event of disclosure, all stakeholders stated their services would refer women to GAP.
- Awareness of local sex markets and sex work related issues, as well as the quality of service provision available to sex workers, were reported to have improved dramatically in recent years – although many stakeholders pointed out that much more needs to be done.
- Sex work was generally not a strategic priority of organisations interviewed and only Northumbria Police and drug and alcohol services have specific policies relating to this. Many of those interviewed, however, were open to exploring this and making sex work more visible in the local policy context.
- Some stakeholders had completed the sex work training but these were generally in operational positions. Limited resources and competing priorities were identified as barriers to further training.
- All stakeholders who were asked supported the idea of a local sex work strategy, suggesting that this would help to raise awareness of sex work as an issue, prioritise issues around sex work within their organisations/areas of responsibility and drive forward local developments.

## Recommendations

- The **provision of training** on local sex markets and sex work related issues would be beneficial to frontline practitioners within services, as well as strategic decision-makers where sex work related issues fall within their areas of responsibility. Where organisations have large numbers of staff, select staff are advised to complete the training and disseminate the information to their colleagues. In addition, GAP may like to pursue the development of a condensed training programme to improve accessibility, if additional resources could be secured to support this.
- The identification of **Dedicated Liaison Officers (DLOs)** within services, with specific responsibility for developing knowledge of local sex markets and sex work related issues, awareness raising on sex work within the context of their service, promoting service provision that reflects needs and removes barriers to engagement and providing high quality support to service users who disclose their involvement in sex work. This is particularly critical in relation to the police where there are low levels of disclosure and reporting of sex work related incidents. More broadly, there should be greater recognition within services of the unique barriers which sex workers face to access and engagement, as well as interventions developed to overcome these barriers.
- The provision of funding for a **dedicated escort service**. While specific and tailored escort services are provided by the GAP project, this is not a specifically funded programme of work. The securing of additional funding for an escort service would ensure that the provision of support to escorts (who make up an increasing proportion of GAP referrals) is sustainable and that a broader range of support services can be developed. Discussions around emotional impacts and stigma were strong themes within the escort data. Opportunities for further support around managing this process would be welcomed by the participants.
- **Greater partnership working between criminal justice agencies (particularly prisons), homelessness services and women's projects**, to further support women engaged in opportunistic sex work to escape the 'revolving door' cycle of homelessness, addiction and offending. All of these issues were found in the data to have contributed to the women's engagement in sex work. Furthermore, while prison was a positive experience for some women, the limited support received both pre and post release resulted in many returning to the chaotic lifestyles which they had prior to going into prison. It is vital that all of these services work with sex work projects to adopt a more coordinated and holistic approach to addressing the complex needs of sex workers.
- **Greater partnership working between social services and specialist sex work projects**. Nearly all of the women engaged in opportunistic sex work had been involved with social services and the qualitative data confirmed that in almost all cases, women had lost custody of their children. This should be investigated further through a partnership approach.

- The development of a **local sex work strategy** to help raise awareness of local-specific sex work issues, to provide leadership around local policy and practice developments, to enhance partnership working in relation to sex work and to ensure that sex workers engaging with services receive appropriate support, would be welcomed by local stakeholders. The inclusion of sex work into other specific strategic contexts (for example local policing strategies, local sexual health strategies amongst others) is also recommended, where appropriate.
- Greater investigation within services of issues around **mental health and domestic violence** in relation to sex work is recommended. The prevalence of these themes within the quantitative dataset indicated higher levels of mental health difficulties and experiences of domestic violence among the sample than the general population, and therefore suggests the need for these issues to be explored in more detail. The findings of PEER also support those of Lewis (2011) that a specialist counselling service would be of use to some women working as escorts.
- The establishment of **additional specialist sex work projects** across Tyne and Wear. Notable in the research was that many of the women who participated were from Sunderland and all of these women, as well as a number of stakeholders, highlighted the absence of specialist service provision in the area, as well as a lack of recognition of the specific needs of sex workers within mainstream service provision. To improve the accessibility of specialist support to women engaged in sex work beyond Newcastle, it is recommended that stakeholders in other areas look to replicate the GAP model.
- The **continuation of funding for the GAP project**. A key theme in the data was the invaluable support provided by the GAP project to both women engaged in opportunistic sex work and escorting, in dealing with a range of physical, emotional and practical needs. The value of GAP was further echoed by stakeholders who highlighted the instrumental role of GAP in awareness raising, information sharing and supporting the women's engagement with services.

## Section One: Introduction

The PEER project revisits an earlier piece of work called 'Hidden for Survival', undertaken by the Voices Heard Group in 2007. The research explored the lives and experiences of men and women engaged in 'opportunistic' or 'survival' sex work in Tyne and Wear. The impacts of the project were significant in terms of developing an evidence base around the needs of men and women engaged in sex work and how these could be met by local service provision. More broadly, commercial sex is a much debated topic amongst practitioners in local and national policy contexts, as well as in the broader research context. Over the past 20 years or so, there has been a proliferation of research exploring both on and off street sex work (Day, 2007; Campbell and O'Neill 2006; Sanders, 2005; Smith 2012), as well as other forms of adult work and sexual entertainment (Colosi, 2010; Hubbard 2009). There have also been significant shifts in the national policy context in England and Wales, with the most recent policy guidance published by the Home Office in 2011. Significantly, it has an explicit focus on local responses. In the Ministerial Foreword, Lynne Featherstone emphasises that 'local agencies know how best to respond to the needs of their particular community and the most effective responses are therefore developed at the local level' (pp. 2). The guidance also has an explicit focus on the safety of sex workers and stresses the importance of reducing levels of violence committed against them. Alongside this, the pilot 'National Ugly Mugs' scheme, which is a national initiative seeking to address and prevent violence against sex workers, was launched by the UK Network of Sex Work Projects in July 2012 (See UKNSWP, 2012 for more details). Following the national recommendation for informed and evidence-based local responses to sex work, the PEER project represents an incisive contribution to the existing body of work on sex work in Tyne and Wear (see also Barefoot Research, 2009; Voices Heard, 2007).

## Aim and Objectives

The overall aim of the research is to provide a robust evidence base and contribute to existing local knowledge and debates concerning the lives and experiences of sex workers in Tyne and Wear. This aim is supported by four objectives:

- **To document the lives and experiences of women selling sex in Tyne and Wear**
- **To explore the women's experiences of service provision in Tyne and Wear**
- **To consult stakeholders about their knowledge and involvement in strategic decision making and service provision in the context of sex work, and**
- **To produce a number of targeted recommendations in relation to local policy and service provision in the context of sex work.**

In contributing to the existing knowledge base on sex work in the Tyne and Wear area, it is hoped that the research will inform evidence-based, local strategic responses to sex work. The possibility of developing a local prostitution strategy is discussed in the report. In addition, the research give local women working as sex workers the opportunity to have their voice heard about service provision, which we hope will help to ensure that local services reflect needs.

## The Local Context

Given the unique configuration of sex markets in Tyne and Wear, it is surprising that little has been published on sex work in the North East of England (see Barefoot Research, 2009). Newcastle, unlike other cities of comparable size, has no known specific area of female street sex work (Voices Heard, 2007). However, there is evidence that opportunistic and survival sex work, (practiced by both men and women) takes place in a range of public and private spaces, such as toilets, parks, hostels, takeaway shops, cars, privately owned and rented accommodation, abandoned houses, squats and hotels (MAP 2012; Voices Heard, 2007). In this context, opportunistic sex work is defined as a commercial sexual transaction wherein sex is not explicitly solicited, i.e. in the case of someone 'begging' being approached for sexual services in exchange for money. Similarly, survival sex work is defined as the exchange of sex for something which the worker deems essential to their life. This may include: money, food, heat, shelter or other essential goods and services. In addition, evidence from local adult websites suggests that there are over 500 women offering a range of other types of sexual services in the region. This includes women working as escorts, via web cams, those offering specialist fetish services and such.

In total, GAP works with approximately 100 women from different client groups in any 12 month period. To offer some further detail, GAP works with approximately 45-60 clients who are engaged on opportunistic/survival sex work at any one time, as well as brothel workers and women who have been moved or trafficked into sex work against their will (approx. 12 since the service was established). GAP also provides dedicated service provision to women working as escorts. Data from GAP suggests that there



are between 10 and 15 escort agencies operating in the Tyne and Wear area, as well as 20-30 women working as independent escorts. Absent from these (approximate) estimates are those women who do not engage with GAP. Beyond this, there is an extant body of work on local practitioner perceptions of local sex markets (Barefoot Research, 2009). Yet, there is little local knowledge about the lives and experiences of those engaged in sex work beyond specialist projects and those practitioners working in frontline capacities with sex workers on a regular basis.

## The Research Process

The research was designed using a partnership approach between the Cyrenians' GAP Project and Northumbria University and is underpinned by the principles of Participatory Action Research; whereby a number of peer researchers (women with varied sex industry experiences) supported the research design, completed the data collection and are involved in the dissemination of the research findings. It is important to state that the peer researchers were central to the development and execution of the project. They were consulted on and engaged with all aspects of the research; project tools were informed and approved by the peer researchers, the data informing the project was collected by peer researchers, this report was the result of collaborative writing and discussion with peer researchers and beyond this, the dissemination of the project will be carried out in partnership with the peer researchers. The partnership approach is what has made this research possible.

The research process was operationalised through a number of stages:

- **Stage One:** Preparatory work, ethics submission and research design
- **Stage Two:** Training of peer researchers and development of research materials
- **Stage Three:** The interview process
- **Stage Four:** Data analysis and report writing

Each of these stages will be considered in turn.

**Stage One: The Research Design and Ethics Submission** – Peer research is an empowering and inclusive way of conducting research, particularly with groups that are traditionally considered to be socially excluded or marginalised. A peer research methodology was chosen for this project for five key reasons:

- Peer researchers have **direct experience** of the issues being explored in the research project; in this case, sex work. Peer researchers can use this **knowledge and experience** to help inform the research process.
- Peer researchers tend to know of, and are generally able to contact, **people** who might want, and be able, to contribute to the research project.
- Sex workers are often reluctant to discuss their involvement to people in formal positions such as service providers and researchers and those who have not had **similar experiences** to them.

- The methodology is **empowering** for the women trained to be peer researchers as they play a central role in the production of knowledge and have a significant stake in research project. They also gain useful research skills through training.

Ethical approval for the research was granted by Northumbria University.

**Stage Two: The Training of Peer Researchers and Development of Research Materials** – The research process was designed specifically by the academic research team to maximise peer involvement at all stages and to make the research process inclusive and supportive. Once ethical approval was granted, women considered eligible by GAP to be involved as peer researchers were invited to an induction meeting and given an induction pack. The women were briefed about the research and it was explained that participation was conditional on research training. In total, ten women wanted to take part and completed peer researcher training. Training sessions covered topics such as: the law on sex work (to ensure peer researchers were informed if they were asked questions about this); the interview process; interview techniques; consent; data protection; and, safety in the field. As part of the training sessions, the women were also consulted on what topics and issues should be included in the interview schedules for the different sex worker groups, as well as the consent process. All research materials used in the research, therefore, were developed through a collaborative process between the peer researchers and the academic research team. The training sessions also allowed peer researchers to take part in and lead mock interviews, allowing the research tools to undergo various rounds of piloting. A number of peer researchers provided comment on the research training. Lynsey said it was *'very good and very thorough'*, Rachael said she thought the training *'was excellent and great fun, everyone was involved which made it enjoyable'* and Cal said, *'the training I received was thorough and informative, the role play was particularly useful in helping the researcher understand what the interviewee would experience during the interview'*. On completion of the training, peer researchers were presented with a certificate by Northumbria University in recognition of their achievements, were allocated a 'research buddy' – a GAP worker to support them through the interview process – and were given the contact details of the academic research team. The buddying system was modelled on the outreach support service provided by GAP workers to clients. The wraparound support given to the women (organising interviews and providing transport to and from interviews, and offering support after interviews if required) was essential to the successful completion of the peer-led interviews.

Upon embarking on the interview process, the peer researchers were all given a 'peer researcher pack', which included: a mobile phone, diary and pen, business cards and expenses for travel, and all had access to the relevant materials needed for the interviews (a dictaphone, interview schedules, information sheets, consent forms and £5 Eldon Square vouchers for the women taking part in interviews). The provision of these materials was significant in reinforcing the professionalism and centrality of the peer researchers' role in the project.

**Stage Three: The Interview Process** – Due to other commitments in the peer researchers' lives, just four of the original ten completed interviews. In total, 36 interviews were completed with sex workers. This included: 14 interviews with escorts, 20 with women engaged in survival/opportunistic sex work, one male escort and one woman who had been trafficked. The research training stressed the importance of

interviews taking place in 'safe' spaces. Many of the interviews took place in services and for those interviewees who the researchers knew well, the interviews took place in their homes. As Cal reflected:

*'The interviews were held at the interviewee's choice of setting. It was essential that the location be quiet and private. The majority of interviews were held at the GAP or Cyrenians premises. Occasionally, a home visit was organised.'*

Although in research terms, interviewing people in their own homes is not generally recommended for health and safety reasons, this method was particularly suited to the PEER project due to the sensitive nature of the research and the existing relationships between the researcher and participant. As Rachael suggested:

*'The interview process was a bit different for me as I knew all the ladies I interviewed on a personal level as I've worked with them for several years. It was fun but also interesting for me to hear different views. I met up at their place and we just chatted as if we were in a normal cafe having coffee...I felt this was a more comfortable and [an] easy settling environment.'*

After they had completed the interviews with the women, the peer researchers reflected on this process. They commented on how emotional the process was as the subject material covered was sensitive for both them and the participants involved, but also on how it was also a positive experience. The rapport that the peer researchers were able to garner with the participants and their ability to relate to them was evident in the interview transcripts. Some of the peer researcher reflections included:

*'[They seemed to go] very well, in my experience the women seemed to feel comfortable enough to be open and honest about their work and what they had encountered, even though the discussions could be quite emotional.'* (Cal)

*'Interviews all went great, although one or two opened my eyes.'* (Rachael)

*'They all went amazingly, all the women trust me and confided in me about things that they had never spoken to anyone about...it was so amazing to let the women know that they were safe and secure and trust me in a way that they most probably hadn't with anyone else.'* (Lynsey)

In addition to interviewing women engaged in sex work, the peer researchers also undertook training to complete interviews with key local stakeholders; these interviews were carried out in conjunction with the academic research team. In total, 15 interviews and one focus group were completed, with stakeholders working in a variety of strategic and operational positions in the areas of public health, sexual health, mental health, criminal justice, housing, drugs and alcohol, violence support projects and dedicated sex work and women's projects. Although some work has been completed in the region using peer-led methods (Voices Heard, 2007; Harding, Irving and Whowell, 2011; research by NEsay Ltd in the northeast

of England), the combination of university researchers and peer researchers completing interviews is relatively new and highly innovative methodological approach to research. There were a number of ethical issues to consider in the context of the interview including power dynamics and the practicalities of two people negotiating one set of questions. This process was, however, a success. As Lynsey reflected:

*'I was very nervous at first, but then some of them [the stakeholders] were nervous also, then I realised that we are both human beings and no better than the other and that we're both there to do a job and also to help make people more aware.'*

Throughout the interview process, the academic team regularly met with GAP and the peer researchers to support the process.

**Stage Four: Data Analysis** – The interviews were professionally transcribed and analysed using quantitative and qualitative methods. The interviews with the escorts and survival/opportunistic sex workers were quantitatively analysed using the statistical software package SPSS. Based on the original schedule, 182 variables were identified by the academic research team and data was recorded about these variables for each respondent. This allowed a robust statistical dataset based on the interviews to be generated. A qualitative thematic analysis was also undertaken on both the sex worker and stakeholder transcripts, using codes generated from the original interview schedules. The identification of themes and subthemes from this analysis enhanced and complimented the statistical results. It is important to note when discussing data in the following sections, that in some cases not all respondents answered all questions. Where this is the case, the total number of responses is presented in brackets, e.g. (n=12).

## Section Two: Sex Worker Findings

### Opportunistic / Survival Group

#### *Demographics and Involvement in Sex Work*

A quantitative and qualitative analysis was performed on the 20 interviews undertaken with women engaged in survival or opportunistic sex work. Almost half of the women interviewed were originally from Sunderland (n=8), three were from Newcastle, two were from Gateshead and one was from County Durham. Four of the women were originally from outside of these areas. At the point of interview, eight women were living in Newcastle, three were living in Sunderland and two were living in Gateshead. Most of the women interviewed were in their twenties and thirties; just one woman was in her late teens and one woman was in her forties. One third of the sample who answered the question (n=5) had been involved in the sex industry in various capacities. Three had been involved in escorting and two had worked over the internet via webcams. The majority of women, however, had primarily been involved in opportunistic or survival based sex work. In contrast to the escort group, few of the women had experiences of formal employment. In most cases, women said: *'I've never done proper jobs, just sex work'* (Participant 13), *'I haven't had any job, like a labour job or anything. I've always worked the streets'* (Participant 38) and *'Well, nothing really, just prostitution'* (Participant 12). Where women had been in formal employment in the past, this had consisted of low paid jobs in the retail, hospitality and care sectors. Limited employment histories were reflective of poor educational attainment. Fewer than half of the sample (n=7) had qualifications, three women had problems with numeracy and one had problems with literacy.

Three quarters of women interviewed (n=12) had an additional source of income other than sex work, although almost half of the woman who answered the question (n=6) regarded sex work as their main source of income. In the majority of cases, income was supplemented by benefits (i.e. JSA or ESA). In one case, a woman gained additional income from formal employment and in two cases, women gained additional income from crime. Here, one woman described her additional income source as *'shoplifting, scamming and hustling'* (Participant 20). Whether sex work was classed as their main or secondary source of income was linked to the frequency of the women's involvement in sex work and the proportion of their income derived from sex work. A number of women reported that the amount they worked depended on their access to benefits and how 'desperate' they were for money. Here, typical responses from the women were: *'Well it depended how desperate I was at the time'* (Participant 26) and *'Like, when I really needed more money...when my habit was sky high'* (Participant 26). Income was primarily spent on drugs and alcohol. In just two cases did women report to spend their income on housing, food, clothes and children.

Half of the women who answered the question (n=7) began doing sex work aged 17 or under, two began doing sex work aged 18-19 and seven began doing sex work in their 20s. Contrary to the escort group, the large majority of women (n=16) reported experiencing a significant life event which they believed made it more likely that they would become involved in sex work. While not all women disclosed

the nature of this event, a number of key themes could be identified. The first was sexual or physical abuse at a child. Here, a number of women said: *'If I didn't get abused, I don't think I'd have went on that path'* (Participant 24), *'Yes, I was sexually abused by my granddad, my uncle and an uncle that married into the family'* (Participant 23) and *'Well when I got raped I just felt like men could just use us like that. And that's how I think I found sex work. Because I just thought, well my body's been used and abused now so I may as well get it used and abused a bit more... He took my innocence away from us...that's how I found it easy just to sell my body'* (Participant 35). In some cases, sexual abuse by family members evolved into the woman being forced to engage in sex work by the same individuals. For example, following years of sexual abuse by her uncle (who was also her primary carer), Participant 20 reported that she was forced to engage in sex work to pay for her 'upkeep': *'Aye, my uncle Bob [pseudonym], I was twelve and then obviously I had to start making money back for him keeping us, 'Cos he wasn't claiming anything for us'*.

Another key event linked to entry into sex work was drug addiction. Of 12 women, 11 reported a direct link between drug use and their involvement in sex work. Reflecting the broader literature on sex work and drug use however, it was not possible to identify a causal relationship between sex work and drug use. However, as May and Hunter (2006) found in their research, raising money through sex work to fund addiction was an important theme in the data. When asked how they became involved in sex work, for example, Participant 21 said: *'Well, because obviously you need the money to pay for the drugs and that's why'* and Participant 17 said: *'I done the sex work to get the money to do drugs'*. In these cases – and similar to the escort group – the majority of women reported that friends introduced them to sex work and clients. The recollections of Participants 35, 12, 15 and 17, respectively, were: *'I was using heroin at the time. A friend was already doing it and I saw it as easy money, not hurting other people, just hurting myself. So, I went and done it', 'I got on drugs and stuff and then I couldn't afford to feed my habit so my friend sort of got us doing it', 'I owed someone money for drugs and a lass introduced us, like, says, "I've got a couple of punters, do you want to come and make some money?"' and 'They were acquaintances, they were on heroin as well...I knew they used to go to like men's houses and that and like I just started going with them and like you would have to like get naked and that, but I didn't like him to touch me so I would always pretend to be sick and go along and sit in the bathroom, you know what I mean?'*

Many of these women also reported that engaging in sex work was their only alternative to offending to fund their habit; indeed, sex work was often seen to be a way of making 'easier' money than offending. One woman stated: *'If I don't do the sex work, I'll go out and commit crime and shoplift and stuff while, if I, if I go out and make money for like just having sex with someone, that helps...it's easy money to feed my habit, really'* (Participant 11), while another said: *'I got sick of going to prison, so I just started doing it from there. I thought like, 'Well I'd rather do this than go shoplifting and go to prison, so just do this, it's easy money'* (Participant 30). For Participant 35, not being in a relationship at the time was a key deciding factor in doing sex work rather than offending: *'Prior to sex work, I used to rob people or I used to shoplift. I saw that as hurting other people. I wasn't in a relationship so doing sex work was hurting me and nobody else'*. Still on the theme of addiction, others said they were forced into sex work or 'put on the game' by their partners to make money to support both of their drug habits. Participants 30 and 24 both reported that following getting into relationships, their partners forced them into sex work:

*'I was about seventeen. I start seeing this man. I thought he liked us, but then he started like bringing his mates in, 'Oh this one'll pay you money, and this one''*

*'I met someone from Kingston Park and he was a punter at first and then he kept coming down every night and we was like seeing each other and then he put, he started taking me money off me. He got addicted to heroin and then when he was rattling he would kick the fuck out me and tell me to get out even though I was rattling and for years that was going on and then I just stopped. I went out one night and I didn't go back'*

Becoming homeless was also linked to entry into sex work. Nine of ten women said they felt there was a link between homelessness and sex work. It should be noted that in the vast majority of cases, the causes of homelessness were not disclosed, therefore, again, a causal link between sex work and homelessness could be established. However there was evidence that being homeless could led to women seeking to engage in sex work as a means of securing 'a bed for the night'. In other cases, homelessness led to or exacerbated addiction problems, which then resulted in women engaging in sex work to fund their habits. Typical cases here were:

*'I haven't been a sex worker but due to being homeless I've been put in positions where I've been uncomfortable and I've felt like I've been put in a bad position. I'd have to go with the circle of people I'd be with, and I'd end up with a man at the end of it.'* (Participant 30)

*'At times, I would just end up sleeping with someone just to have that bed to stay in for the night instead of being out on the streets.'* (Participant 22)

*'I left home and I was homeless and people just taking us in, just random people.'* (Participant 22)

*'People approached us when I was begging on the street. When I was homeless and someone approached us and I wanted to give him a blow job for £20. I wasn't in a good place and I just thought it would be easy money so I did.'* (Participant 31)

Looking at the issue of housing more broadly, nine of eleven women had housing problems. Just two women had their own tenancy. Of the remaining nine women, seven were living in supported accommodation, one woman was living in temporary accommodation (having fled domestic violence) and one woman was living with family. Furthermore, eight of nine women had been living at their current address for less than one year; only one woman had stable housing, having lived at their current address for five years or more. Incidentally, this respondent was living with their partner and had exited sex work several years previous. Notable here is that all three women who discussed their experiences of housing providers spoke of these in negative terms. Here comments were: *'I think, me personally, like everyone's got their own opinions but housing, I just think they were just a waste of space, they're just not there really for anybody the likes of us'* (Participant 11), *'Shite. Shite. Discrimination with a capital D'* (Participant 21) and *'They didn't really say anything, just the housing thingy's rubbish for you anyway'* (Participant 12). Eight of ten women stated they worked and lived in the same area.



Moving on to consider working practices in more detail, the length of time that women had engaged in sex work varied from less than a year (n=2), to those who had worked for five years or more. In fact, over half of the women who answered the question (n=9) had been involved in sex work for five years or more. Two women had been involved for three years and two had been involved for four years. The majority of women (9 of 14) worked for themselves; two had primarily worked for someone else and three women had experiences of both. Those who worked for themselves reported to prefer this, saying it gave them more control over when and how they worked and it meant they could keep all of their income from sex work. For example: Participant 21 said, *'I like to work my way because when you're working for other people they just take the piss'*, while Participant 21 said, *'You're giving them, you're doing everything and they're not doing nowt'* and Participant 18 said, *'Because I was my own boss; I wasn't giving somebody my wage; I wasn't getting dictated to about when I should be there'*. Supporting this, those women who had worked for someone else (primarily partners) reported receiving little payment for sex work. One woman stated she was made 'to go out on the streets' with her boyfriend to find work, while he waited in 'alleyways' for her. After seeing a client, she would return to the alleyway and pass the money she had made to her boyfriend: *'[He] took all the money I made. Said he would save it up and put it in the bank but he took the lot. Even if I found £20 on the floor and he took that off us'* (Participant 24). While many women worked for themselves, they often reported working in small groups with other women, suggesting that this was a safer way of working, but also this made it easier for them to 'find' work. In fact, half of the women (n=7) stated they had arranged business for other women. One woman said:

*'Just financing people who are rattling and stuff or they need the money to feed their kids, or whatever. I've like put them on to punters that like are looking for someone new, like. I would have done business with them a few times or for years, and they're wanting a bit of fresh juice or whatever. I'm not getting nowt from it, just for, like, helping them out.'* (Participant 21)

Women sought business in various ways. The most common means of meeting clients was through friends or 'word of mouth', with many reporting that friends would pass their numbers on to clients or that clients would contact their friends to arrange a time and location to meet with them. In one case, a respondent's mother was the 'friend' who arranged business for her. Other approaches included: advertising services through telephone boxes, free papers and the internet. A number of women who were homeless reported that men would approach them while they were begging on the streets or that they would *'walk around the streets looking for a proposition'*. Women reported to do business from flats, cars, alleyways and the backrooms of shops (although the type of shop being referred to here was not disclosed, previous research into the local sex market suggests that this is likely to be 'takeaway' shops (Voices Heard, 2007)). Few women discussed working practices in detail, but illustrating this further, Participants 35 and 17 commented, *'It could be in the back of a shop. Most of them were at work and they'd ring and say, 'Will you come round?''* and *'If when we were bad, we were rattling, we used to go and like knock. They all lived on their own and they were all like canny...we used to just go over to theirs to knock on them and me friends used to like, it was them that used to really do most of it at first and they used to just ask them if they wanted any business, do you know what I mean and that's, that's how it was like'*. Several women reported that they would not use their own home for business as this is a

place where they feel 'safe' and where they can distance themselves from their working lives. Similarly, the separation of working and personal lives was a significant theme amongst the escort group.

The majority of the sample were open about how payment worked and the prices they charged for services. Payment was typically sought before any services were carried out. The women reported employing various strategies to ensure the safekeeping of payments. For example, several women who worked in flats stated they would hide the money in a different room before carrying out services. For women who were working on the streets, the safekeeping of money was more difficult. Nonetheless, where women worked in groups, several reported that they would pass the payment onto their friends before carrying out services. Prices for services varied significantly across the sample. Contrary to the escort group, women tended to charge by 'type of service' rather than periods of time. While some women had set prices for different services, it was more commonly reported that prices would be derived through a process of negotiation with the client based on how much they were willing to pay and how 'desperate' the women were for money. Here, [Participant 38](#) said, *'Truthfully, when I've been proper down and had nothing at all, I've lowered myself to the standards of like, tenners and twenties'*, while [Participant 12](#) said, *'Well, it just depends on how much money I need that day really'*. Others reported that prices varied depending on the nature of the client, the type of service they wanted and where the service was to take place:

*'Just depends really; you get offered so much like some men just like give you like eighty pound just for a massage and for a talk and like others want to give you like twenty pound for the, for like the full thing. It's easy money to me, I'm just happy with erm, with what I get offered really. Just depending on what, who it is and where it is.'* ([Participant 11](#))

*'A shag - £35.00 an hour...but if you went higher, like, someone who dresses up in a suit and he's married and stuff like that, say £100.00 for the full session.'* ([Participant 16](#))

On the whole, however, prices for 'hand jobs' ranged from £10 to £50. Prices for oral sex varied from £10 to £60. Prices for full sex were generally £20 to £80. Some women charged £100 for an overnight stay, notably this is just 10% of what an escort would charge for the same service. One woman reported charging up to £300 for 'dominatrix' services. One woman explained that she had no choice but to have low prices for services as other women in her area had low prices also: *'Low paid. It's because people's coming and they're giving it away, like. They're giving it away for two quid, because of them, like, 'I give you £5', 'I give you £2'...and you take it'* ([Participant 21](#)).

Of 16 women, 14 said they did not enjoy sex work. In fact, many reported that they 'hated it'. When asked to describe their involvement in sex work, women used words such as disgusting, horrible, horrific and degrading. When asked to describe their thoughts on the term 'sex work', women said it made them feel 'horrible' and 'dirty', although the majority of women said they preferred the term 'sex work' to 'prostitution'. Over time, the qualitative data suggested that women became less mindful of the impacts of involvement on them, with some stating that sex work had simply become part of their lifestyles. For example, [Participant 16](#) said, *'it's just something that you have to get on with, you know...just to make money'* and [Participant 11](#) said: *'I'm not very keen on it but it helps us see us through my days and that and I've just, things have got to be done'*. One woman who was involved in sex work when they were in

their late teens, in the late 1980s, recalled enjoying sex work '*sometimes*'; they recalled travelling to London each week to do sex work and suggested that at the time, they found it 'exciting' (Participant 18).

In light of the above, it is unsurprising that the women identified few benefits to sex work. Although nine of 15 women said there were benefits of doing sex work, the primary benefit identified was money. By gaining money through sex work, several participants said indicated being relieved that they no longer had to commit crime and further, they could 'survive'. In addition, one woman reported that she knew of women who had '*met nice people and they've become friends with some of the clients*' (Participant 17); they suggested that this was perhaps a further potential benefit of sex work. Indeed, a number of women indicated that they had become close to clients and in some cases, had entered into relationships with them:

*'There's one in particular, I'm dead close to him. And it's not just like sex and sexual favours all the time. I get money off him and I get Christmas cards, money and birthday presents. It's just like if I'm stuck I can ring him and I say 'Oh, Bill [pseudonym]', and he'll come over. And he'll drop us a tenner, come round.'* (Participant 21)

*'There was one bloke that travelled to see me...his wife had died and he only had his daughter. His daughter lived with him so I used to be straight in and straight out, you know. He was, he was really nice actually. Really nice he was. And he'd take me over to his yeah and then take me straight back home aye.'* (Participant 17)

Nonetheless, the women were able to readily identify a number of disadvantages associated with sex work. A number of women talked about the dangers associated with doing sex work. Indeed, two thirds of the sample (n=10) had had a bad experience with a client and the same proportion had had a violent experience with a client. Although these experiences are discussed in detail in the next section, one woman commented: '*Just frightening...there's loads of things really...like what, what could happen to me at the end of it*' (Participant 11). Other downsides included: the risks of contracting a sexually transmitted infection; the risk of family and friends finding out and linked to this, feelings of loneliness; and finally, being '*looked down upon*' and being '*called names*' by others (Participant 21).

Of nine women who were still involved in sex work at the point of interview, eight said it is likely that they will continue with this in the future; although this was typically due to necessity rather than choice. Indeed, one woman said: '*I can't wait until it's over with*' (Participant 11). Here women stated: '*I need to. I would lie on me back all day if I had to. I owe that much money*' (Participant 25), '*I need to get off the drugs first*' (Participant 12) and '*I would, but I'm terrified about the money and everything because it's a big issue with my life. Very big. They're saying they're going to cut me electric off now*' (Participant 38). Five of the women who are still engaged in sex work said they would like help to exit. When asked about the type of help they would like, responses included help to move to another area, help with self-confidence and a peer support group. Eight women said they had exited and returned to sex work in the past. Where women had returned to sex work, this was primarily because they needed money or because the positive things in their life which they had exited for, were no longer present in their lives. The following quotes help illustrate this further:

*'I came away from it for a number of years. And then... I think once you get used to that money side, it's always a possibility.'* (Participant 18)

*'It was easy because I had something to focus on. I was pregnant and I had a lovely boyfriend – well, I thought he was a lovely boyfriend at the time...I had a lot of things to look forward to. But then my relationship broke down with the baby's dad.'* (Participant 21)

*'Because I got off the drugs and met someone new who didn't take them sort of drugs but that relationship became...possessive and didn't work out in the end. Then I ended up on drugs and back into sex work.'* (Participant 15)

Of seven women who are not currently involved in sex work, four said it was possible that they would go back in the future if they needed to for money. Responses included: *'If I got into financial trouble I would start again'* (Participant 13), *'Truthfully, if I'm that desperate and I need it and somebody comed up and offered me I would do it. 'Cos like now, if you're sitting with no gas, no electric, no food, no fuck all'* (Participant 20) and *'Maybe, like, if I really got low again. You never say you're never going to do If I had no accommodation and stuff like that'* (Participant 15).

### *Keeping Safe and Seeing Clients*

Health and safety at work was a significant issue for the women engaged in survival and opportunistic sex work. Two thirds of the women who answered the question (n=10) stated that they adopted a number of strategies aimed at harm minimisation, with the strongest theme here being around condom use. 13 of 16 women reported they always use a condom with clients and 12 women reported there to be no negotiation around condom use. Where clients refused to wear a condom, the women reported that services would not be provided. However, four of 14 women said there have never been exceptions to this. Exceptions were linked to the women either trusting regular clients or the women being desperate for money and clients offering extra payment for services without the use of a condom. One woman also reported insisting on clients 'washing' before she would provide a service (Participant 16). Despite wearing condoms, however, a number of women reported concerns around sexually transmitted infections. When talking about the dangers associated with sex work, for example, Participant 38 said: *'Obviously it bothers us all the time, I make sure I use condoms and stuff like that, but it doesn't necessarily mean that you're safe because they burst and loads of things can happen...it absolutely terrifies us...I would be terrified to have a sexually transmitted infection'*. A further safety measure adopted by the women, as discussed earlier, was to work in groups with friends. Participant 13, for example, stated: *'I feel safe 'cos me friend's there, so like if there's any trouble, she's straight there if she hears us shouting...same with her, if there's trouble with her, I'll help there'*. Alternatively, a number of women stated that partners would generally be with them when they worked. Participant 24 said: *'me partner was in the other room so if anything happened to us, he would come out'*. Another strategy was to take control of where the transaction took place. Here, Participant 18 stated: *'Well I would always say to a street worker, "You take the client somewhere. Don't ever allow them to take you somewhere. You name the destination, and you take them there", whether it would be in their car or walking. I'd never say to*

somebody, "Let the punter decide". It was just a no go; just not up for debate'. Other strategies included: informing people of when and where they were working, staying in public places, always carrying a mobile phone, trying to remember the registration of cars they were getting into, only working during daylight hours and not engaging with a client they did not feel comfortable. A number of women also reported carrying items which they could use to defend themselves in the event of an attack. While most women cited just one or two strategies they adopt to maximise their safety, others reported using a multitude of strategies each time they work as demonstrated by the following extracts from the interview transcripts:

*'I carry my alarm, I carry my condoms, I always tell someone where I am. I keep my phone in my bra so I can quickly call 999 if things get out of hand and I always let GAP know.'* (Participant 15)

*'I always tell somebody where I'm going. I always, I've always used condoms. Always tell somebody, at least one person, where I'm going and I always have a phone on me. Yeah and me alarm. Even when I go out cos I go out begging on a weekend, I take me alarm. Me alarm never leaves me rucksack.'* (Participant 17)

Roughly one third of the sample said these strategies made them feel safer when working. Indeed, all of the strategies outlined above illustrate that even though the women are in many senses chronically excluded as many experience addiction, homelessness and violence, the strategies with clients to stay safe demonstrate a level of agency in transactions. Evidence of agency and control were further evidenced by discussions about 'working names'. Eight of 13 women said they had a working name and seven reported that they prefer using a working name with clients. In only one case did a woman state that she preferred using a working name 'sometimes'. Here, the woman stated that she would sometimes disclose her real name to regular clients who she had good relationships with. Using a working name was linked to the women having a sense of agency, the women being able to maintain their anonymity and in one case, a working name was reported to be part of the 'fantasy' of sex work (Participant 18). Equally, however, a third of the sample (n=5) said that the way they work makes them unsafe, due to the opportunistic nature of the work, as well as being under the influence of drugs or alcohol. Participant 22, for example, said they 'always had to be drunk' when seeing clients. A third of the sample also suggested that despite having strategies in place, they do not feel safe undertaking sex work, with comments included: 'I'm jeopardising my safety and my health every time I do it...Even if I wear a condom, I'm still jeopardising myself' (Participant 21), 'It's a very dangerous thing but it's easy money, I'll do it but obviously I'm scared from the start to finish really...you don't know what these people are like...what you're letting yourself in for' (Participant 15) and 'You don't feel safe whatsoever. It doesn't matter' (Participant 15).

Looking at relationships with clients in more detail, almost all of the women said the age of their clients varied. Just one said their clients were typically aged 40-49, while another said their clients were typically aged 50 or over. Half of the women (n=10) who answered the question said their clients were generally from the local area, one quarter reported that clients were primarily from outside the area and the remaining quarter reporting to see clients from both within and beyond the local area. Few women provided insight into the occupations of clients but one woman said: 'Well I've had barristers, solicitors, firemen, policemen' (Participant 20). Almost all of the women (n=14) had regular clients and all reported having positive or neutral relationships with them. Almost all (n=9) said they preferred seeing regular

clients. Just one woman said she did not mind. Typically, women stated that they feel safer when they were with regular clients and that it is more likely that they will be paid more for services by regular clients. When asked what made a 'good' client, women talked of well-paying clients, clients treating them with respect, clients who like to talk and get to know them and clients that do not abuse them:

*'I'd say a good client is someone who gives you plenty money just for a hand job or something, do you know what I mean?' (Participant 26)*

*'I think like the one I've just spoken about, like he used to always sit and talk to us...he was like a friend...so like towards the end I got like a bit embarrassed about having, doing sex with him for money, 'cos like he was more like a friend than owt else.'* (Participant 13)

*'A good client is just the ones that don't like really abuse you and stuff you know.'* (Participant 12)

*'A good client is they make you feel safe, they don't class you as a prostitute, they class you as a friend.'* (Participant 15)

*'Well the good ones are like, you know, they're there, they abide by your rules.'* (Participant 20)

Conversely, a bad client was reported to be one that tries to negotiate on prices, and those lack respect for the women:

*'A bad one is someone who tries to be funny and says "You haven't been good enough, I'm not paying you," do you know what I mean? Or "Give me my money back," or "Can I have half of it back or can I have so much of it back?.'* (Participant 26)

*'A bad client is someone who downgrades you as a prostitute and, tells their friends and...do you know what I mean? Just using you.'* (Participant 15)

Over two thirds of the sample (n=10) had had what they considered to be a 'strange' or 'inappropriate' request from a client. Requests included a range of practices relating to anal sex, sex involving waste bodily fluids ('water sports'), allowing clients to 'dress up' in their clothes and acting out violent sex scenes, as illustrated by the quotes below:

*'Wanted us to sit on the toilet and pull my knickers round my ankles, he wanted to hear us have a wee.'* (Participant 21)

*'Oh, there was one that loved watersports. Back then I didn't know what it was, I used to think, 'Water sports? What's he on about?' So I was like, 'Alright, I'll do it, I'll do it.' I didn't know what he was on about. So we met up and he turned round and said, 'Can you piss on us?' I was like...'* (Participant 35)



*'He asked us to like, lick his bum hole and stuff... poke, he used to like my fingers up his bum and give him a wank.'* (Participant 12)

*'There was one guy that wanted me to shit. And I'm not on about some old geezer in a mac, I'm on about like a really nice lad who's probably got a right good misses and had a really nice standard of living. It's like, wow.'* (Participant 18)

*'For them to dress up in my clothes.'* (Participant 15)

*'Wanting to act out a rape scene.'* (Participant 20)

More concerning is that two thirds of the sample had also had bad experience with clients and the same proportion reported violent experiences with clients; although one woman said: *'I think every experience was a bad experience. I've never been hurt or anything so, I've always been lucky really'* (Participant 22). In relation to specific incidents, a number of women recalled clients forcing them to do more than they wanted to do for little payment: *'once he was trying to, he wanted us to pay, pay me twenty pound but he wanted the full, full everything, I didn't appreciate that and I tried, I did try to get away and he seemed to like push us back and like, he like kept on going on and on and on and I felt like obliged that I had to'* (Participant 11). Furthermore, a number of women reported being physically attacked by clients. A number of examples of which are described below:

*'He karate kicked us and I ended up on the settee and my mate had to get a knife to get us out of the house, and he caught us down the back lane, kicked one of me mates in the belly and that. He was proper evil. He's tried to drag us back in the house...he wasn't going to let unless I went in and done something for him.'* (Participant 13)

*'Aye, a few. I've been dragged through a gutter like, this one time a bloke in a car pulled over. He started getting very aggressive and he had the window open...and he tried to drag us into the car. I was absolutely terrified.'* (Participant 38)

*'Couple of times, yeah. I've had a black eye off one of them because he was asking for more, but he wouldn't give us the money to pay us. So I struggled and hit him the once...and he ended up smacking us in the face. I managed to get away but I was terrified, like.'* (Participant 38)

*'There was me and there was another girl and he started like saying to her, saying that he was going to cut her and all that. That was an Asian lad and I had to like pretend that I was – I didn't even have a phone at the time. Now I've got a phone but I didn't have one then – and I had to pretend that I had me phone in me hand and that I was phoning the police and he let her go like, you know what I mean? Aye. And that was only so that we could get the money for a drink, do you know what I mean?'* (Participant 17)



*'Aye, he strangled us, locked us in the house and wouldn't let us out. He had his hand on me throat. He was banging me head against the door frame...he was trying to knock us out and I got away from him and I run in the sitting room and I picked the phone up, his phone up, and I dialled 999 dead quick and he just stopped and I went "I'm already on the phone to the police" and I went "they'll ring back straightaway, you know they will" and he went "right, right, I'll open the door now if you put the phone down.'* (Participant 25)

*'Yes, one of them put a pillow over my face.'* (Participant 12)

A number of women also reported clients abusing them and demanding their money back following a service:

*'The one in Sunderland I did...he wanted his money back, but I'd already hid the money 'cos I was a bit dubious of him. So I told him his money was in the bedroom, I put me pants on, got the cash, got half way to the door and he grabbed us, so I was screaming so he let go and shut the door. I was just like sitting in the back lane crying my eyes out and was like really petrified.'* (Participant 13)

*'And there was this one time we just didn't get the money first, because there was a group of them and they all did the business. And there was like, one of them that was greedy that didn't wanna pay because we'd made money in his house; he felt that he should have had it for free. And he wouldn't take the knife off [my throat]. So Carla and Sharon [both pseudonyms] had to give them free sex just so he wouldn't stab us. He took the knife away from my throat. But I stand up for myself, so I brayed him. And I got it back twice as hard. I was in hospital for about two weeks.'* (Participant 35)

Notable is that just two women had reported these incidents to the police. Here, the only woman who answered the question stated they were honest with the police, but felt the police handled their case badly. Five of eight women said they would not contact the police in the event of a sex work related incident. The non-reporting of incidents was linked to a number of issues. In one case, the woman did not report the incident because the client was alleged to be a police officer (Participant 12). In other cases, this was because the women feared that what they were doing was illegal: *'Cos I'd get locked up'* (Participant 13). In other cases, women said they would be too embarrassed to admit what had happened to the police and feared that this may result in family or friends finding out about their involvement in sex work: *'No, I worry because of my family and my kids and I wouldn't want to drag them through all of the things I do. It's my own fault I guess'* (Participant 38), *'I think the only thing that would stop us, would be the fact that other people would have to find out'* (Participant 17). In other instances, women feared that they would be judged and ridiculed for being a sex worker: *'they're just as bad, they laugh behind your back'* (Participant 11). On a more positive note, however, several women reported that following bad experiences, they had changed their working practices. For example: several women reported that they would no longer work alone. Several women also reported that violent incidents had made them more determined to exit sex work.

## Confidence and Self Esteem

In further contrast to the findings of the escort group, all 19 women who answered the question stated that doing sex work had had a negative impact on their confidence and self-esteem and 15 of 16 women said their involvement in sex work had had a negative emotional impact on them. Indeed, many reported that dealing with the emotional impacts of sex work was the most challenging element of their work. Recalling the first time they engaged with clients, [Participants 25 and 24](#) reflected: *'I remember the first time, the like madam...she went "I've got a new girl here, do you want to come in an look at her" and he went "aye I want to take her" and he took us round to his house and I just lay there and cried while he was doing stuff and he went "I'm not trying to hurt you but you shouldn't be doing this if it's upsetting you like this". He went "it's not for you, get out of it" but I didn't because it was the money' and 'I remember the first car I ever got in. I was crying me eyes out, it was a red car and he was an old guy. He didn't touch me or nothing. He give us £60'.*

In discussing the emotional impacts of sex work, a strong theme in the data was a fear of being judged and ridiculed by others. Here [Participant 26](#) reflected: *'I'd say a little bit because I get paranoid in case people thing "Aww prostitute, just stay away," you know, if like they recognise me walking around then they could be telling their mates or whatever'.* Another strong theme was feeling 'worthless' or 'dirty' as a result of involvement in sex work: *'Massively. Just my confidence, how I feel as a person. I feel dirty sometimes, uncomfortable and I'm just not confident like I used to be' (Participant 30), 'Heavily. I don't find myself attractive at all, I hardly smile much, I'm always thinking dirty about myself and like, what everybody else must be thinking...I don't think I'll ever deal with it; it's gonna be with us for the rest of my life, I guess. I do end up having to cry a lot. In fact, all I seem to do lately is cry' (Participant 38) and 'Feeling like you're worthless...even if you've got family and they're dead supportive, they cannot stop you from feeling as low as you are (Participant 21).* In a number of cases, sex work was reported to have a negative impact on the women's relationships (linked to feelings of guilt and not wanting to have sex with their partners) or their willingness to start a new relationship: *'Aye, yeah. Just because of the guilt. And I was in a relationship at the time. Yeah. I felt dirty. I felt ashamed and I couldn't look him in the face for ages' (Participant 31), 'I don't even enjoy having sex with my boyfriend because I have sex with that many different men there's just no feeling. I think they're all the same. I love him but I think it's just...I do it because he probably wants it. Can't remember the last time I enjoyed it' (Participant 21) and 'I'm absolutely disgusted if I thought somebody fancied me. It would make my stomach turn' (Participant 18).* Furthermore, 12 of 13 women felt there was a stigma around sex work and of these, half said they are affected by stigma – although there was little further discussion about this in the data. Equally, however, a number of women reported that they are able to manage the stigma. Here, [Participant 12](#) said, for example, *'I take no notice of it, I'd just tell them it's full of shit and that.'*

Almost all of the women who answered the question (12 of 14) said they had someone to talk to about the emotional impacts of sex work. This was generally a service provider or peers. A number of women suggested that they access a support group through GAP. Reflecting on the value of this, [Participant 21](#) said: *'We all come together. We speak about our week, how we've enjoyed it, what problems we've got. And it just brings you together so you know that you... it's just like a family'.* Of 14 women who answered the question, 12 women stated that having someone to talk to was helpful.

Nonetheless, only eight of 15 women had received professional help to deal with the emotional impacts of sex work and a further five women said they would like help with this. A number of women also suggested that the opportunity to engage in activities such as exercise class or sport would be likely to help boost their confidence and self esteem and thereby, help them to address the emotional impacts of sex work.

## Health and Accessing Services

This section explores the data in relation to physical, sexual and mental health. Similar to the escort group, only two women reported that involvement in sex work had affected their physical health. All 18 women who answered the question said they were registered with a GP and seven of ten women said they felt comfortable visiting their GP. However, only one third of women (n=5) had disclosed about their involvement in sex work and the remaining women (n=9) stated they would not feel comfortable discussing this with service providers. While this was in part linked to feelings of 'shame', it was also linked to a respect for the women's privacy. Of the two women who had disclosed their involvement in sex work to their GP, one woman reported a positive reaction, while the other reported a negative reaction. Participant 35, whose GP reacted positively, recalled: *'I had a really good relationship with my GP. She was the only GP that I've had in the ten years that I've been off heroin and stopped doing sex work that actually listened. The others just write a prescription and bog off, see ya later'*. Participant 38, whose GP reacted negatively, however, stated: *'I have done and sat with the doctor and I've cried my eyes out and told him bits of my problems about what happened in the past and that. I felt he was more bothered about making an early appointment and that. I didn't feel he was bothered, to be truthful'*. This participant went on to say that they have not been back to see the GP since.

Similar to physical health, few women (n=5) reported that involvement in sex work had affected their sexual health. All but one respondent (n=16) reported accessing sexual health services and all respondents who answered the question (n=6) stated this to be helpful. One woman had contracted a sexually transmitted infection through sex work and received treatment. Another woman praised the speed at which she is able to access the service if needed: *'if you're not using like condoms or if like one was to split or anything, you can go straight away'* (Participant 20). The one woman who had not accessed sexual health services stated that this would be useful. Half of the respondents who answered the question (n=6) had disclosed their involvement in sex work to sexual health workers. Four of five women went on to state that workers had reacted positively. Here, for example, Participant 22 said: *'I don't think they were judgemental. I think they felt sorry for us'*. Of the four women who had not disclosed their involvement in sex work to sexual health services, this was linked to a fear of 'being judged'. Typical comments here were: *'Probably like the staff because some of them look down their nose at you and that's why I don't really like to talk'* (Participant 26) and *'I just feel ashamed and that, I feel that they're looking us up and down; I get paranoid thinking that they're talking about us and that'* (Participant 11).

In relation to mental health, all 18 women who answered the question said they had experienced mental health difficulties; notably, anxiety and depression. The impacts of mental health difficulties included: exacerbating problems of addiction, *'Just made us drink more'* (Participant 26), and women being prevented from leaving their homes and feeling very emotional and upset. Participant 15 experienced both of the latter impacts: *'Well, sometimes I didn't used to go out the house, I couldn't stop crying and I was totally an emotional wreck'*. 13 of 15 women who answered the question said they had

accessed mental health support and four of eight women reported this to be effective. One woman who did not find the support received useful reported that discussing issues linked to her mental health problems was too difficult: *'I went to get counselling but when I started talking about it, every time I left I was crying and it brought me down so I've never had counselling since but that was years ago that though'* (Participant 24). GAP work with their client group around managing mental health difficulties and deliver a therapeutic group programme entitled 'Managing intense emotions and over-coming self destructive habits'. The group work is targeted at impulse control and regulation of emotions. It is clear from the data that the women interviewed experienced significant mental health difficulties. Intervention and assistance from GAP, such as the course described above, and working around complex issues including personality disorder, is therefore essential in terms of addressing the complex needs of the women holistically.

There was a mixed response from the women about the need for improvements to mainstream health services. Almost half of the women who answered the question (n=7) reported to be happy with the nature and quality of the services they had accessed. A typical comment here was: *'I think they're brilliant me at the minute like. I do aye. You can talk about things a lot more as well now'* (Participant 17). However, one suggested improvement was an increase in the number of family planning clinics available on evenings to make it more convenient for the women to attend. As Participants 31 and 38 explained, respectively, *'They're just open 9 - 5; they should be opened later because then people who are working girls work during the day and stuff...like, when they finish, they should have somewhere to go to talk on the night time'* and *'maybe a night one, 'cause more sex workers do go out through the night'*. Another suggested improvement was that health services could be supported by peers who have had similar experiences to the women: *'I think they should have people in there that have been through it themselves'* (Participant 26) and *'Yeah, 'cos there's times I have, I have went there and I've been in states, like crying me eyes out and all that I wanted was someone to talk to'* (Participant 11). Ten of 12 women reported to have problems keeping appointments and one women reported to have problems 'sometimes'. This was primarily linked to problems of depression and drug abuse. For example, Participant 11 said: *'It depends on the moods and what, like what's happening that day. I could feel alright one second and the next, I feel all, like everyone's talking about us and, if I walk through the town centres and that, I think that everyone's looking at us'*, while Participant 38 said, *'Aye, because sometimes I get nervous about going out until it's dark. I don't want anyone to look at us and talk about what kind of person I am and stuff'*. A number of women reported feeling that the problems they face keeping appointments fail to be recognised by many services. Participant 35, recalling one incident with their GP, said: *'My GP said, 'If you miss two appointments then you're out'. And it's like, when you've got these kinds of problems you can't just...If a heroin user had a tenner, what would you do? Put credit on your phone to cancel a GP's appointment or go and get a bag? They'd go and get a bag. And you get kicked off your surgery for that'*. It was suggested that surgeries and clinics could be more flexible with appointment times for sex workers, that more drop-in sessions as opposed to fixed appointment sessions could be run or perhaps services could contact service users to remind them of their appointments.

Seven women reported to have accessed services in multiple areas in Tyne and Wear and further, that the availability and quality of provision varied significantly across the region. In particular, women highlighted the absence of a dedicated sex work service in Sunderland - *'I don't think there's much about round Sunderland at all. In fact, I don't think there's anything'* (Participant 38); a lack of recognition among mainstream health services of a local sex markets and the issues experienced by sex workers - *'I*

*think Sunderland does need a better insight into sex work, in all services' (Participant 35); and failure to look at the issues affecting women in a holistic way - 'When I had my daughter, I got post-natal depression. I think that stemmed from doing the sex work. All the other services that were involved at the time, they wouldn't recognise that. They just used to say there's me just being an alcoholic. They're like, 'Oh, she drinks - she's an alkie'. They didn't look at the bigger picture' (Participant 35). The women indicated that the establishment of a dedicated service for sex workers in Sunderland would be a highly welcome development: 'I think if they brought GAP into Sunderland as well, it would be really beneficial for the people in Sunderland because there's a lot of sex workers in Sunderland' (Participant 35). Within this, useful types of support would include: washing facilities and opportunities for the women to talk about their experiences. They also suggested that additional training for mainstream services such as sexual health services, mental health workers, GPs, social workers and probation workers about local sex markets and the wider issues associated with sex work would be likely to improve the quality of support provided. A further suggested improvement was a more joined-up approach to service provision in Sunderland.*

Of the sample, 12 of 14 women stated they had been judged by a service provider as a result of their involvement in sex work. One woman reported being judged by a sexual health worker. They explained: *'Even in the GUM clinic, when I used to go and get checked out, they used to look down at us. I remember one of the nurses said to us, 'Why do you need to come if you haven't got a boyfriend?'. I actually said to her, 'I do sex work' and like, the relationship that she gave us from there just changed. She looked at us like piece of shit' (Participant 35). In most cases, however, the qualitative data indicated that women had felt judged by the police. When talking about their experiences with the Police, some of the reflections included:*

*'Aye the police. I had loads of condoms in my pocket. I must have done something to get locked up. I can't remember what it was. Basically I put them all down the back of the chair 'cos I felt embarrassed 'cos they'd knew us since I was young, of getting like locked up, and he come in with a piece of paper with them all on, "These yours...we know what you do"...I just felt about that big.' (Participant 13)*

*'I always think probation workers all people, like professional people, police and that, they judge you. They look down at you. It doesn't make you feel any better. It makes it worse by seeing them and then you get yourself into more trouble by getting breached and whatever.' (Participant 38)*

*'When you do, like they've known I've done like sex work and when I'm drunk on the streets and that or it's like, when you've been caught it's like every time they see you and you get arrested, it's like they judge you because they know that you've done that.' (Participant 23)*

Equally, the qualitative data indicated that a significant proportion of women had felt judged by social services; of particular note here is that involvement with social services was not a theme in the escort findings. Ten of 12 women had had involvement with social services. Three of five women had disclosed to social services about their involvement in sex work and in one case, someone had reported

the woman's involvement in sex work to them. In only one case were social services unaware of the woman's involvement in sex work. In almost all cases, the data suggested that women had lost their children following social services action. They explained:

*'Social services is one of them...I lost me kids and everything through it all. I haven't dealt with it, I still haven't, I don't think I'll ever deal with it.'* (Participant 11)

*'She thinks that because I've done that, I'm a bad person. She doesn't know me as a person. She sees what people have wrote in the past. She goes off that. It took me ages for her to get [GAP worker] invited to a meeting because she saw her as an advocate. What she doesn't realise is that the GAP project is really good for people that have been involved in sex work. They get you through it.'* (Participant 35)

*'It was when I had my daughter. I was still using one bag of heroin, and like they didn't like give us a chance to sort myself out. Two weeks before I had her, they come to see us then they went down to see my sister and her husband, and then I was out somewhere and they told us to come back. I had a feeling what they were going to say. And so my sister says, 'when you have the bairn, the bairn's got to come live with us'. I hated them for like doing that'. It was just heart-breaking.'* (Participant 13)

*'I actually went to social services for help and the next thing I know they whipped my kids away from us.'* (Participant 11)

*'Yeah, I was open and honest 'cos they told us to be. They just thought I was a bad mam and everything.'* (Participant 12)

*'I got reported. Well obviously they look down at you and then they put your kids on an 'at risk' register.'* (Participant 20)

## **Drugs and Alcohol**

Of the sample, 15 of 16 women had experienced problematic drug use. More than half (n=8) had experienced poly drug use, saying, for example, *'everything...from... me most drug is heroin but it's crack cocaine, amphetamine, things like that'* (Participant 11). Five women said they had experienced heroin addiction and one woman reported problems with alcohol. The qualitative data indicated that drug use was primarily used as a coping mechanism for traumatic events which many of the women had experienced. When asked about the reasons for their drug use, typical responses were: *'yeah, I think like it blocks things out'* (Participant 13) and *'Aye, to block it all away. Packs it all away'* (Participant 38). Drug use was most commonly linked to events that had occurred in childhood. Participant 11 said, for example, *'Just off my past, I haven't had a very good childhood sort of thing...I was raped and stuff'*; although some drug use was linked to significant life events which the women had experienced as adults. Here, Participant 31 stated that drug addiction became worse following the death of their partner: *'that's when I started using*



*it again...me had committed suicide and that's how I ended up being back on the drugs'*. In 14 of 15 cases, drug addiction preceded involvement in sex work, although involvement in sex work had resulted in some women taking more drugs; this was often linked to giving the women the confidence needed to engage with clients. Participant 13 said: *'I don't think I could go into the room to do it' (Participant 3)*, while Participant 17 said: *'I used to have to get wrecked before I could do it and then once I'd done it I'd get wrecked afterwards as well. So it was just a continuous cycle all the time'*. The qualitative data also highlighted a number of instances of familial addiction. One woman said she was *'lucky in a way'*, because her uncle was a drug dealer. If she ran out of her money to buy drugs, her uncle would provide her with drugs for free (Participant 35), while another woman said: *'My mum's a heroin addict as well so I swore I would never touch it, but we all do crazy things' (Participant 38)*. When asked about the impact of addiction, drug use was primarily associated with a sense of loss and was often the trigger for a quick spiral into exclusion. Women reported losing their family and self esteem, as well as their lives, as a result of drugs. Typical comments were: *'It's stripped us of my life...my family, friends- everything' (Participant 31)* and *'it ruined my life...it's took all my self-esteem, my confidence, and it's just took us to the bottom of where I've been homeless' (Participant 30)*.

Nine of 11 women were accessing drug treatment at the point of interview. Of the two women who were not accessing drug treatment, one woman stated she was *'not ready to change yet' (Participant 12)*. All seven women who answered the question said drug treatment was proving helpful, with many reporting to be steadily reducing their methadone intake, for example. Only one woman reported to have disclosed their involvement in sex work to their drugs worker, but reported a positive reaction: *'It made us feel better in myself because I wasn't getting judged. I've been judged all my life' (Participant 21)*. Finally, several women reported finding it difficult to tackle their addiction problems while living in support accommodation: *'Because of the hostel and I can't get away from it. I did get away from it and now I'm fucking stuck back there in there' (Participant 21)*. The problems of tackling addiction while living in direct access accommodation are well documented in the homelessness literature.

## Relationships and Family

Considering issues of family and social networks, less than half of the women (5 of 11) who answered the question said they had friends. Where women did have friends, numbers were reported to be low. Three cases in point here were: *'a few...I can count my friends on one hand' (Participant 26)*, *'I think I have two decent friends that I can talk to' (Participant 38)* and *'I have two good friends' (Participant 21)*. The qualitative data revealed that it was more common for women to have 'associates' rather than friends. One respondent said, for example, *'I wouldn't say 'friends'...I would more say 'associates' because you think they're your friend and the next thing you know, they'll stab you in the back' (Participant 38)* and *'I wouldn't really call them friends, I would more call them associates. There's nobody I can really trust these days' (Participant 11)*. In four cases, women reported that their main group of friends were also involved in sex work. Of these, two said they found this beneficial, with one response being: *'Yeah, at least you can open up more and be more...I do find it more, more better talking to someone who is in the work that I am' (Participant 11)*. However, two women also said it was beneficial having friends who were not involved in sex work and further, they did not plan to tell them about their involvement in sex work in the foreseeable future.



Seven of 13 women were in a relationship at the point of interview. Three of five women described their relationships in positive terms, one described their relationship in negative terms and one described their relationship in neutral terms. Six of seven women said their partners were aware of their involvement in sex work. Three stated that their partners reacted positively, two stated that their partners reacted negatively and one described their partner's response in neutral terms. The qualitative data below provides further detail on the responses of partners:

*'Well, obviously he's not over thrilled about it but he understands that that's what I had to do at the time.'* (Participant 22)

*'When we first got together, if he found out I don't think we'd be together now. He's Jack the Lad. But, I dunno. He's totally different now; he's totally understanding and caring about it.'* (Participant 35)

*'Well sometimes he slags us about it, but you know, now he doesn't...He just keeps his mouth shut now but sometimes you know like if I'm not there and I turn up, likes of last night and then he says aye you've been getting shagged...Sometimes okay but sometimes he would get wound up but now, he's not hit us for the last month.'* (Participant 20)

*'It was really bad at the beginning, but the past four – five months we've been struggling so I think he's coming to terms with it.'* (Participant 21)

Almost all of the women (13 of 15) stated to have experienced domestic violence. In two of 11 cases, this was in their current relationship. In three cases, this had occurred in the past year and in six cases, this had occurred more than one year in the past. The qualitative data revealed that a number of women had been in a series of abusive relationships; this includes Participant 21 who said: *'In like, every relationship I've had...including the one I'm in'*. One woman had been raped by a partner in the past: *'he asked us to have sex with him and stuff...even though I said 'no', he's went ahead with it anyway and I've done it just to keep him happy when I'm lying there pretending I'm liking it'* (Participant 38). The same woman later went on to explain that she was then stabbed by the same partner which nearly resulted in her losing her life. Another woman reported suffering from domestic violence for five years in a previous relationship and again, was stabbed by her partner. He received a ten year prison sentence for this (Participant 11). Another woman said her partner had knocked her two front teeth out, having accused her of cheating on him (Participant 20). All six who answered the question said they knew where to access help for domestic violence and six of seven claimed to have done so. Four of five women said the help received was useful; the remaining respondent gave a neutral response.

On the subject of childhoods, nine of 16 women described their childhood in negative terms and a further four described their childhoods in neutral terms. Just four respondents described their childhoods in positive terms. Furthermore, nine of 12 women (75%) said they experienced a significant (negative) life event as a child. Physical and sexual abuse was a strong theme in childhood. One woman explained that she was abused by her dad and older brother (Participant 24). Another explained that she was sexually abused by her uncle and granddad. She recalled, *'Me mam was always away with different boyfriends...I'll*

*never forget, I was about six years old and she left us with me uncle...she took us to the park and I was begging her, saying "Mammy please..." cos I hated him... he just went to us "get up them fucking stairs now" and he battered me black and blue til I pissed meself'. Her mother later put her into care saying she did not believe her, despite being abused by family member herself (Participant 25). Another woman who was abused by a family friend recalled, 'that had a massive effect on me life...me mam used to put me in bed with him...one of me first memories was of him hurting us. I was only a bairn. I can remember telling him to stop' (Participant 17). Another woman recalled, 'I was raped when I was younger on the settee and he cut my hair off and set us alight...that was at the age of 13' (Participant 38). It is notable that, several women reported rape at a young age. Another woman witnessed the murder of her mother as a child and lost her grandfather shortly afterwards also. She was then forced to live with her uncle who gave her drugs and forced her to engage in sex work from the age of 12 to 'pay her way' (Participant 20). In other cases, women reported instances of familial addiction: 'My mum and dad were drinkers, alcoholics, my mum's got a split personality so I never really knew where I stood with my mum, I was always arguing with her' (Participant 22). Another woman grew up in a household where her stepdad was abusive towards her mother: 'Well my mam went through domestic violence...it was like waking up during the night and hearing punches and stuff like that, so I used to run downstairs and stand in front of my mam, and my sister used to run out of the door to the neighbours...it was like that nearly every night' (Participant 13). As an adult, Participant 24 recalled multiple instances of rape: 'I've lost count how many times I've been raped and I've had knives to me throat while I've been raped. I've been like knocked out and one time he picked us up at about 7 o'clock at night and then I was all night till like all day the next day'. The GAP project reported that this strongly reflects the experiences of many of their clients.*

On the subject of family, ten of 13 women who responded to the question stated to be in contact with their family, although just three of nine women reported to be close to them. Five of eight women said their families knew about their involvement in sex work. In two of three cases where the reaction of the family was discussed, families were reported to have reacted positively: 'Well, they feel bad that they didn't, like, couldn't help us sort of thing. They feel guilty. It got back to Kylie [pseudonym], my sister and then she came out and asked me about it and, in the end, I just told her and then she told my mum but-But I'm glad' (Participant 22). In one case, the respondent reported that their family reacted negatively: 'Well she doesn't like it, but she just doesn't talk about, and I don't talk about it either' (Participant 13). In the three cases where women had not told their family about their involvement in sex work, the women feared their families would react negatively. Furthermore, they did not want to 'disappoint' them or 'fall out with them'. One women feared that the family would stop them from seeing their children if they found out (Participant 11).

Eight of 11 women stated to have children. In four of five cases where the ages of children were given, children were classed as dependent (under the age of 16). In just one of five cases did a woman report that their children lived with her. Only in one case was it reported that the child was aware of her mother's involvement in sex work; the child's reaction was described in neutral terms. Only one woman indicated they would inform their children of their involvement in sex work in the future, but this was not discussed further in the qualitative data. Furthermore, both women who answered the question reported concerns about being a sex worker and a mother and reported that sex work had impacted negatively on them being a mother.

## Sex Work, the Law and Policing

In discussions about the law in relation to sex work, six of 11 women stated they worried that sex work is illegal and further, that they did not understand the law in relation to sex work or only understood 'some' of the law. However, a qualitative reading of the data revealed that not all of those who reported to understand the legalities of sex work had an accurate understanding, thus suggesting that the actual number of women who understand the law in relation to sex work may be lower than five. Two of five women stated they would like more information on the legalities of sex work.

In exploring relations with the police specifically, seven of eight women who answered the question suspected that the police had a negative perception of sex work, while the remaining respondents suspected the police had a neutral perception. The women suggested that the police perceived them as 'slags', 'dirty' and further, 'looked down on them'. Participant 23 said: *'It's a dirty lass to them. They don't realise what they dae it for and how they're feeling when they're doing it afterwards, you know what I mean?'*. In addition, three of four did not report to feel that this perception was fair. The one participant who suggested that negative perceptions of sex workers were fair reported this to be because many of the women engaged in survival sex work will have committed offences in the past. Indeed, all 15 women who answered the question said they had a criminal record. In eight of 15 cases, respondents had committed multiple types of offences. In four cases, offences consisted of shoplifting; in one case, offences were drug-related; in another case, the offence was for theft from a property; and in the final case, the offence was sex work-related. Looking into this issue, the dataset indicated that in seven of eight cases, offences were committed due to problems of addiction and in one case, the offence was linked to problems of homelessness. The following quotes provide a fuller explanation of the participants' involvement in criminal activity:

*'Mostly thefts. Criminal damages, assaults. To feed my habits...that was the thefts and that. The assault...that was down to being drunk and paranoid again. Criminal damage...that's just being a kid and writing on the walls and stuff.'* (Participant 26)

*'After what happened to us when I was raped, I turned into a violent, aggressive...I've got 57 convictions and 49 of them are assaults and robberies and things like that. I just took it out on the world. Still, not one person in Sunderland, not one service, ever ever asked why I was doing it.'* (Participant 35)

Of the sample, 11 of 14 women had been to prison. All 10 women who answered the question had been to prison more than once. In four cases, women had been to prison more than four times. Participant 35 said, for example: *'The first time I got remanded for four weeks. The second time, I got remanded for five weeks. Third time I was remanded for six months. The fourth time I got 18 months. The fifth time I went to jail was, I got recalled on my license and I got sentenced for shoplifting and got seven months. Then that's when I decided to change my life around'*. In five of seven cases, women reported that going to prison had had a positive impact on them. Three cases in point here are: *'Some of the times it was all good; I came off the methadone and everything'* (Participant 11), *'It's helped me to stop committing as many offences'* (Participant 26) and *'Well at the time I thought it was great cos I was homeless and had*

*nowhere to live'* (Participant 23). In two cases, prison was reported to have had a negative impact on women, with Participant 17 reflecting, for example: *'It had a canny big impact because you're away from your partner...I think it's ruined our relationship I think because you realise a lot more when you're in jail...you have time to think then as well'*. In addition, only half of the women who answered the question (n=4) reported receiving help upon leaving prison. Here, women reported returning to homelessness and *'starting the big cycle again'* (Participant 23). Participant 11 commented: *'coming out of prison and then hitting reality again, it's like the first thing I did was went straight for a pack of heroin'*. This participant also reported having no one to talk to in prison about their problems. It is also important to note here, however, that eight of ten women had been a victim of crime.

Finally, when asked about what developments they would like to see in terms of the law and policing, one woman suggested that the legalisation of brothels would make it safer for the women who work in the sex industry (Participant 26). At the more local level, women simply suggested that they would like to feel listened to by the police and supported without judgement when incidents occur and to be supported to address the issues which have brought them into contact with the police. Participant 11 said: *'Listen and not actually do them for the offence...find out, like, why they're doing it...what's locking them up and letting them back out going to do? It's not, like, solving the problem, it's just stopping that person from making that bit of money that night'*. Furthermore, Participant 22 suggested that a dedicated officer to deal with sex work-related incidents would also be a significant development: *'Like a dedicated officer who would be dedicated to looking after working girls and keeping them safe and stuff'*.

### *Fun, Future Aspirations and the GAP Project*

Towards the end of the interview, the women were asked what they like to do in their spare time. The women typically reported enjoying sports, relaxing at home and spending time with their family. Future aspirations centred around gaining further qualifications, tackling problems of addiction, securing stable accommodation and rebuilding relationships with families, children and partners. All six women who answered the question felt they would achieve their future hopes.

All 12 women who answered the question had heard of the GAP project and 11 of 12 women had accessed support. All 11 women who had accessed support said this was useful and reflected positively on their experiences of GAP:

*'Yeah. They're a big part of my life, to be honest. They've pulled me out of some right states. Like, everything they do is amazing.'* (Participant 15)

*'Loads of different ways. Helping us with housing, helping us get into my hostel. Just talking. They just help us to sort everything out and keep things in order when you're messed up. I really enjoy going to girl's groups.'* (Participant 31)

*'GAP is the only service that has got an open mind about sex work and things I used to do. We need to get these services spoken about more, so that other people feel confident and safe to come in and say, 'Look, I do it.'* (Participant 35)

*'Well, these are the ones who got us, like, to go down to Bridgeview and address my drug and alcohol problems. Got us into accommodation.'* (Participant 22)

*'Helped me loads. When other people talk about their experience, it's easier for me to talk about it and stuff.'* (Participant 23)

While GAP provide a range of services, including facilitated group support, the one-to-one outreach support provided was singled out as particularly useful by the women. This was reported to give them the confidence and support needed to access mainstream services and helping them to attend appointments: *'Well, me worker normally comes with us so...she makes us get up and go. If it wasn't for them, I'd be in the gutter'* (Participant 21). Women felt that there should be more services like GAP in other areas of the North East. Finally, five of seven women had heard of Worksafe (a local 'Ugly Mugs' scheme where sex workers can report crimes committed against them to GAP). All five women who discussed this thought it was a good idea.

## Trafficking and Sexual Exploitation

One participant interviewed for the project had been moved internationally to engage in sex work against her will. Initially the PEER team hoped to engage a number of participants who had similar experiences to this, but this was not possible due to the exceptionally 'hard to reach' nature of the client group, linked to negative experiences or distrust of services or authorities, being in a country illegally, the stigma of sex work – especially when this intersects with social and cultural background – and being unsure about what services they could potentially access (see Mai, 2009). The PEER team, building on the work of ACPO (2010) recognise that trafficking is a separate issue to legal or illegal migration to engage in sex work (see Mai, 2009 and GAP, 2012). The project did not seek to explicitly engage migrant sex workers.

The one participant interviewed was in her twenties and came to the UK from the Gambia. She was told by her mother to travel to the UK with a man who knew her family. She expressed to her mother that she did not want to go: *'I refused; I tell my mum, 'I cannot leave you here.' And my mum said, 'No, you have to go because this man...every time he come and buys our fruit. He's a nice person. You need to go so that you can help me.'* So that when I see my mum is upset and I don't want to upset, so I just follow the man.' Once in the UK, the participant explained that the man would not let her call her mother or leave the house. Two days after arriving in the UK, the man started to bring clients to the house to whom she was forced to provide sexual services. She reported being too scared to refuse to do this. She was also forced to do household chores: *'He always shout and made me do the house cleaning and everything, like always have clothes ironed and do everything and when the men come I would refuse, then he would start shouting and I was scared because I don't have anyone who will help me.'* She stated that sometimes she would see one or two men, but was never hit or assaulted by the man who kept her in the house. When she first starting seeing clients, she did not always use condoms as she did not know what they were or how to use them. She was kept in the house and was not able to access health services. She was told that if she left the house, people outside would hurt her.

Soon after this, she ran away from the house and subsequently met the man who would become the father of her children. She had two children with him until he left her. Some time later, she sought asylum with the Home Office, despite being unsure what 'seeking asylum' meant: *'So, when I go to Home Office, I explain that they need to protect me and my children but I remember they said, 'No, you are lying, you can go' And I don't know where is my mum, I don't have family there. I cannot go there. If something happened to me and my children.'* She feared returning to her country due to the threat of female circumcision as she had had children out of marriage.

Since she has been in the UK, the participant has moved between cities but recently settled in Newcastle. GAP have reported that in the 12 cases of trafficking and coercion that they have dealt with, the women commonly see Newcastle as the 'escape city' and place to move forward from the exploitation experienced. The participant described her experiences as having a significant emotional impact: *'That's why I cannot tell people sometimes I see myself, my life, because of what I go through....sometimes I feel bad like myself.'* This carried through into broader areas of her life. For example, when accessing services, the participant explained that it was sometimes difficult for her to explain her situation: *'Yeah, because*

*sometimes I'm upset because these people don't understand. Why bother explaining your problem...I miss my mum; I don't know where my mum is. I've lost my dad when I was a child. I will go back to my country but you have to explain your problem. I don't know what to do.'* This reflects the troubles she would face returning to the Gambia, as there would be cultural and societal stigma attached to her experiences of exploitation, as well as having children outside of marriage.

The participant has managed to access council housing in Newcastle, she likes the area she now lives in and has friends nearby. She suggested, nonetheless, that she would like to return to her home country in the future, despite fearing that this would not be possible due to the reasons outlined above: *'You can't go there and lie. We have kids now, we have children. Sometimes we feel bad, sometimes when you see people you can't go there because you feel bad in yourself...If somebody says 'go to my country'...because you like your country...But when you say 'I cannot go to my country because of this and this' they have to accept and respect us. Instead they say we are lying - it's not nice.'* Perceptions of not being believed by various services, especially in relation to the process of applying for asylum, and services not appreciating the cultural context of the participant's home country were key barriers to engagement with services discussed in the interview. Positively, however, accessing appropriate services in Newcastle through SHINE was seen as a relief to the participant who said: *'What I like is Sheila (pseudonym) know everything about me so sometimes I come and see my children and I start crying in front of them because sometimes I am not happy because of the difficulty. Sometimes when explaining your story they say you're a liar, why? Because there's a lot of things; I cannot lie about all these things'.* In the future, the participant hopes to access additional counselling and support, courses to improve her literacy and numeracy skills, as well as her English language proficiency and services around confidence and self esteem.



## The Escort Group

### Demographics and Working as an Escort

A quantitative and qualitative analysis was performed on the 14 interviews collected by the peer researchers with women who work as escorts. Of the group, 13 women stated that they would describe the work they do as 'escorting', with just one describing it as 'something else' – in this case, 'play time' (Participant 1). Most of this group were from Newcastle (n=6), with two from Sunderland and North Tyneside respectively, and one each from County Durham, South Tyneside and Middlesbrough. At the time of interview, of those who answered the question, six lived in Newcastle, two lived in County Durham, two lived in North Tyneside, one in Sunderland and one lived in South Tyneside. Most of the women worked and lived in the same area (9 of 12 who answered the question); just three worked elsewhere. One of those who worked elsewhere stated that she chose this method to '*keep the two lives separate*' (Participant 3). Keeping separate work and personal lives is a theme explored in the wider literature (Sanders, 2005) and is explored further later in the report.

Most of the women (n=7) were in their 20s when they started escort work. One of them had experience in a management position and another answered phones for an agency. Two of the women also had experience acting in pornographic films and another had worked in massage parlours. In terms of broader employment, all except one had experience working in other types of jobs. Five escorts had income that was additional to escort work and two of the women interviewed had day jobs, using escorting as a means to generate extra income. Of 11 women who answered the question, escorting was the main source of income for eight of the women and secondary for three. The women typically had experience in a broad range of retail, customer services and care work positions.

Exploring education, eight of eleven women who responded to the question reported to have qualifications. There was a range of qualifications in the data set and these ranged from an undergraduate degree (n=1), to A Levels/equivalent (n=3) and NVQs or equivalent (n=4). Three of ten women who answered the question stated they would like to go back into education, one woman said 'maybe' and six stated no. Levels of literacy and numeracy were also high amongst the escort group, with 10 of 11 women stating not to have any difficulties. The one woman who disclosed literacy difficulties 'sometimes' stated that this did not impact on her work as an escort.

A majority of the women (n=8) entered escort work after being introduced to it by, or discussing it with a friend. As two participants discussed:

*'It was something I thought of in about 2006 and after I found out a couple of friends used to do it or did it at the time and so I asked them a bit more info about it and then they just... it was always something at the back of my mind that I just wanted to try and then when I left me last job I just decided to have a go, like seize the opportunity so I did and here I am two years later still doing it.'*  
(Participant 6)

*'It was my friend actually. My friend's done it but she did it for a different company from the one I did it to. When she was telling us about it she kept blagging about it and she thought it was good and she was getting loads of money.'*(Participant 2)

Other entry methods included responding to an advert in the paper (n =2); needing to make some money or as a result of redundancy (n = 3); and responding to a suggestion by the 'jobcentre, believe it or not' (n=1, Participant 7). Moving beyond the entry mechanism, five of 14 women cited a life event which they believe precipitated their entrance into escorting. Two of the women discussed this further in interview; one cited the role of an abusive partner who also took a proportion of the income generated through escorting and another cited previous sexual abuse and bullying.

The length of time that women had been engaged in escorting ranged from less than a year (n=5), to those who had worked for five or more years. Three of the women had worked for two years and two for three years. In contrast to the opportunistic/survival sex work group, only one woman had started escort work aged 17 or under, with four being aged 18-19, seven being aged 20-29 and two being aged 30-39. The majority of those interviewed worked for escort agencies (n=10) and six of those had worked for more than one agency. One worked independently and three women had experience of both independent work and agency work. Although health and safety will be discussed in some detail later, three of the women specifically identified that they felt working with an agency was safer than working independently. Participant 6 explained:

*'I work for an agency I realise the more security you've got as well...you don't get persistent callers directly, you know like people like clients like if they get a bit attached like, just ringing you, like out of the blue and stuff and wanting to chat and stuff, it's sort of when you work for an agency, that doesn't happen, so I am glad I chose to start through an agency.'*

Several of the women discussed the arrangements they had with agencies and how bookings with clients were made. One woman specifically stated that she preferred agency work as it meant that she was able to see clients in a flat provided by the agency. She said she would 'never do that from my own house' as she had a child at home (Participant 2). Others discussed how they preferred independent work. For example, Participant 12 stated they preferred independent work as they did not have to pay a commission fee, which was typically 30% of the booking fee. Participant 9 also stated:

*'I provide the girlfriend experience... I started with the agency, and then as I've come to know the industry I then decided to do independent work as well as agency work... I put hours in and when jobs come in I get notified and then I provide the service to the client.'* (Participant 9)

There was also discussion in the interviews around what makes a good agency, as not all agencies were deemed 'good' or 'reliable' by the women. All of the women who responded to this question (n=10) discussed the importance of agency management and how the 'best' managers were experienced, reliable, friendly and professional:

*'I think just a good relationship between the boss and the girls, it feels like she's working for us than you know the other way around really.'* (Participant 13)

*'[A] boss that is there for you, that you can rely on, and that offers you work.'* (Participant 14)

*'A good agency is when you can get plenty jobs obviously and you work for a good agency as in you can ring your boss if you have got a problem and they are understanding, purely because in my experience the boss now who used to be an escort so she understands the whole industry and on both sides of the fence.'* (Participant 7)

*'Communication and knowing you're safe.'* (Participant 4)

*'Someone that's there to talk to. Safe, reliable and trustworthy.'* (Participant 1)

Moving forward to explore how women organised their work, six stated that they treat their work as a business and five of those kept accounts and paid taxes on their earnings. Those who ran their service as a business discussed the benefits of this approach. Participant 8 suggested: *'The benefits of running it as a business [are] I get tax returns, I get tax credits, it's a job, it's a legal job, I pay my tax, get my credits back.'*; Participant 7 stated: *'Yes. It's going through the motions... It's purely run as a business, professional'* and Participant 6 suggested that running her work as a business was *'just more professional'*.

A narrative describing how services worked and also how much the women charged for their services emerged from the interviews. Essentially, the agency arranged the appointment for the escort. The appointment may be in-call, where the client goes to the escort's home or a working flat arranged by the agency or out-call, where the escort would travel to meet the client at their home or a hotel. One of the benefits of working for an agency was stated to be that the agency arranges the work for the women: *'I just put in my hours and they find me work, with pub lunches in between really'* (Participant 13); *'Client pays when they arrive; I pay commission to the agency for the amount of time that I have worked for'* (Participant 10); *'The arrangement is I get, they promote me on the internet and stuff and I, and get me work.'* (Participant 4); and *'I get a text or a call off, off the escort agency and they give us me job and I do it'* (Participant 5). The pricing structure is set by the agency and the client pays for time rather than individual services. This is also a mechanism whereby the agency can seek to stay within the criminal law. It was found across the interviews that 30 minutes generally cost £50 and an hour, £100. One woman who worked for an agency charged slightly more; £70 for half an hour, £100 for 45mins and £150 for an hour. This participant also offered an overnight service for £1000, but admitted that this was not a frequently requested service. In terms of what the women spent their earnings on – and keeping in mind that for some women the income from escorting was secondary rather than their main source of income – four stated shopping, four stated family or children, three stated bills (in one case, one participant was requested to give half of her money to an abusive partner), two stated clothes, one stated advertising, another stated nails and hair and one women stated sharing her earnings with family members if they needed it: *'[I] help pay bills, clothes and I give family members money if they're struggling'* (Participant 9).

Notably, the majority of women stated that they enjoy sex work (n=12) and all 14 stated that there were benefits from engaging in sex work. These tended to focus on meeting a variety of people, flexible working hours and financial rewards. For example, Participant 10 stated: *'I just think it is really enjoyable and sometimes you can have a lot of fun without realising it is just a job'*, Participant 14 suggested that the benefits included *'Variety. It's the spice of life'*. Flexibility was identified as a benefit by Participant 1: *'I can work when I want. Flexible time to suit my children...[it also] opens your eyes to men'*. Participant 6 stated that some of the benefits included *'Meeting a variety of different people and giving...whatever it is...just giving something to someone that you can provide that they wouldn't get elsewhere'*. In addition to this however, nearly all of the women (n=12) identified some problems they encountered working as an escort. A key theme within the interviews was having to keep escorting work a secret (n=5): *'I think having to lie to people and making myself feel paranoid about diseases'* (Participant 13); *'Keeping it all a secret, living... worrying about your neighbours, worrying about your family finding out'* (Participant 7); *'Living two lives'* (Participant 3). In addition, some of the women had encountered clients being disrespectful (n=5) and some of the women discussed this in their interview: *'Getting a client that doesn't appreciate you'* (Participant 14); *'Sometimes you can get clients that are not overly nice, but other than that it is alright'* (Participant 9). Having sex with men they would not necessarily choose to have sex with in their private lives (n=2) was also identified: *'You're going to have to fuck some horrible men'* (Participant 5); *'The downsides are; I get fat, smelly men sometimes. You know what I mean? But because I work independently. I can say no'* (Participant 12). Two of the women also identified gaining *'a reputation'* (Participant 10) or the *'judgements of people'* (Participant 6) as key issues. Issues around stigma are discussed later in the report.

When the women were asked if they might like to continue engaging in escorting, six women suggested they would like to indefinitely, while five women suggested they would like to for the foreseeable future. One of the women had already exited at the time of interview and stated she did not plan to return. When asked questions around exiting sex work, five of the women stated that they did not require any help or support around this and two stated that they would possibly need help if they decided to leave escort work. Only two of the participants had exited and later returned to escort work. Reasons for this included: *'having kids in the meantime and they are all grown up now'* (Participant 11) and returning for financial reasons: *'I was still skint, still not going anywhere. I tried and I failed. Still skint, no childcare, no family help'* (Participant 13).

In relation to drugs and alcohol, it is significant that there was only one instance of a problematic relationship with drugs in the data set. Of 13 women, 11 reported that they did not use drugs at all, one reported using cocaine occasionally in her leisure time (but suggested that drug use was not linked to her work as an escort) and another reported the occasional use of cannabis. Little data was also gathered in the context of housing. Out of the 4 women who responded to the question, two lived in private rented accommodation, one lived with family/partner and one lived in supported accommodation. There was variance in the number of years women had lived in their current accommodation; three of eight women who responded to the question had lived at their current address for less than a year and five for between one and 5 years. Only one woman reported that she had experienced problems with housing. She reported that she *'went to the Council, told them I needed a house'* (Participant 5). Aside from this, there was no evidence to suggest that the women interviewed had any significant issues with housing.

## Keeping Safe and Seeing Clients

Health and safety when engaging in escort work was a much discussed topic in the interviews. When asked about health and safety at work, ten of 12 women stated that they worked in a way which they considered safe. The other two women stated that the way they worked was neither particularly safe nor unsafe. The key theme running through responses around health and safety was minimising risk and taking measures to ensure safety when meeting with clients. Some of the women identified whether they found in-call (n=2) or out-call (n=4) work or both types of work (n=3) preferable in the context of health and safety. Some of the observations from interviews are below. Although women generally felt safe, for some there were underlying worries:

*'I find it quite alright...I use condoms, I make sure I am comfortable with the client and the client is comfortable with me and I take note of my surroundings and exits...It doesn't matter where you are, you could have a bad experience in-call or out-call.'* (Participant 14)

*'I do feel safe but there is always the thought in the back of your mind that something might go wrong.... I let... well obviously the agency owner knows when the jobs are in and I have a friend who does the same job and we both meet each other when we have jobs just so in case anything goes wrong we can contact each other....I prefer doing in-calls because I feel safer in my own home.'* (Participant 9)

*'Totally health and safety, totally... Had friends close by, I had CS gas on standby, bricks to hand... I felt safer at the time doing in-call.'* (Participant 8)

*'My safety, I feel safe having my boyfriend downstairs, although I have never really needed him, but I know he is there if I do, so safety doesn't bother me too much, it's always on your mind.'* (Participant 6)

*'Well I always let my friend know when I'm on an out-call and the agency knows, there's always a driver.'* (Participant 4)

*'I'm happy with it nine times out of ten... If it's out-calls I check where I'm going. I check they're on the rotas. Ring their house. If it's hotels, ring the room number to make sure they're there. I let someone know where I am and what appointments I've got.'* (Participant 3)

Building on this, the women also discussed the strategies they had with clients to ensure their safety. In addition to managing risks, assessing the environment, carrying objects which could be used to defend themselves and ensuring someone knew of their whereabouts, the women discussed how they managed working with clients on a more personal level, Participant 1 discussed being polite and friendly, Participants 14 and 8 emphasised the importance of having a discussion with the client to set out some boundaries around the service and Participant 9 discussed the importance of developing a level of rapport

with the client: *'Getting to know them at least if you can speak to them and get to know them, at least you know a little bit about them'*. Other strategies included: keeping a phone close by, keeping in touch with other women for help and using a working name. All women who answered the question (n=13) had a working name and 12 women preferred using a working name rather than their personal name. One woman stated she mostly used a working name but some of her regular clients whom she had a positive relationship with knew her real name. The discussion around the working name revealed some important findings. Nine of the women discussed the importance of the working name in ensuring anonymity and privacy. Participant 13 said: *'Just, the less they know about your personal life, the better really'*. This is reiterated by Participant 5 who stated that she used a name as she did not want clients knowing anything about [her] personal life. This is supported by Participant 6 who stated, it's *'probably a safety/security thing although...I have been asked loads of times about my real names and I just say it's either Beth [pseudonym] or I just don't tell them'*. Interestingly, two women discussed how working names help them to keep their working lives and personal lives separate. Participant 7 stated: *'Because when I went to work as Sarah [pseudonym], I switched off as Sally [pseudonym] and I was Sarah at work, I was a different person'* and Participant 1 said, *'Because when I go to work and they don't know who I am...and plus they're saying a working name and it makes me into that working girl'*. In these two cases, the use of a working name was part of the strategy the women used to manage their working identities. Finally, two of the women (Participants 14 and 9) discussed how they might use their real names with regular clients. The women's relationships with regular clients are discussed later in the report.

Moving forward to consider clients in detail, most women (n=9) saw clients from multiple age ranges, two women stated they mostly saw clients aged 30-39, two suggested that clients were mostly aged 40-49 and one suggested that most of her clients were over the age of 50. One woman also stated that she saw retired men and pensioners (Participant 9). The women saw clients working in a variety of occupations, including businessmen, accountants, doctors and police officers, as well as clients who work in call centres or as cleaners. Most (n=9) saw clients who were both local and travelled to see them for business. No women saw exclusively local clients. Women were also asked to describe what makes a good and bad client. Key responses focused around issues of respect, cleanliness, 'strange requests', feeling comfortable and the attitude of the client. Some responses were:

*'[Good client] I think a good one is someone who makes you feel good about yourself really and doesn't make you work too much... The ones that give you a tip... [Bad client] Well, it doesn't make them bad, because they are paying for it but when they can be more rough and expect things of you and you have to tell them "no" more than three times, it gets my back up.'* (Participant 13)

*'[Good client] Someone that you can get along with, and that you feel at ease with. [Bad client] Someone that makes you on edge and doesn't make you feel comfortable and you just want him in and out literally.'* (Participant 14)

*'A good client is when you can have a little bit banter with them and you get to know them a little bit and have a laugh whilst you're on an appointment as well as satisfying their needs. A bad client is when they just want you in and out for one thing only.'* (Participant 9)



*'[Good client] Respect, friendly, someone you can have a good rapport with... [Bad client] Disrespect... probably the opposite, disrespect, I think disrespect is the main thing, and just arrogance, just anything really that you would class as a bad person.'* (Participant 6)

*'A good client...As long as they're respectful and they don't smell. Bad clients that smell.'* (Participant 3)

*'[Good client] Somebody who's clean, on time and has like manner and attitude...[Bad client] People who come with an attitude who are sweaty and maybe.'* (Participant 1)

In relation to regular clients, nine of the women had regular clients and all of these women reported positive relationships with regular clients, making comments like *'my relationship with regular clients used to be mint'* (Participant 8, now exited); *'[We] became friends at the end, good friends'* (Participant 7); *'Very good, I get on really well and obviously the more I see them the more we get to know each other so we kind of know what to expect on each meeting'* (Participant 9); *'Great'* (Participant 13); and *'Placid, pleasurable'* (Participant 14). Based on this, it is not surprising that eight of the women stated they actively prefer seeing regular clients, with just one stating that she did not mind if the client was a regular or not. Some women (n=4) had known clients for as long as they worked, four women had known clients for 2 or 3 years and one woman had known her regular client for less than a year.

Regarding some of the broader experiences of escorts, 11 of the women stated they had had what they consider to be a 'strange or inappropriate request' from a client. These included fetish and kink type services including foot worship, wrestling in baby oil, the client sitting on the back of the woman and riding her as if she was a horse and dressing as a baby. One client asked an escort to pretend to be his daughter. In addition, ten women stated that they had had a 'bad' experience with a client. Only three women discussed this in the context of the interview, but bad experiences included one woman being held in a room against her will, a physically rough client and a 'pushy client'. Furthermore, five of the women had experienced a violent client. Three of those women described their experiences in the interviews: *'I was knocked out by a Turkish guy...I wasn't allowed to tell them [the police]* (Participant 8); *'He pinned me on the bed and wouldn't get off'* (Participant 1); and *'Yes, someone's had a knife to my throat'* (Participant 12). Notably, only one of these women reported their violent experience to the police. Police perceptions, relationships and levels of reporting are discussed in a later section.

## Confidence and Emotional Impacts

When discussing confidence in the context of escort work, ten of 14 women who responded to the question stated their confidence had been impacted by the work they do as escorts. Eight stated that this impact was positive, stating: *'Yes, it's made it higher'* (Participant 10); *'It's boosted it.'* (Participant 9); *'Yes it has. It's made it sky high'* (Participant 8); *'It's made us feel ten times better'* (Participant 5); and *'Yeah, I'm getting more confidence since I've worked as an escort, yes'* (Participant 4). Two women, however, reflected on how the impact had been negative. Both of these women had stated that they had not accessed help about this, but that they would like help in the form of a peer support group. Participant 13 stated *'I think it helped my confidence in the beginning, but in the long run it made me feel worse*



*about myself*', while Participant 2 suggested that it is not the escorting alone which has impacted on them, but also the effects of being in an abusive relationship: *'Well, mostly he's affected it. [peer researcher: Aye, he's battered you right down]. Yeah. I used to be so lively and loud and now I'm just...'*

Linked to this, ten women suggested that they felt there was a stigma around sex work; just one felt there was not. Two of these women stated that stigma impacted on their work as escorts and one woman stated that she would like to access services around this. However, even though the majority of women suggested that they felt there was no stigma, eight women stated that they dealt with the stigma of sex work by not disclosing their involvement in escort work to others. Participant 6 stated: *'A few people do know, but people who I don't really...who I think would have that whole stigma thing about them, I don't bother telling because it's not worth it really'*. Reflecting this, participants 13, 14 and 9 said respectively: *'[I] just don't tell anybody about it.'* *'[I] tell as little people as possible'* and *'It doesn't affect me really because I prefer people not to know'*. It is well documented that some sex workers can experience stigma in the course of their work (Brewis and Linstead, 2000) and that many workers develop a complex set of coping strategies to manage this. It has been argued in the broader literature that the intimate nature of sex work can have an emotional impact on those involved (Sanders, 2006). This is reflected in the dataset as six of 12 women who responded to the question on the emotional impacts of escort work, stated it had had some sort of emotional impact on them. Concerns centred on the following issues:

*'I think it can make you more detached from building relationships with potential partners; numbs your soul a little bit.'* (Participant 13)

*'In the past, when I was an escort, I sometimes used to feel like I was just sat there like a prostitute waiting to get fucked, that was not a nice feeling, it was a really lonely experience, horrible experience...'* (Participant 8)

*'It was like living in a little bubble, it was like a different world when I went to work when I left work eventually after three year, I found it a little bit hard to deal with as in getting past it, as if I wasn't an escort any more, having sex and stuff with me partner.'* (Participant 7)

*'Probably when you have had a couple of bad clients as in they have been disrespectful or they have been a bit pushy for certain things you don't want to do, and depending on how bad it is, then, or how often it has occurred during that day or how often it has occurred during that week, it sort of like, it does get to you, like it does upset you thinking, you know like, I go back to it all the time, the whole disrespect, it does affect you emotionally, it can do.'* (Participant 6)

Interestingly, although only six stated they felt an emotional impact of escort work, all 12 stated that they had someone to speak to about the potential emotional impacts of sex work. Confidants included friends, parents, other escorts and their boss. This suggests that for those six who suggested there were no emotional impacts, any potential impacts may be being managed through discussion with others. This is perhaps an area for service providers to explore further as a number of women did comment on how the

availability of a service to build confidence would be beneficial. Women commented that services should be available for escorts who need them, even though just two women stated that they would like them for themselves. Participant 8 suggested: *'Not me personally but I do think there should be something for the people who have not got a lot of confidence'*.

## Health and Accessing Services

This section explores the data in relation to sexual, physical and mental health. In the context of sexual health, of those who answered the question (n=12), 100% said that a condom was always used when engaging in sexual activities with clients and 11 said there were no exceptions to this. The one exceptional case refers to an escort whose client later became a non-paying romantic partner. A number of women discussed how condom use was non-negotiable. Participant 4 stated, 'Some of them try but it's non-negotiable'; this reflects the words of Participants 3 and 6 who said respectively, 'They either put one on or they don't get a room' and 'if they would like to have sex then it's a condom or... no sex...I just leave it up to them, if they don't want to use a condom then...I don't have sex with them'.

Of the 11 women who responded to the question, all stated that escort work had not affected their sexual health, although one participant reported that she did not have sex outside of escort work and another suggested that engagement in escort work had made her much more aware of her sexual health and what appropriate precautions to take might be. This reflects the very high level of condom use amongst the escort group and also regular attendance at sexual health services. Nine of 11 women who answered the question access sexual health services and all seven of those who answered the question stated that they found GUM helpful. In addition, of the 11 women who answered the question, six felt comfortable enough to disclose their involvement in sex work to GUM, although five did not and two reported to be worried about disclosing. There was little data on the reaction of GUM to the women's disclosures, but three of six women stated that GUM reacted positively; one reported a negative reaction and two reported a neutral or mixed reaction. Some of these reactions are detailed below, suggesting that there is still some work to be done in engaging escorts into GUM services. Particularly interesting is the role of posters in the GUM clinic waiting room as discussed by Participant 6 and the positive impact they had on her experience of visiting the GUM:

*'They were quite shocked but also intrigued as to the things I performed, and how jobs go and stuff... I felt better with them wanting to know stuff, but initially their reaction was a bit daunting' (Participant 9)*

*'Great, as soon as I had told them what I done, they were really helpful in every way and told us which way to...well what I should be getting off them, as in hepatitis needles and stuff and what tests and how often I should get them...Relieved that I was opening up to someone and getting a bit of advice...' (Participant 7)*

*'They were fine with it and actually I would like to point this out as well, that the GUM clinic I use, it makes it really easy because they have the posters up in the waiting rooms, I can't remember what they're called now, are you something, but it is escort-related anyway and*

*because they had them posters up it made us feel a lot more comfortable knowing that they had a like an awareness of it... Quite big posters as well, probably like the size of these photos up here... I think so. I think there's... one in South Shields but... I've used it once but I wasn't so keen on it, I dunno, I can't really put my finger on why but the one in Newcastle because it really does make you feel more comfortable when they've got them posters up because you think right, like I said, they've got an awareness about it, so because I go to Newcastle, I can't really say if there's any improvements because to be honest, I'm perfectly... everything is perfectly fine.'* (Participant 6)

*'Well, two different occasions; one woman was very good, and the second woman I saw, I felt really judged by her, I didn't really like her.'* (Participant 13)

*'They weren't bothered....Just told us to keep safe.'* (Participant 14)

Considering physical health, there was a mixed response. Of 12 women who responded to the question, four reported no impacts, two reported positive impacts which related to an improvement in physical fitness from engaging in regular sexual activities – as one of the women stated: *'It's made us a little bit fitter to be honest'* – and six women reported negative impacts (although these were not discussed in the interviews). Of the 13 women who responded to the question, 100% were registered with a GP, but only four had disclosed to their GP that they were engaged in sex work. Seven women stated that they would be uncomfortable discussing escorting with their GP, with concerns around this centring on privacy and maintaining confidentiality. Participant 11 reflected: *'I don't want people knowing my business'* and Participant 7 suggested that they would *'have felt a bit embarrassed'* had they had to disclose.

In relation to general mainstream health services, five of 12 women stated that some improvements could be made to health service provision. Suggestions included an increased number of escort specific services. Here, Participant 9 said: *'obviously them being aware that you are going or there being a specific place for escorts to go where you're not having to repeat yourself to people you see'*. Reflecting this, there were still concerns evident in the data set about disclosing to health services:

*'It's the just the whole concept of everybody thinking it's seedy when it's not so you get small minded people out there so I don't say nothing.'* (Participant 1)

*'Because it's a very taboo subject up here. It's frowned upon. I think there's still a stigma about it up here.'* (Participant 3)

A number of women in the study expressed worry and concerns about having to disclose numerous times to different services, with preventing this cycle being seen as beneficial. As Participant 13 suggested:

*'Yeah, I think definitely if there was someone just for working girls, not just where you book an appointment and just see anybody so that you can build up a relationship with somebody;*

*someone that's got the right attitude with you and stuff, where you're not going to be judged and things and then you can see them regularly. That would be better.'*

Two other women suggested there could be additional health service provision for escorts in terms of the availability of advertised services specifically for this client group. One woman commented regarding this in the context of sexual health:

*'Totally, there should be certain ones for the escort services, like specific people for that, there should be specific people to do like one to ones, for screenings, not for the average client that comes in but for escorts only.'* (Participant 8)

Other women commented on the requirement for some more specialist intervention for escorts. Participant 8 suggested there should be: *'specified police, specified support workers, specified sexual health clinics. There should be a specified like service. Like a group or in the clinic which is just for escorts only, totally'*. More broadly, another participant commented she would like better access to support from the police should she require it (Participant 13). Policing and escort work is discussed in detail in a later section. In terms of being judged by a service provider, three of 12 women who answered the question stated that they felt they had been judged at some point. Qualitative comments on this include: *'I didn't really want to go there again'* (Participant 13). Only two of 11 women who answered the question stated that they had problems keeping appointments, with reasons given for this being: looking after their children and being generally busy.

Finally, to consider mental health, seven of 13 women identified that they had experienced mental health difficulties, with just three accessing help around this. Two of those women found the help received to be useful. It was not possible to establish from the data whether these issues were experienced at the time when women were escorting. There was little discussion specifically around mental health in the interviews. One woman discussed how she experienced post-natal depression and one woman said she felt depressed generally. One woman stated that she took some time off from escorting to manage the personal mental health difficulties she was facing. It is important to note here that the GAP project offers holistic provision around mental health issues to women engaged in survival and opportunistic sex work. As discussed elsewhere, many of the women engaged in escort work identified problems around emotional impacts and stigma. Previous research with escorts in Newcastle recognises that although not all escorts would require help around managing the emotional impacts of sex work, for some women, escorting can be a source of stress (Lewis, 2011). Due to women having limited access to services, Lewis (2011) recommended that a specialised counselling service for those engaged in sex work be made available to women who require it. The findings of PEER would support this recommendation.

## *Relationships and Family*

Moving forward to explore relationships in adulthood, of the 12 women who discussed relationships in the interviews, four reported to be in a relationship and of these, three said their partners knew about their involvement in escorting. Two of these relationships were described in positive terms by the women – as *'fucking fabulous'* (Participant 8) and *'fine'* (Participant 6). However, domestic violence was a theme

in the escort group. Out of the 11 women who responded to the question, eight had experienced domestic violence. For seven of these women, the violence was in the past and the interviews revealed three instances of abuse and trauma as children. In relation to past domestic and childhood violence, Participant 14 was a victim of domestic violence all of her *'life until last year...[she] went to the police, got counselling and booted them out of [her] life'*. This participant also described her childhood as *'downwards...abuse, child abuse, rape'*. Later in the interview, this participant reflected on this violence as significant in her life but that she was concentrating on moving forward: *'Time to get rid of idiots out of my life that keep messing us around and treating us like shite, like a punch bag. Out with the old and in with the new'*. In addition, Participant 8 described her abuse: *'When I was nine, when I was eleven, when I was thirteen, when I was fourteen, when I was fifteen, when I was twenty-one'*. She also reflected on her childhood as being *'Shit...Because I was abused'*. She later reflected in the interview on how her childhood had impacted on her adult life in significant ways: *'The abuse, the rape, the control, the violence; it's all impacted on my adult life. It made me who I am now'*. Participant 6 also described a negative childhood as she was abused by an uncle when she was 14 years old. Some of the women however had experienced domestic violence as adults, but still in the past. Three women contacted the police and two left their violent partners. For one participant, the domestic violence that had taken place was within a year of the interview. In terms of accessing help around domestic violence, of the two women who answered the question, they both knew where to access help and two of three women had accessed help from the police. Rachael, one of the peer researchers reflected on this theme in the data: *'I have learnt that many are in this industry for all different reasons and come from all back grounds. It's interesting for me because I've come to realise that many escorts have a background of physical sexual or mental abuse and escorting has been like a counselling for them'*. Linked to this theme, one of the questions asked in interview was whether the women had encountered a significant life event as an adult. Of 11 women who answered the question, five said yes. Some of the discussion related to past childhood sexual abuse or domestic violence as discussed elsewhere. One participant, however, reflected on a negative experience she had as an escort: *'Probably the guy who my friend and I used to work for, when he tested me out basically against my will'* (Participant 13).

To explore childhood in some more detail, respondents described their experiences in mixed terms. Of 11 women, seven described their childhood as positive, stating things like: *'[It was] Fine. I had a good mum and dad and loads of brothers and sisters'* (Participant 13); *'Good, I was brought up well with my parents'* (Participant 9); *'Good...I had everything I wanted; there were no problems'* (Participant 3). For those who described their childhood as negative and in addition to the experiences of abuse discussed earlier, two participants were in and out of care when younger and another reported family issues. Participant 2 reflected *'[My mam] just chose her boyfriend. That was it, really'*.

Moving forward to consider relationships with family and friends, all 12 women who answered the question stated that they had friends and three quarters of those (n=9) stated that there were benefits to having friends who are also escorts. Participant 14 stated that one of the benefits of this was *'comparing notes'* around work and clients. Building on this, Participant 13 suggested managing the process of who she discloses to: *'Yes. As long as I remember who I'm talking to at the time and where I was, what I did, where I'd been'*. Some women felt they could be open about their work with different groups of friends: *'It doesn't really matter...I am very open, I tell them, I tell people the truth'* (Participant 7). However, a qualitative analysis of responses revealed that keeping escorting a secret from friends was problematic

and when disclosures were made about engaging in escort work, the reaction was sometimes negative. As Participant 9 stated: *'I have done it in the past and it was quite a shock, so no'*. This was reflected by Participants 6 and 3: *'Well, I wish I could tell everyone, but it's...you...but..I dunno, you kind of can't'; 'Yeah, definitely. Three (friends who know) They're not happy about it. It's caused a lot of issues and problems'*.

Similar issues were reflected in the discussion around family life. Nine of 11 women stated that they were in touch with families and of the 8 who responded to the question, five stated that they were close to them. Four (out of 10) women stated that their family knew about their involvement in sex work and from this, three women said their families had reacted positively, one woman's family had reacted negatively and one woman said her family had a neutral reaction. A key theme in the qualitative data in discussions around family was the potential negative reactions of family of those women who had not yet disclosed their involvement. Indeed, of seven women who were asked the question, 100% (n=7) feared negative reactions should their families learn about their escort work. Some of the reflections from the women included:

*'I couldn't cope... I think they'd understand, because of the situation that I'm in, but they would be disappointed. They just think I'm unemployed, a recent graduate with no prospects.'* (Participant 13)

*'They would be horrified, they're strict Catholics.'* (Participant 10)

*'[Why not told family] I'm a private person, I keep everything to myself. [How would they react] Disown me....They think I'm a full time carer for my disabled son.'* (Participant 1)

This reflects the previously discussed problematic aspects of escorting in terms of the emotional impacts of the work, and keeping work and personal lives separate.

Continuing on the theme of family, eight of 12 women have children and six of these women had dependent children (up to the age of 16). In five of these cases, some or all of the children lived with their mothers. In the qualitative data, women reflected on some of the concerns they had about their children in the context of their work. Some of the comments below discuss worry or guilt, reflecting issues around stigma and managing different roles as escorts and as mothers:

*'Yes, I do worry because when I'm working from home, I worry because it's his home, but... yeah so that's my worry... . Well, I'm still just his mother. I think maybe I just feel guilty, but I'm a mother to him whether I'm working or not so...'* (Participant 13)

*'[Discussion about keeping work a secret from schools] School yes, I'm worried but I'll deal with that when it comes to it.'* (Participant 8)

*'Me main concern is just keeping it away from the children.'* (Participant 1)

However, a number of escorts also reflected on the benefits of being able to work flexibly and also make considerable sums of money to spend on their children, as well as managing the balance between being a mother and working; as [Participant 7](#) discussed: *'So long as it is out of the house work-wise and the kids aren't there then that's fine in my house'*. [Participant 4](#) reflected: *'Money, yeah. I can treat them often'*, while [Participant 13](#) commented: *'[Positives identified as flexible working hours] So I'm there to take him and pick him up from school and...[and negatives] keeping secrets and feeling guilty'*.



## Escorting, the Law and Policing

Escorting, policing and the law were discussed in the interviews. The women engaged in escorting generally had a mixed level of knowledge of key laws and regulatory frameworks. Five of ten said they understood the legal framework around the work they were engaged in, two stated they did not and three stated they understood how it might be applied in some contexts. Three of eight women stated they were concerned about the legalities of the work they engaged in, while four said they were not concerned and one said they were sometimes concerned. Seven of 11 women stated they would like further information about the legalities of their work. Nine of those interviewed were aware that they could operate legally as a business. The qualitative data revealed that women would like further information about their rights and also *'Knowing the boundaries of where you can work, who you can be around, who can be in your house when you are working'* (Participant 9). One woman who worked with other women said she would like to learn more herself so she could pass knowledge onto women when they asked questions: *'Information to give out to the girls if they are worrying about...working from home...other girls working from their home, it would just be helpful for me to give a bit of advice to the people we have just got into the agency'* (Participant 7).

On the subject of policing and police perceptions, five of ten women stated that they felt the police had a negative perception or attitude towards sex workers; just one woman said they felt the police had a positive perception and two offered a neutral response. Some reflections on this included:

*'They know that escorting is obviously different to prostitution, and they are two completely different things but it depends on their temperament whether they are willing to accept that it is a different thing.'* (Participant 10)

*'Depends; if you get a copper that is in a good mood, they might side with you, if not, they're like, well, it's your own fault.'* (Participant 14)

*'I shouldn't think it's good. Well, I haven't really had any experience of it, so, but I would probably say not good.'* (Participant 13)

*'I think they're aware but I don't think they know in full detail like what it is about.'* (Participant 9)

*'Well I thought they were completely against it but I do realise that they do have some sort of insight into it, more than I realised actually.'* (Participant 6)

*'I think they probably just think we're all slags.'* (Participant 5)

It is notable that only three of the escort group had ever contacted the police directly in relation to their escort work. Of these, two women had had a poor experience and one, a very poor experience. In two cases, the women were arrested, as Participant 8 recalled: *'At the agency, my mate got done over, phoned the police, we all got arrested'*. In another case where a woman was arrested (although it is not

clear if she herself contacted the police directly), she describes her experience as *'Diabolical. Really bad. Frogmarched out. Terrible'* (Participant 7). Notable is that of 11 women who were asked the question, just six said they would contact the police in relation to their work if they had to. Five said they would not. The reasons why the women would choose not to contact the police included: previous poor treatment (Participant 8) and worries about information being recorded about them and their connection to sex work: *'Cos...you're on their little database with your name on with like whore house next to it or something'* (Participant 5). One participant reflected, however, that some police officers may work with escorts in different ways to others:

*'I know that I have just said that the police seem to have like a more broad knowledge and stuff about it all but I feel as though that is only selected police, I don't like know you could talk to a police officer on the street and say like ask them about it, and they might not know anything. I dunno probably... it contradicts itself but probably the lack of knowledge but just because I think that there is only selected police that have knowledge I would rather speak to someone like that than just any police officer.'* (Participant 6)

This finding is certainly not unique to Tyne and Wear. Broader research from across the UK and internationally, reflects that police responses to sex work are uneven and often dependent on how individuals manage specific incidents (see Sanders, 2012 for a recent overview). Ensuring service providers have an up-to-date knowledge of local commercial sex scenes, are aware of best practice in the context of the public protection of escorts, whilst ensuring opportunities are there for sex workers to access police services without fear of enforcement action are significant issues. Only 4 women (n=8) stated they would feel comfortable reporting incidents to the police. Building on this, eight of the women interviewed had thoughts on what could be done to improve levels of reporting and trust. Many of these ideas focused on respect, understanding and public protection:

*'Well I think they should - if you have to ring the police for something, they should be there to provide a service as they would in any aspect of your life, if you needed to call them.[peer researcher: A bit of respect for the industry?] yeah.'* (Participant 13)

*'I would like the police to be more protective and more aware of it because then they know what is happening, where it is happening and they're obviously there if you need protection.'* (Participant 10)

*'Give escort girls the chance to have their say and have fair rights, and being treated equally.'* (Participant 14)

*'If they knew where escorts were or who was within the agency or there was a dedicated police officer to that specific agency, then at least you would know who you were talking to and they would know what it is all about and you would feel more comfortable.'* (Participant 9)

*'I would like them to be a bit more respectful.'* (Participant 5)

In the context of offending, less than a quarter of the sample (n=3) who responded to the question had a criminal record; one of the women had been charged with a prostitution-related offence. Some of the women had also been victims of crime. Out of seven women who responded to the question, four had been a victim of crime. Crimes included being victims of domestic violence, as well as having a car stereo stolen, having shopping stolen and being burgled.

### *Fun, Future Aspirations and the GAP Project*

Towards the end of the interview, the women were asked what they liked to do in their spare time. The responses were reflective of what many women in their 20s and 30s like to do in their spare time and mostly included shopping, socialising with friends, holidays, going clubbing, going to the gym, horse riding and watching films. The future aspirations of the women centred on themes around being financially secure, and to be employed – for some this involved remaining in escorting (n=2) and for others it focused on exiting escort work (n =3). Out of the 6 women who were asked, four believed they would achieve their future hopes, one said maybe.

Ten of 12 women who answered the question had heard of the GAP project, although just two had accessed the service. The qualitative data revealed that some women may have had some indirect contact with GAP, accessing free condoms and other harm minimisation materials through other workers. The women's experiences and perceptions of the GAP project were all positive. Some of the reflections included:

*'I just know that they [GAP] provide services for people in the industry and provide us with little things we might need, like condoms and little g-strings with their number on...Well she helped me with an appointment for screening and they gives us regular updates for meetings with other girls and for days out to the beach; we haven't actually made one yet.'* (Participant 13)

*'That they [GAP] offer services and provide condoms and various other stuff like contraception and things like that...I've been supplied condoms and sponges and things but I have not directly gone to them.'* (Participant 9)

*'The GAP project are mint. Support there for girls, support there for abuse, for drugs, street workers, escorts, free condoms... coffee in the morning if you want a chat, one-to-one. They're great [peer researcher: how did they help] Every way possible. Through running the agency on me own, taking my son out for a fucking day trip, everything. Free condoms for my girls...[peer researcher: did you find it useful?] Absofuckinglutely.'* (Participant 8)

*'There needs to be more of the GAP; they needs to be more publicised and need more funding to get publicised. They need to be more broadcasted 'cos they're not broadcasted or valued enough.'* (Participant 8)

The impacts of GAP on the escorts who accessed the services were also positive and discussed by three of the women. Participant 13 reflected: *'It just gives you a bit of confidence to know that there is a kind of union for you to speak to regarding any issues'*. Participant 8 said that accessing GAP has been *'Fabulous. It's made me want to do more things'*. Participant 7 commented *'It's...I've just recently really heard about the GAP project, but it is very helpful as in for the girls, for the young ones, I don't know what is out there on offer'*. Finally, GAP operates a service called Worksafe. This is a local 'Ugly Mugs' scheme, whereby women can contact and report to GAP any violent or 'dodgy' clients. In interviews, five of 11 women who responded to the question know about the worksafe scheme and in response to a question about how they perceived it, all 5 women saw it as a positive intervention.

## The Male Escort

The research engaged one male participant. In this section, some brief details are offered of this interview as it could not be included for analysis in the broader dataset which focused on the experiences of women only. The male participant was in his twenties and from Newcastle. He has engaged in a range of employment throughout his life including professional posts. Like many of the women, he became engaged in escort work in his twenties and through a friend. He typically works independently but has also worked for agencies. In his narrative, he discussed the important role of agency managers in terms of ensuring the safety of those who work for them, including the vetting of clients. The participant reported to manage his escorting as a business – completing tax returns – despite classing escorting as his secondary source of income. The participant reported to generally enjoy escort work, saying, *'you're meeting new people, you have fun, get to go out places and also it is a way of getting cash.'* Other benefits were discussed as: *'it's independence, earning your own money, doing work in your own hours and working when you choose and when you feel in the right frame of mind.'* Nonetheless, a number of downsides were identified: *'the possibility of people finding out what you do and not liking what they find out...that you meet somebody that is a bit of an idiot, doesn't happen very often in my own experience.'* The participant has exited escorting in the past, but returned after a short period. He stated, however, that he found the process of exiting to be 'easy' and would not require help should he decide to exit again. The discussion around good and bad clients reflected that of the female escorts. Good clients were cited as those who respected boundaries, while bad clients were identified as those who were 'pushy'. Relationships with regular clients were described in positive terms, particularly in terms of reliability, comfort and safety. The participant's client base consists of couples and women and he has never had a violent client; although he identified one bad experience with a client who was requesting a service which he refused to provide. In terms of health and safety, he stated that condom use was consistent and that engaging in escorting had improved his knowledge and approach to sexual health in both his work and personal life. He also reflected that he is a *'strong guy so I don't have any worries or problems with that...I've never had any experiences where anybody has been any more than a bit obnoxious and a bit of an idiot, not really any violence verbally or physically.'* He also had a number of strategies for keeping safe in terms of not giving out an address until the client is in the area and having help on hand. He also uses a working name as a form of anonymity.

In terms of confidence, self esteem and stigma, the participant stated that *'it's has boosted my self-esteem, and it's done it because it's made me realise that I am a guy that people quite like, that people find me attractive and that it's helped me realise my performance as a male sexually.'* The participant went on to reflect the more limited nature of discussions related to stigma in the context of male escort work: *'it is kind of forgotten about by those that either don't know the industry...or are just arseholes.'* He stated he tended to ignore the stigma related to sex work and that he personally would not require services around confidence and self esteem, but suggested that service provision around this may be beneficial for others working in the industry. Nonetheless, he suggested that accessing a group for sex workers would be useful as it would be good to talk *'openly and honestly and [to] share experiences.'* The participant identified some emotional impacts linked to escorting, but unlike the responses of women, this centred on missing out on seeing family or friends due to work commitments.

In terms of health and service provision, the participant reported that sex work had not impacted on his physical health and that he has consistently good experiences visiting his GP. Mental health difficulties were reported in the past but that now he feels *'completely better'*. The participant also reported to regularly access sexual health services and to have disclosed to services about his involvement in sex work and that the reaction of services was *'quite understanding.'* Although he did not reported to have felt judged by a service provider, he indicated a reluctance to disclose to other types of services (beyond sexual health and his GP) due to *'the stigma around it...I don't want to be seen as a slut, or a male slut or anything like that, and also the fact that I don't want to be labelled; if I say I am a male escort, the immediate assumption is that you see men, and I am not gay or bisexual and I don't want to be labelled as such.'* Revealing that although he previously stated he generally ignores stigma, it can sometimes be an issue. In discussing friends and family, he stated that he benefits from having friends who are both involved and not involved in escort work. He has never been a victim of domestic violence and had a positive childhood.

Regarding the law, he stated having a good understanding of the legalities surrounding escort work, but that further information around the legalities of doing in-calls, out-calls and *'what you can and can't do legally'* would be useful. Regarding the police, the participant reported a neutral perception: *'I know specific groups of police who work with agencies and in some cases work against them I suppose but I know that they are, generally speaking, quite understanding and they're not there to be arseholes I suppose, they're there to do a job.'* He stated that although he had not contacted the police in relation to his work, he would contact them if he needed to. The participant did not have a criminal record, but had been a victim of theft. Although he had not accessed GAP services, he believed that a support project *'would always be good in terms of the entire industry'*.

## Section Three: Stakeholder Findings

### Knowledge and Awareness of Local Markets and Sex Work Related Issues

There were mixed levels of knowledge and awareness among stakeholders of local sex markets and sex work related issues. Levels of knowledge ranged from *'I would like to think that I do [know]...probably as much as anyone [who] can get to grips with the sex market in Newcastle because it's so subversive and it's so underground'* (Sexual health), to *'well, it's quite limited'* (Police) and *'Several people actually told me it didn't happen here'* (Victim of crime support service). Others stated they knew *'a little but not enough'* (Public health) and another said, *'I have very little knowledge of it at all'* (Housing). Stakeholders were generally aware of the hidden nature of local sex markets and the types of issues which women (and men) engaged in survival sex work are likely to face, such as homelessness, drug addiction, problems of offending and domestic violence, but knowledge of the local escort market in Newcastle was particularly limited. Broadly speaking, operational stakeholders had greater levels of awareness than strategic stakeholders, while stakeholders working in women's projects, sexual health services, housing and drugs services, had higher levels of awareness than those working in the criminal justice sector and public health (although there were exceptions to this). Nonetheless, where levels of awareness were reported to be low, stakeholders expressed willingness and commitment to learn. Unsurprisingly, levels of awareness were generally proportionate to level of engagement of stakeholders with the GAP project and the majority of stakeholders reported that their knowledge of local sex markets had come from discussions with GAP (including through the strategic sex work steering group which has recently been established), referrals from GAP into their service (and subsequent discussions with service users) and the GAP training on sex work:

*'The knowledge that I have is from obviously working closely with GAP. It's very hidden. There's not a visible red light district; there's all different forms of how sex is sold. What I pick up is that there's a lot of work with different ethnic groups as well, and working with people trafficking; internet and kind of family-orientated businesses as well. It's kind of controlled to a certain extent....some of it's safe; some of it's not so safe.'* (Drugs)

*'I would say we've had a really good, close working relationship and from that we've learned lots of information about the sex markets in Newcastle and the surrounding areas and we've also been able to feed in some of the knowledge we get from our clients.'* (Sexual health)

*'The knowledge that I have is from obviously working closely with the GAP. And the knowledge that I have, like I said, is that it's very hidden. There's not a visible red light district; there's all different forms of how sex is sold.'* (Drugs)



*'Well I've been privy to the work that GAP has done over the years...from what I can understand, it's pretty hidden; but what I do know from the women that I work with is that they have lots of issues, tends to be drugs, alcohol. Domestic violence is always a key feature as well, and it could be that it's with their current partner, it might be that it's something that they've experienced as they're working. So what I do know about it is that it's a pretty complex issue.'* (Housing)

In a limited number of cases, stakeholders (Police and Victim support) also reported that they actively try to keep abreast of policy developments and research into sex work.

## Sex Work as a Feature of Organisations

The extent to which sex work features in the work of stakeholders varied significantly, ranging from *'on a daily basis'* (Sexual health) to *'very rare'* (Police). At the strategic level, the majority of stakeholders reported that issues around sex work rarely featured in discussions. For example: One stakeholder from mental health said: *'I don't think I hear much talk in my Mental Health Trust about sex work and sex workers'*. They went on to explain, *'It's got to be quite dramatic to get to my level of services, which is secondary care services. You've got to be doing something quite severe for a long amount of time, or very...for a short amount of time to be able to get into mental health services...people don't see emotional distress as mental health all the time. That's been a battle with services'*. Nonetheless, there were exceptions to this. One stakeholder reported that their organisation tries to ensure that their strategies look holistically at the needs of vulnerable individuals, including sex workers: *'we are a community safety partnership so not only do we deal with things like drug strategy and alcohol but also with domestic violence, sexual violence, hate crime etc. so obviously it's a key feature for the community safety partnership to make sure that we're tackling sexual violence, exploitation'* (Drugs). Another stakeholder also discussed the importance of adopting a holistic view of the needs of vulnerable individuals in relation to the commissioning of services: *'my concern is around making sure that perhaps people who don't find it so easy to get the advice and support that they need, that we do try and address it. I think it's part of public health that you want to be looking at who's the most vulnerable and how can you meet those needs'* (Public health). At the operational level, stakeholders were more likely to have had greater levels of exposure to sex work related issues, but again, experiences were wide-ranging. Reflecting the comments outlined in the previous section, high levels of engagement with sex workers were reported by sexual health stakeholders. In one case, a stakeholder suggested that dealing with sex work-related issues accounts for 40% of their core work. They reported: *'there's probably not a day that goes by where the subject doesn't get brought up'*; they were personally engaging with six or seven women at the point of interview. The stakeholder also stated that levels of engagement with sex workers had increased following the development of close working relationships with GAP. These findings confirm those of the interviews with women, where the women reported high levels of engagement with GUM.

Reflecting the findings of interviews with women in relation to abuse, one stakeholder from a victim of crime support service reported to have worked with approximately 40-50 women engaged in sex work over a two year period. A stakeholder from a women's project stated they were engaging with approximately 17 women involved in the sex work. One stakeholder from a drugs service suggested they

were had worked with approximately 7-10 sex workers in the past. Probation also reported that a significant proportion of women that they are in contact with have had experiences of sex work. Here, the stakeholder said: *'well, definitely on my case load, a lot of women that we supervise have experienced periods of sex work...whether they recognise it as that is not is a different manner'* (Probation). Counselling services reported that the number of sex workers they engage with varies but the numbers tend to be very low: *'it varies. Because, you know, around the time of...Steven Mitchell, we were probably working with, together what five or six?...At the moment I think I have got one woman who has acknowledged that she is a sex worker and that came via the GAP project'* (Counselling service).

Surprisingly, housing stated that issues around sex work rarely featured in their work, with one practitioner saying: *'at the moment it's something that comes up because of one of our residents but generally, I have very little to do with it'*. They reported that just one service user in the past six months was known to have been involved in sex work. Another housing stakeholder suggested that few women who are accessing their services are involved in sex work. They estimated that sex work would feature in the lives of just 5% of their total client bases, although this may reach up to 20% when looking at the rough sleeping population accessing support. Similarly, criminal justice agencies reported low levels of engagement with sex workers. One stakeholder said, *'in my previous role in the major crimes team, dealing with serious crimes from murder to serious assaults, I didn't have any jobs with regards to sex work...I can quite honestly say I have learnt more in the last six months talking to [GAP] than I've learnt in my previous twenty years in the Police'*. A different police stakeholder added *'going back to my old job in the sort of reactive crime, I didn't have a job involving a sex worker. When I spoke to quite a lot of senior investigators, there was only a handful that had had a job where a sex worker was subject to crime'*. Confirming the findings of the opportunistic group of women, an Officer acknowledged a *'marked reluctance by sex workers to engage with the police for fear of being sort of prosecuted or enforcement activity taking place against them'*, while another police stakeholder said, *'our resources tend to be targeted at what we get measured at and what the public is most concerned at. When you do public surveys, the public generally are not concerned about the sex industry, neither is the Police force measured on its success in either combating prostitution or supporting sex workers and consequently our resources, even in the vulnerability policing world have very limited contact with sex workers in the sex industry'*.

The Police were not the only service to identify difficulties with engagement from sex workers. A number of services pointed out that women often engage with their services through necessity rather than choice and as a result, are often unwilling to disclose wider issues in their lives to support workers. For example, one stakeholder working in a drugs capacity stated: *'I think generally people accessing drug treatment sometimes, if you're in a chaotic cycle, it might be that you just want to get in, get your prescription sorted and get back out...so you might not be wanting to going into every detail with a key worker'*. Another stakeholder working in a victim of crime support capacity said: *'it's really hard because most trials begin at 10 o'clock in the morning. Most witnesses, because they don't want to be there will turn up at 10 to 10. So you've literally sort of got a few minutes to get them comfortable, get them relaxed, do what we need to do. For us, it is a problem not having the time to talk to them'*. This same stakeholder also suggested that the way in which some staff 'dress' and the 'jargon' used can also be off-putting to vulnerable service users, as well as the service's association with the criminal justice system: *'I think they don't know who we are and what we do. I think they think we are part of the judicial system,*

*which we are not - we're totally independent'*. Some stakeholders stressed, therefore, the importance of specialist services such as the GAP project where women know they can talk to someone about the issues they are experiencing while maintaining their privacy when engaging with other services.

Drugs services also suggested that there are a number of barriers to sex workers accessing their services and other services more generally, with strong themes in the data being stigma and fear of judgement. A drugs stakeholder drew attention to the high levels of stigma experienced by women who not only have problems of drug addiction and experiences of sex work, but are also mothers: *'I think you've also got a serious issue where women have had children or have had children removed because not only have you got the double stigma of being a sex worker or being exploited and having a drug problem, you're also a mother or have had a child'*. Issues of sex work and motherhood were also raised by a housing practitioner: *'Especially people who've got children involved. I think people think if you've got children and you're doing sex work then you can't look after your children properly. Who's coming, are the children in the house, are you working with your children there, what does that mean, are there drugs involved, is there violence involved, so there's a lot of risk and like I say, it may well be that you're sex working but your baby goes to your mum or goes to your pal or goes somewhere else if you're absolutely - your child's fine, but I think you're going to be judged on that anyway and people will always worry about it'*. Fear of judgement was also cited as a barrier by a public health stakeholder: *'I think part of it is maybe their own fear about how they're going to be treated, whether they're going to be judged, you know, what kind of response they're going to get when they walk into a clinical setting'*.

## Demographics and Experiences of Sex Workers Accessing Services

When asked about the age, ethnicity and types of sex work that service users are engaged in, as well as their service needs, operational stakeholders reported that the women they engage with are primarily in their twenties and thirties (although some services did reported instances of women being outside of this age range), are White British, are generally from the local area and primarily engage in opportunistic sex work. They also reported that the women tend to have chaotic lifestyles, with sex work often being linked to wider issues of drug addiction, homelessness and offending. Furthermore, many of the women have experienced high levels of domestic violence and exploitation. Typical stakeholder comments included:

*'I would definitely say under 25s, and it's more people-working-for-survival end of the industry rather than off street.'* (Women's project)

*'it tends to be with Asian men, and that she has slept with men for a bottle of cider. Just for alcohol, you know...I'm working with one girl at the moment who's actually being hassled by a relative who's getting men to come and sleep with her. She's very young.'* (Women's project)

*'It's usually women who have or have had problems with substances. The age is from mid-twenties up to mid-thirties. We will have people all the time who will come...who might have been*

*involved in selling sex in one form or another, whether it be being sexually exploited for drugs or somewhere to sleep for the night.'* (Drugs)

Not all women who had engaged with service fit this profile, however. One stakeholder from a counselling service stated they often deal with women who are asylum seekers or refugees who have been sexually exploited, as well as older women. Stakeholders from sexual health services also reported to frequently engage with escorts, in addition to women engaged in survival sex work and those who do not associate their behaviours with the term 'sex work'. Of significance here is that few stakeholders from other service areas indicated that they had had any involvement with women working in the escort industry.

## Disclosure

On the whole, operational stakeholders reported that service users are not routinely asked whether or not they are involved in sex work when accessing their services. In fact, only one stakeholder from a sexual health service reported that involvement in sex work is a standard question on their registration form. They further reported that this is something which they had been trying to make a standard feature of appointments for several years, suggesting that many of the women who access their service '*consider themselves to be escorts and are quite, seem to be quite confident in writing that down. They see it as their business*' (Sexual health). In all other cases, stakeholders discussed the importance of building trusting relationships with clients before engaging in discussions about such sensitive topics. Typical stakeholder comments here were:

*'I wouldn't want to necessarily approach the subject if I felt that it was going to offend somebody, or if they were unwilling to talk about it.'* (Housing)

*'Well for us it would just be working with the woman first, and that wouldn't be one of my first questions to be honest...if I come out and ask that then she wouldn't want to work with us anymore. I wouldn't want to spoil the relationship.'* (Women's project)

*'It's not a question that we would ask...it is not that we are not interested but I just think we feel that is quite invasive so we try, eventually it all does come out but we try not to launch straight in with that because I think it just puts people off.'* (Counselling service)

Indeed, stakeholders stated that service users will typically disclose their involvement in sex work voluntarily 'when they are ready'. As one stakeholder from Probation put it, '*It just kind of comes out when they are ready*'. Nonetheless, two services stated generally being able to assess whether a woman is engaged in sex work, as the following quotes explain:

*'If someone comes in and says to me, "Well I don't know - I've no idea how many sexual partners I've had it's probably around 50 a week", then I would be asking questions about you know, "Has that always been the case, where do you meet these people, do you meet them over the internet,*

*have you ever accepted money or anything else for sex”, and have those conversations that way and normally people will just will say yeah I have.’ (Sexual health)*

*‘Because I’ve worked for the organisation a long time and I’ve been doing this job over a year now, so I think you know – especially working closely with clients it’s like, ‘Can I borrow your phone?’ and people are ringing them and you can sort of tell. I always pick up on things.’ (Women’s project)*

As discussed elsewhere, the support provided by GAP in encouraging women to engage with specific services was reported to be essential in facilitating the development of trusting relationships between services and the women.

## Supporting Sex Workers

When asked what they would do if a woman disclosed their involvement in sex work, all stakeholders gave a positive response - emphasising that they would act in a supportive, non-judgemental manner and would talk to service users about their needs and what, if any, support they would like. All operational stakeholders based in Newcastle further stated that they would offer to refer the user to the GAP project: *‘I would try and get the information to GAP...you know, if that person was willing and consenting in terms of confidentiality’ (Drugs); ‘they would be told about GAP and then we would organise for GAP to come to us so that the woman felt nice and safe and she had me there and then we would just take it from there’ (Probation)*. Stakeholders were confident that most staff within their services are aware of the GAP project and would know how to make a referral if appropriate: *‘I’d be pretty confident that nearly all staff would know about the GAP project and be comfortable about how you make that onward referral etc’ (Drugs)*.

While most stakeholders indicated that disclosure would not impact on the service that the women received, a stakeholder from a sexual health service suggested that the user would be offered additional sexual health services: *‘if somebody divulges that they are currently involved in sex work, we put a code on the computer system and that’s just to remind us to make sure that we are offering hepatitis B vaccinations, for example, because that’s not something we would do for every woman that comes through the service...and highlight that there might be other issues there, such as, you know, are they aware of sort of some of the safety networks around sex work that are available these days and maybe to tell them that there are different things and different information we can give them to try and help them, if that’s what they want’*.

All services went on to report that they try to adopt a holistic, multi-agency approach to addressing the needs of any service user and work with a range of services to achieve this, as illustrated by the excerpts below:

*‘when you’re thinking about public health, you look at it far more broadly...it’s not just one thing that you look at, so and it may well be that because of whatever else is going on in their lives, that they might not be able to work, there may be problems with police, housing, family all those kind of things....for me, it’s, it wouldn’t just be the sexual health side of things.’ (Public health)*

*'the other thing that is always paramount in your mind is safety for that person that's sitting there in front of you and that's not necessarily to do with sexual health. It's are they okay? have they got support networks, are they in any kind of trouble or distress that they need help with...it's often the talking side of stuff that you really are focussing on rather than the sexually transmitted infections.'* (Sexual health)

*'We find the most effective way to deal with a person is to complete an assessment, identify what their needs are, and we do that through the systems that, probation office have set up, and then we kind of sit in the middle of a circle.'* (Probation)

*'We have a multi-agency approach to pretty much anything we do because there's not enough of us to do all of the work that we do so we're heavily reliant on other partners.'* (Sexual health)

*'It's really about working with the women as a whole and her issues as a whole, and how she thinks of herself and how she thinks of others in the world, and how she makes relationships with herself and others.'* (Mental health)

These quotes reflect the holistic approach taken by several services in addressing issues related to sex work. This is also reflected in the work of GAP, who although do much crisis intervention in their work, also support women to address less immediately apparent needs over longer periods of time. This reflects the broader ethos of the Cyrenians in helping service users to make sustainable, long term and positive changes to their lifestyles. Again, stakeholders reported that building relationships with the GAP project has proven a very effective way of engaging with women who are normally 'hard to reach' by their organisation: *'as an organisation, we would probably have a bit more problem reaching women if it wasn't for the GAP project'* (Counselling service).

Just two stakeholders reported that they would record information about women's involvement in sex work within their services; a sexual health service (as discussed above) and the Police. However, the Police explained that this information would only be recorded if it was relevant to an investigation i.e. if the woman had been a victim of crime through a sex work related incident or if there were child protection concerns linked to the working practices of the mother. Here, a stakeholder explained that a standard police response to a sex work related incident would be: *'from a policing perspective, the first issue would be whether or not the sex worker was being coerced because then that would - clearly there'll be offences there and we'd need to do something about it and put some kind of support intervention in place and we'd just regard them as a vulnerable adult'* (Police).

## **Confidence among Practitioners and Training**

There were mixed responses from stakeholders about the extent to which they think staff within services are comfortable discussing sex work and related issues with service users. Stakeholders in the areas of sexual health, homelessness, drugs and public health reported that, on the whole, staff are very



experienced at dealing with sensitive issues relating to women and have a good awareness of the key organisations which they can refer women to for additional support:

*'I think we're probably a lot better at it than a lot of other services....because sexual health is what we do, nothing around people's sexual health really throws us.'* (Sexual health)

*'Yes, very, I think [we] as a whole are very good at getting difficult conversations going...we foster a really open and honest communication network among women, and their peers, so I think you are less likely having a problem disclosing something as a result.'* (Homelessness services)

*'Thinking about the staff who are actually providing services, I hope that they would be able to respond to it in a sensitive way and be able to ask whoever it was, what their worries were, what sort of advice they wanted – whether it was condoms, or - and would be able to support them rather than...I hope that they wouldn't judge. That's how I hope I would have been as their practitioner and that's how I would want other professionals to be.'* (Public health).

*'I would like to think that if someone turned up at a drug treatment service and obviously disclosed that most staff would have an awareness and understanding of where to refer on, but also picking up on any specific issues that might need to be addressed, things like free condoms, any sexual health checks, any kind of support and guidance that would need to be taken up.'* (Drugs)

Nonetheless, a number of stakeholders (including some of those identified above) suggested that levels of confidence and the skills needed to have sensitive discussions with service users are likely to vary within the service, with comments including: *'I think some staff are probably much better and much more skilled about talking through those things than others'* (Drugs) and *'there's a good proportion of staff that handle this really, really well, but some staff...it's the embarrassment very often that prevents them from giving people a really good service as opposed to a good service'* (Victims of crime support service). Confidence to discuss sex work and related issues with service users was linked to a number of factors: an understanding of local sex markets, knowledge of how to ask women if they are involved in sex work and knowledge of how to respond to disclosures, as well as levels of exposure to sex work related issues within their services. This is in turn linked to the issue of staff training. Indeed, the majority of stakeholders suggested that further training for staff on sex work would be useful within their organisations. For example, one housing stakeholder stated *'I know there was some training a couple of years ago and most of the staff did that, but there's probably been very little since and I don't think it's something which is necessarily covered under the domestic violence training; maybe some of it could be incorporated into that, I don't know. I think it's probably enough of an issue to have its own stand alone awareness raising and training'*, while one police stakeholder said: *'it needs our staff awareness raised so that when they encounter people who are in sex industry they're not uncomfortable about asking questions, they will recognise vulnerability when they see it, but similarly recognising informed choices when they see it'*.

Where stakeholders did not think specific sex work training for staff would be beneficial, this was either linked to staff already having a good level of knowledge in this area or stakeholders feeling that the



low level of engagement of sex workers their service could not justify resources for training. Indeed, a number of stakeholders indicated that sex work is one of many 'competing priorities' with their services: *'We're not very good at updating people about new information that comes along purely because of the volume of it really' (Sexual health)*. Many stakeholders reported a lack of time and resources within their services for all or certain clusters of staff to be trained on sex work, with several stating: *'it's probably more difficult to release clinical staff for full days or two day courses' (Drugs)*. In response to this, it was suggested that a more realistic development would be for services to identify staff to specialise in sex work; taking a lead on supporting service users who disclose, as well as attending training and disseminating their knowledge to other staff within the service: *'while I don't see the need to have training force-wide, I think it has got to be focussed where the market is and sort of each department's involvement with the market as well. I see a clear need for training for Major Crime because they've got to respond to serious offending' (Police)*. Indeed, the appointment of 'Dedicated Liaison Officers' (DLOs) within services are recommended within national policy. Contrary to the previous quote, another police stakeholder stated: *'The Ugly Mugs stuff...I think maybe sort of senior officers need to be aware of that for reactive wise and probably community as well in terms of, well if they sort of had access to those reports in terms well who is in the community, who is driving about and who presents through this, then you could disrupt them in various ways'*. Another alternative suggested by stakeholders was for training course, such as the one delivered by GAP, to be condensed into a smaller time frame, making it easier to agencies to 'free up staff'. As one stakeholder commented: *'I think if we could sort of do them in one, in half a day, I think that would be the ideal' (Police)*.

## The Changing Nature of Policy and Practice

All stakeholders who answered the question reported improvements over time in levels of awareness among stakeholders of local sex markets and sex work related issues, the quality of service provision available to sex workers and more generally, recognition of the importance of looking at the needs of service users holistically. A number of positive comments in these respects were:

*'I think, definitely other professionals talk more...just going back to when I was a practitioner, I don't think it was really very much on the agenda 'cos you're talking about maybe ten years ago...there wasn't really so much awareness about it, and it was just something that was under the surface, but I think now there's a greater awareness.'* (Counselling service)

*'It's getting better, it's a hell of a lot better, and again I stress that's the work of the GAP and the energy that's been created, but there's still lots of work to be done in terms of engaging or what have you.'* (Drugs)

*'I think because of GAP and the work that's been going on in the city over the last few years, I think we are making progress, definitely. And I think just coming back to, you know, working again on sexual health services I can see the difference and the improvement in how the services have developed, but I think there's still a lot more that we could be doing.'* (Police)

*'About ten years ago, everything was focussed about prescribing and there was probably only a few services in Newcastle so you'd come in, you'd have a prescription and that was kind of it. Obviously, what we're recognising as time goes by is that the prescription is part of the story but actually the other bits are equally as important.'* (Drugs)

The establishing of a specialist service for sex workers was also seen to be a highly positive development in promoting awareness of sex work: *'I think, you know, like having GAP gives it the edge'* (Counselling service).

Matching the discussion had by the escort and opportunistic groups of women, a number of stakeholders drew attention to the lack of specialist service provision for sex workers in Sunderland, as well as, more broadly, a belief that mainstream services within Sunderland fail to acknowledge the existence of a local sex market. One stakeholder who spoke about this issue in length explained:

*'They think, 'Not in my city,' but it does happen and they just won't admit that there is a problem. There's a lack of provision in Sunderland...we haven't got a GAP in Sunderland...and I think it's worse for women than it is for men. The accommodation side is just all hostels...especially one hostel, if they get in there then they could be doing sex work in there to pay their rent. It's got that reputation...I think it has a massive impact on a woman. They just think, 'I'm going to continue, I've got no support,' and for some women, that's just the normal thing to do.'* (Women's project)

Few services, beyond sexual health, reported to have undertaken any specific activities to actively engage with sex workers. Here, sexual health services reported to have established dedicated drop-in clinics for sex workers, as well as doing outreach sessions on a flexible, as well as formal, basis with GAP:

*'The work that I did with the Friday morning drop-ins and our staff actually going out and doing sessions, like a specific session on STI's or contraception or things like that. So we have done that in the past and I think at the moment we're looking at perhaps how we might help on the GAP... we're right next door to each other and GAP have always been aware of our like mobile, outreach service, so where they can, if they have a woman who needs contraception or sexual health advice information that they can phone up and get an appointment for her to either be seen in the service or a safe venue of their agreement.'* (Sexual health)

*'Yeah, I mean obviously the work that we're doing with MAP and GAP is...we're trying to make more conscious decisions about this particular piece of work because it is something that's becoming more and more apparent that needs to be dealt with. Obviously the work that we're doing with trying to get the... HIV test, which we're already committed to do within our office base, the work that we're trying to do at the moment with getting that setup within GAP and MAP is a specific aim to try and make a new link for people who are involved in the sex industry or at risk of sexual exploitation to find a way to offer a service provision to them in ways that's more like tailored towards them rather than just relying on them coming to us.'* (Sexual health)

Where services had not done anything in the past to try to engage with sex workers specifically, this was generally linked to resource constraints or not feeling that sex work was a significant enough feature of their work to justify this use of resources. Similarly, few organisations had specific policies and procedures linked to sex work. Often, issues related to sex work were seen to fall within several other policies around issues of vulnerability: *'if you're talking about the drug strategy, there's no doubt nationally that there's a recognition that people who have problematic drug or alcohol abuse have also other factors around chaos and really difficult lives and that would include, for a high proportion of women, sex work or sexual exploitation, domestic violence, abuse, homelessness and the list goes on and on. So it's absolutely a feature in it and what we've been keen to do is, every year, we write a needs assessment for drugs...[and] every year, we've always got stuff in about sex work. And I think, in terms of overall community safety, linking it to domestic violence and sexual exploitation is a key feature across the board there as well' (Drugs)*. Linked to this, a sexual health stakeholder commented, *'We don't have specific policies or procedures. I think we've just, in our clinic guidelines we have some written down guidance about the kind of clinical stuff – what we should be offering somebody that divulges that line of work to us, just to make sure that we're giving the best service'*; and Housing suggested: *'Not specifically around sex work. I mean obviously we have procedures around safeguarding vulnerable adults; we have procedures and we follow the MARAC process but there's nothing specific about sex work'*. Nonetheless, despite not having a specific policy on sex work, a number of stakeholders emphasised their commitment to issues around sex work: *'No, our policies are just keeping people safe and trying to comply with orders and it's not like you need a specific policy' (Women's project)* and *'No, but I know that there's a commitment to having the topic of sex work on like a strategic agenda...but whether there would ever be a policy as such within our project I'm not sure' (Sexual health)*. The police were the only service to report having a specific policy on sex work. As one stakeholder explained: *'yeah we've got a policy on prostitution and trafficking and it's around identifying vulnerable victims, putting in place support interventions to signpost them to our agencies and enforcement where it becomes a law enforcement issue'*. Another police stakeholder, however, suggested that the policy is *'out of date'*, as *'it doesn't reflect sort of the Home Office approach to sex work now and ACPO, the Association of Chief Police Officers, approach to sex work so that needs to be reviewed and needs changing...hopefully we can get that sorted in the next sort of six months...this is the plan'*.

When asked if they thought there should be a local sex work strategy, all strategic stakeholders were supportive of this. Stakeholders suggested the key benefits of this would be: awareness-raising of sex work as an important local issue; leadership around the issue; clarity over the responsibilities of services; enhanced partnership working; and the commitment of resources to the issue:

*'Yes, there's a clear need for a strategy because the needs of sex workers are not being met because they're seen as not an issue, they're seen as hidden and obviously we need an understanding of what goes on there.'* (Police)

*'We just need to try and work about increasing awareness and I think that is such a big part of the strategy, of having a strategy for the city.'* (Public health)

*'Yes because I think it's, otherwise it will stay hidden and people won't recognise the needs and it will go on being an issue and people will continue to be, you know, looking for services and not able to get them.'* (Public Health).

*'What you probably haven't got is a designated lead within the local authority who is working on that at this minute. So I think it would give that clarity on who is going to pick that area up....even though it's in some of the needs assessments that we write there are still a lot of actions that need to be done around this area that aren't being taken so I do think it's a gap. I do think if you had a sex work strategy....it would obviously drive change within the areas that needed it.'* (Drugs)

*'Yes, it would be beneficial...people don't prioritise it enough. Women who do sex work don't harm anybody enough – apart from themselves possibly – to warrant having enough of a high priority and a strategy. And that's a problem'* (Mental health).'

*'It'd be good in terms of – I think you need to raise people's awareness about sex work because I certainly didn't know much about it until I started working for the Cyrenians and I didn't realise how deeply engrained it was and very underground some of it, and very over ground some of it is.'* (Homelessness service)

Stakeholders were finally asked what they consider to be a 'gold standard' service for sex workers. Speaking in broad terms, a key focus of discussions was the need for services to be non-judgemental towards sex workers. Very poignantly, one stakeholder stated: *'that we are not going to judge and, you know, I think our ethos is the gold standard'* (Counselling service). This was further reflected in the discussion with one police stakeholder who stated: *'there's a lot of people who won't come because they're frightened, or whatever reason that you know they're going to be judged or whatever, and it's about how we try and get that, that word out to people that actually you will get support and you will be treated sensitively and not judged. I think sex workers probably would just like to be reassured that if they did report something to the Police, they would be taken seriously'* (Police). In addition, a number of stakeholders stressed the need for a greater focus on looking at the needs of service users holistically. Here, a public health stakeholder said: *'the gold standard would be having something that was completely holistic...that's the whole ethos of public health, is that it is about everything. It's not just like looking at health but it's looking at how a person is in society and, you know, just being able to function and make a valuable contribution so that they feel valued as a person'*. Just one stakeholder working in the area of drugs talked about improvements that applied to their organisation specifically. They suggested the need for a greater focus on harm reduction when engaging with sex workers, particularly around injecting practices: *'you clearly need somebody who's got an expertise around that kind of intervention and how to safely inject, how to reduce injecting, where to get equipment, how to pick condoms up, testing, all of that kind of support is quite a specialist drugs work provision'*. They further suggested that drug treatment services are *'probably missing things around specialist counselling which I don't think we have, I think that's a bit of a gap actually; we've got a lot of services in Newcastle for drugs and probably they're just not co-ordinated properly'*. Finally, one stakeholder suggested that they would like to identify gold

standard interventions for sex workers as *'a set of joint stakeholders, including sex workers themselves. We would really welcome a half day event to identify what the gold standard should be' (Public health).*

# Section Four: Conclusions and Recommendations

This final section of the report concludes by discussing why this research is important, key observations and recommendations from the data and finally, opportunities for further research.

## Why does this research matter?

Research into local sex markets is recommended by the Home Office (Home Office, 2011) as essential in order to gain an understanding of the needs to local heterogeneous sex working communities, thereby ensuring that local service provision and policy reflect local needs. Further, it is difficult to develop targeted services and policy interventions without engagement from those likely to be affected by them; in this case, sex workers. Indeed, the involvement of sex workers in local decision-making processes has been identified as best practice by the UK Network of Sex Work Projects (UKNSWP, 2011). This report represents a step towards this, as the project was a peer-led, women centred piece of research. The recommendations below therefore reflect the key issues identified by the research participants. It seems appropriate, therefore, that in discussing the importance of the research and methodological approach that the voices of the peer researchers are shared. Following completion of the interview process, the peer researchers were asked why 'peer research' is important and why this piece of research matters. Their responses are below.

### Cal

**Why did you want to get involved?** I wanted to get involved in this research as I was interested in the views and experiences of the women in the industry and also to give them a chance to put forward any issues that would assist service providers to pinpoint areas where their help is most crucial.

**Why does it matter?** In this instance very definitely, as sex work is often hidden and there is a lot of prejudice involved, it is important to understand the lives and work of these women who find it difficult to find the correct people to ask for help. The research gives us an insight as to where the help is needed.

**What do you think the most important issues to come out of the research are?**

To promote awareness to service providers/other professional bodies on the difficulties women in this industry face and to look at the areas that need improving. I think the women interviewed for this research will now realise the options they have available and know they can freely voice their opinion and help other women.

**What do you want the outcome to be?** I hope that women will be more confident in coming forward and receiving any help they need and be able to take relevant action without concerns about any consequences. I also hope the outcome of the research will be useful to the services involved.

## Lynsey

**Why did you want to get involved?** I think it was very important for the women to be able to share what they've never been able to share before, because of four reasons: 1. Stigma, 2. Shame, 3. Finding their voice, 4. Having the confidence to speak about it.

**Why does it matter?** It's very important because it makes services aware that sex work is happening and going on all of the time, and sex work needs to be carried on being addressed by GAP and MAP, but also by the services that don't address it.

**What do you think the most important issues to come out of the research are?**

Awareness, stigma, safety, domestic violence, childhood abuse and everyone being able to come together.

**What do you want the outcome to be?** I'd love for this research to make services aware and people that sex work is here and happening and I'd love for GAP and MAP to be expanded into areas where sex workers can't get support where they live...and to help people as much as they've helped me and lots of other people. This piece of research is so very important and I'm very proud to have been a part of it, I've loved it from the very beginning.

## Rachael

**Why did you want to get involved?** I wanted to get involved with the peer research because I have a strong opinion about the escorting industry and really enjoy being in it. I believed taking part would help get my opinion across that it isn't black and white as the majority of people for see it as.

**Why does it matter?** Peer research matters to the industry immensely, as an agency and for the escorts to bring together the importance that everyone who matters takes us seriously, as an industry we choose to be in willingly, and without the added stigma of drugs, or being forced into it. This research has been an opportunity to ask what's important and to get it heard

**What do you think the most important issues to come out of the research are?**

I have learnt that many are in this industry for all different reasons, and come from all backgrounds...it's interesting for me because I've come to realise that many escorts have a background of physical sexual or mental abuse, and escorting has been like a counselling for them.

**What do you want the outcome to be?** I hope the outcome is escorts gets the support services they deserve and need, and that less people are ignorant to it, and FINALLY see it as a job like any other and not to turn their backs or turn a blind eye to it.



## Key Observations and Recommendations

This project offered insight into the lives of two heterogeneous groups of sex workers – women engaged in escorting and women engaged in opportunistic sex work – as well as some discussion around the experiences of one woman who had been trafficked and coerced into sex work and one male escort. Broadly speaking, the research has demonstrated the diversity of life experiences amongst those working in the sex industry, including varied experiences sex work itself. On reflecting upon how the PEER research builds on existing academic research on sex work, it is notable that the findings around the opportunistic and survival group reflect broader findings on street-based sex work across the UK, even though many of the women do not work from an area of street sex work, *per se*. Although street sex industries are argued to constitute a small percentage of national sex industries (Hubbard, 2007), those working in such spaces often experience multiple aspects of chronic social exclusion, including addiction, homelessness, engagement with the criminal justice system, domestic violence, stigma, judgement by service providers and traumatic childhoods (see *inter alia* Cusick and Hickman, 2005; Harding and Hamilton, 2009; Hubbard and Sanders, 2003; Kinnell, 2008; Mckegany and Barnard, 1996; Sagar, 2007). As a result, most sex worker specific support is targeted at those engaged in street-based or public sex work. Similarly, the findings from the research on escort work reflect broader findings in the literature around lower levels of violence, low levels of drugs use, that women working off street derive benefits and enjoyment from escort work and often have good relationships with regular clients. Key issues for women engaged in escorting in the PEER research therefore revolved around managing personal and work lives, emotional impacts and stigma, all of which are explored in the wider literature on off street sex work in the UK (see *inter alia* Brewis and Linstead, 2002; Jenkins, 2009; Sanders, 2004, 2005; Scrambler 2007).

As outlined in the introduction, this research sought to reflect and build upon *Voices Heard* (2007), which was the first piece of peer research completed on sex work in Newcastle upon Tyne. Unlike PEER (2012), *Voices Heard* (2007) focused only on those engaged in opportunistic sex work, so reflections can only be made in the context of this group. Similar to the findings in relation to broader academic research, the findings largely reflect those of the original research in terms of the characteristics and lifestyles of the women. In both pieces of research, there were high levels of problematic drug use (with most women engaging in poly-drug use or heroin use), homelessness, mental health difficulties and engagement with the criminal justice system. There were also parallels between the levels of violence experienced by the women engaging in opportunistic sex work. In both pieces of research, more than half of the women reported experiencing violent clients.

More positively, however, engagement with services seems to have improved since the last piece of research was undertaken. For example: a much higher proportion of women are now accessing drug treatment services (81% from the current sample), compared to 2007, where the figure stood at just 36%. The number of women accessing sexual health services is also reported to have increased over time. This figure was 84% among the current sample, compared to just 43% of the sample in 2007. Improved awareness of good sexual health is also evidenced by higher levels of condom use in PEER (2012) and less evidence of 'risky' sexual behaviours. The findings of PEER (2012) also suggested that women were managing their physical health better. Few women reported that engagement in sex work had impacted

negatively on their physical health, unlike in 2007 where over half of the sample (57%) reported 'physical pain' linked to violent clients. While it is recognised that this is a different concept, and participants in PEER did experience violence from clients, it is nonetheless relevant.

From the research, it was possible to identify a number of policy and practice recommendations, relevant to services in the region:

- The **provision of training** on local sex markets and sex work related issues would be beneficial to frontline practitioners within services, as well as strategic decision-makers where sex work related issues fall within their areas of responsibility. Where organisations have large numbers of staff, selected staff are advised to complete the training and disseminate the information to their colleagues. In addition, GAP may like to pursue the development of a condensed training programme to improve accessibility, if additional resources could be secured to support this.
- The identification of **Dedicated Liaison Officers** (DLOs) within services, with specific responsibility for developing knowledge of local sex markets and sex work related issues, awareness raising on sex work within the context of their service, promoting service provision that reflects needs and removes barriers to engagement and providing high quality support to service users who disclose their involvement in sex work. DLOs would help raise the confidence of staff to engage in discussions around sex work, as well as support women to disclose. This is particularly critical in relation to the police where there are low levels of disclosure and the reporting of sex work related incidents. The development of positive relationships with the police was a key theme across the interviews with the women. More broadly, there should be greater recognition within services of the unique barriers which sex workers face to engagement and interventions developed to overcome these barriers. In relation to mainstream and specialist health services, for example, the women suggested that more flexible appointment systems/drop-in sessions and dedicated clinics for sex workers would be beneficial. The continuation of outreach support by the GAP project to facilitate the women's engagement with services should also be protected.
- The provision of funding for a **dedicated escort service**. While specific and tailored escort services are provided by the GAP project, this is not a specifically funded programme of work. The securing of additional funding for an escort service would ensure that the provision of support to escorts (who make up an increasing proportion of GAP referrals) is sustainable and that a broader range of support services can be developed. Discussions around emotional impacts and stigma were strong themes within the escort data. While the majority of women reported dealing with this by not disclosing their involvement in sex work to others and trying to keep their work and personal lives separate, those who had someone to talk to about the emotional impacts of sex work reported this to be useful. Opportunities for further support around managing this process would be welcomed by the participants. The GAP project should also undertake further work to promote the escort services they provide to women working in the industry, as well as relevant services.

- **Greater partnership working between criminal justice agencies (particularly prisons), homelessness services and women's projects**, to further support women engaged in opportunistic sex work to escape the 'revolving door' cycle of homelessness, addiction and offending. All of these issues were found in the data to have contributed to the women's engagement in sex work. Furthermore, while prison was a positive experience for some women, the limited support received both pre and post release resulted in many returning to the chaotic lifestyles which they had prior to going into prison. It is vital that all of these services work with sex worker projects to adopt a more co-ordinated and holistic approach to addressing the complex needs of sex workers. In relation to housing specifically, efforts to address problems of addiction and related issues while living in direct access accommodation are well documented. This research adds further support to calls for a 'rethinking' of hostel accommodation and a shift towards smaller, specialised accommodation units, with high quality support provided to service users who disclose their involvement in sex work. As well as this, many of the women had negative experiences with social services; this should be further investigated through a partnership framework.
- **Greater partnership working between social services and specialist sex work projects.** Nearly all of the women engaged in opportunistic sex work had been involved with social services and the qualitative data confirmed that in almost all cases, women had lost custody of their children. This should be investigated further through a partnership approach.
- The development of a **local sex work strategy** to help raise awareness of local-specific sex work issues, to provide leadership around local policy and practice developments, to enhance partnership working in relation to sex work and to ensure that sex workers engaging with services receive appropriate support, would be welcomed by local stakeholders. For example: the investigation of crimes committed against sex workers should represent a joined up process with other key stakeholders at strategic and operational levels and feed into intelligence systems for reporting violence against sex workers, such as the local Worksafe scheme and the National Ugly Mugs Project run by the UK Network of Sex Work Projects. The inclusion of sex work into other specific strategic contexts (for example local policing strategies, local sexual health strategies amongst others) is also recommended, where appropriate.
- Greater investigation within services of issues around **mental health and domestic violence** in relation to sex work is recommended. The prevalence of these themes within the quantitative dataset indicated higher levels of mental health difficulties and experiences of domestic violence among the sample than the general population, and therefore suggests the need for these issues to be explored in more detail. The findings of PEER also support those of Lewis (2011) that a specialist counselling service would be of use to some women working as escorts.
- The establishment of **additional specialist sex work projects** across Tyne and Wear. Notable in the research was that many of the women who participated were from Sunderland and all of these women, as well as a number of stakeholders, highlighted the absence of specialist service provision in the area, as well as a lack of recognition of the specific needs of sex workers within mainstream

service provision. To improve the accessibility of specialist support to women engaged in sex work beyond Newcastle, it is recommended that stakeholders in other areas look to replicate the GAP model.

- The **continuation of funding for the GAP project**. A key theme in the data was the invaluable support provided by the GAP project to both women engaged in opportunistic sex work and escorting, in dealing with a range of physical, emotional and practical needs. The value of GAP was further echoed by stakeholders who highlighted the instrumental role of GAP in awareness raising, information sharing and supporting the women's engagement with services.

## Further Research

While the research has yielded a number of important insights into sex work in the North East of England, it is important to note that the research focused specifically on the experiences of the women interviewed for this research, and male sex workers were excluded. At the time of applying for funding, it was felt that the GAP project were well placed to support a detailed piece of research around the needs of women, having a sizeable client base and years of experience of working in this area. The experiences and needs of male sex workers are acknowledged in academic and practice circles to differ from those of women. Further research, therefore, which looks at the experiences and needs of male sex workers specifically would prove highly beneficial for local policy and practice. Of further note is that the research covered a wide range of topics. As a result, it was not possible to explore all of the issues covered in the research in great detail. Further study into some of the more challenging findings of the research would also be of practical benefit in the future.

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