HWLincs

People's Profile: 'How people live, access, and use health and social care services'

People who sell sex

HWLincs
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Contents

CONTENT WARNING

This report mentions **rape, sexual assault, sexual abuse, substance misuse, domestic abuse, suicide.**

Executive summary

- This CQC People's Profile project focused on people who sell sex.
- We primarily engaged with this group via online and in-person surveys, follow-up semi-structured interviews, and interviews conducted by partnership organisations. The questioning framework covered access to primary care, mental health, cancer and dementia services, and awareness of CQC.
- **The support of Jericho Road Project, Streetlight UK and Beyond the Streets was invaluable to this work.**
- Overall, 61 people shared their views across online surveys, in-person engagement and semi-structured interviews. We heard from a range of ages, members of the LGBTQ+ community and people who work in various areas of the sex industry, including:
- Indoor independent worker – 79% (44)
- Escort agency worker – 21% (12)
- Online subscription service worker – 16% (9)
- Street sex worker – 9% (5)

Key Findings

- By far the biggest issue raised during this work was the judgement that people who sell sex often face when accessing health and care services. This included insensitive comments, a lack of understanding of their needs and circumstances, and assumptions that physical and mental health concerns are due to selling sex. As a result of this, many people shared that they do not disclose what they do to earn money when accessing services, especially GP and hospital services, due to fears of being judged or treated differently.
- Professionals at sexual health clinics tended to be more understanding of the needs of people who sell sex and less judgmental. However, this again was not always the case and tended to depend on experiences of treating patients in, and knowledge of the industry.
- Many of those who sell sex are very vulnerable and face multiple, intersecting stigmas, with a range of adverse health and non-health related outcomes. More than half of the respondents had experienced domestic abuse and more than 40% earned less than £18,000 a year. At least 70% had a long-term health condition and more than a quarter had a disability and/or were carers.
- Concerningly, there appeared to be a theme that respondents' mental health needs were not being met. This included difficulties accessing services, referrals being

refused, long waiting times, a lack of understanding shown by professionals, and people being passed from service to service, even when in a crisis.

- Respondents also shared their struggles of accessing the sexually transmitted infection (STI) tests they need and getting timely test results. Current limits on and the process of regional testing may be putting people at risk both in terms of their health and financially. Some people travel far to access the tests they need (on the NHS) and others must pay privately if they want to work safely. More generally, concerns were shared about STI infection rates among both people who sell sex and their clients.

- High uptake of breast, cervical and bowel cancer screening among eligible respondents.

- 73% (30) had heard of the CQC and when explained that the CQC "collects good and bad feedback about healthcare", 76% (31) said they would share their thoughts about healthcare with the CQC.

- Overall, the majority did not feel that the needs of their community were understood and even more did not feel their needs were thought about when decisions about health services were made. Surveys, one-to-one interviews, and group discussions were all ways respondents would choose to get involved.

  While no single preferred way to get involved was identified, there appeared to be a preference for online and anonymous forms of engagement, as there was still some mistrust and concerns around being identified. It was also clear that engagement should be flexible in terms of time commitment and changes in circumstances.

Recommendations

- There is a need to reduce the stigma faced by individuals who sell sex when accessing health and care services, through sensitive and non-judgmental training for professionals. It may be beneficial to see what training professionals working in sexual health receive, as generally, respondents shared that they felt less judged and more understood by professionals working in this environment.

- Understanding and addressing the mental health needs of individuals who sell sex is crucial, as many respondents are struggling to access adequate support.

- Review access to STI checks. Currently, limited access to tests and waiting times for results are putting individuals at risk financially and health-wise. Work also needs to

be done to raise awareness about the importance of getting tested for STIs, particularly among older adults. However, for this to be successful the stigma around STIs and getting checked also needs to be tackled. This would help to reduce infection rates among both people who sell sex and their clients, who are reportedly unaware of certain risks.

- There is a lack of understanding of the health and care needs of individuals who sell sex, so they need to be involved in decision-making processes through various means e.g. surveys, interviews and focus groups. The diversity within the community of people who sell sex highlights the importance of inclusive decision-making.

- Many individuals in this community are vulnerable, with experiences of domestic abuse, substance misuse, involvement with the criminal justice system, and being taken into care as children. Appropriate safeguarding measures are required in research efforts.

Recommendations

- **Reduce stigma**
  From the findings of this work, it is clear that there needs to be a focus on reducing the stigma and judgement that people who sell sex often face when accessing health and care services. Healthcare providers need to be mindful that people are aware of stigmatisation and that staff's bias during treatment or communication affects people's willingness to disclose information. More importantly, it adds stress and delays treatment when assumptions are made based on a patient's past or work.

- **Enhance training**
  Several respondents shared that extra training for professionals in this area could be beneficial if it does not inadvertently cause further stigma. This training should focus on being sensitive and non-judgmental, address the use of language, and seek to improve professionals' understanding of people who sell sex and their needs, especially in terms of the regularity and timeliness of STI checks they may need to work in a way that keeps them and their clients safe.

- **Learn from clinics**
  It may be beneficial to see what training professionals working in sexual health receive, as generally, respondents shared that they felt less judged and more understood by professionals working in this environment. Culturally competent care should reduce stigma and collaboration and learning from organisations could help to reduce bias.

- **Improve mental health help**
  Considerable work needs to be done to understand and address the mental health needs of people who sell sex. Concerningly, some respondents in this study had complex mental health needs that were not being met. They shared their struggles of accessing mental health support with referrals being refused and being passed from service to service. There needs to be further work to understand these needs better and a focus on treating them in a non-judgmental way and offering therapeutic treatment rather than a reliance on medication. In addition, it must be noted that some people with severe mental illnesses said that selling sex is the only work that they can make fit around their health conditions.

- **Increase availability and timeliness of STI checks**
  Access to appropriate, sufficient, and timely STI checks was another issue raised by respondents. The current system and allocation of tests need to be reviewed for those who sell sex. This is because current regional testing limits may be putting individuals at risk financially and in terms of their health. Respondents shared that they either have to travel for hours to get a quick turnaround test, pay a private company for tests, or make a difficult decision between continuing to work and protecting the health of themselves and their clients. Concerns were also raised

about the negative impact this has on them feeling safe and worries about infection rates.

- **Remove age caps**
  It could be beneficial to review and expand free access to condoms and at-home STI testing kits to those over the age of 25. This could have a positive impact on increasing STI testing and reducing transmission.

- **Sexual health awareness campaigns**
  Greater awareness and education for the public on the following may also be helpful, as people who sell sex reported an ignorance on the part of their clients who push for unsafe practices, as well as escort agencies forcing people who sell sex to engage in unprotected sexual acts.
    - Multiple ways in which STIs are transmitted, especially concerning oral sex and the safety benefits of protection without full knowledge of a partner's sexual situation or history.
    - The importance of getting tested for STIs, particularly for older adults.

  For younger people awareness campaigns could be achieved via social media platforms such as TikTok. Other avenues would likely need to be explored for older adults.

  However, for the above to be truly effective, work needs to be done to tackle the societal stigma around STIs and getting tested, particularly amongst men and older adults.

- **Alternative and anonymous access**
  Alternative access points to services could be promoted, as well as extended hours or flexible appointment scheduling. Furthermore, more anonymous access to STIs tests could be beneficial in making people feel more comfortable to get tested.

- **Encourage co-design**
  Respondents felt that their health and care needs are poorly understood, and they are not thought about when decisions are being made. Going forward this needs to change and people need to be offered multiple, flexible ways to get involved in co-designing through surveys and interviews or focus groups in-person or online. A willingness to share was demonstrated through engagement with this project.

- **Recognise diversity**
  There is great diversity in people who sell sex in terms of the areas of the industry in which they work and their demographics e.g. sexual orientation, gender identity, age, socio-economic status and ethnicity. It is therefore crucial that all aspects of the community are involved in decision-making as their experiences and needs are likely to differ.

- **Safeguarding and sensitivity**
  Many of these individuals are especially vulnerable. More than 50% (25) of the participants in this work had experienced domestic abuse, 9% (4) were taken into care as a child, 19% (9) use substances in a way that may be considered misuse and a quarter (12) had experienced the criminal justice system. Therefore, when involving these individuals in research it is crucial that appropriate safeguarding measures are put in place to protect them from further harm. Jericho Road Project charity advised a trauma-based approach, which was adopted by the team where necessary.

- **Tackle societal stigma**
  Finally, and although arguably out of the scope of this assignment, considerable work needs to be done to tackle the societal stigma around selling sex. Judgements and stereotypes around the types of people who sell sex and their reasons for doing so need to be challenged. Doing this would result in improvements in the health and wellbeing of people who sell sex in areas of both reduction of infection rates and their willingness to disclose their work.

Key themes

What is impacting this group?

As outlined by the CQC, selling sex is often associated with a range of adverse health outcomes and individuals often encounter intersecting or multiple stigmas. It is crucial therefore to consider the issues raised in this report in their wider context. Out of the respondents that participated in this work:

- 71% (34) had a long-term health condition.
- 53% (25) had experienced domestic abuse.
- 43% (20) received or earned less than £18,000.
- 27% (13) had a disability.
- 26% (12) were carers.
- 25% (12) had experienced the criminal justice system.
- 23% (11) are or have been homeless.
- 19% (9) used substances in a way that may be considered misuse or outside of recommended guidelines.
- 9% (4) were taken into care as a child.
- 4% (2) have experienced modern-day slavery and/ or sex-trafficking.
- 2% (1) was a refugee/asylum seeker.

The case studies, which can be read in full in the appendix (p. 35), further highlight the wider vulnerabilities that people who sell sex might face. These include but are not limited to, domestic abuse, mental illness, suicide and rape.

It should also be noted that for many of the respondents, selling sex had allowed them to become financially independent and given them autonomy. The interviewee from case study two (p. 36) shared that they have bipolar disorder and due to the nature of their condition, selling sex allows them to work around their symptoms.

“Part of the reason why I do this job is because I have a mental disability and I am not able to keep a job going for long periods of time. I'm very unstable mentally and it causes me physical problems as well. So, it's not like I could do a normal job. I need to be able to adapt and do it on my own rhythm. That's why I do this job. Many other people I know are in a similar situation.”

This was echoed in case study five (p. 44) which shared:

“Through working in this industry, I don’t need to financially rely on anybody for anything. I don’t need to emotionally rely on anybody for anything. I don’t struggle financially, I’m not having to work 40, 50 hours a week. I work three or four hours, three or four days a week. Which brings me in sufficient cash flow to be able to afford a nice house, nice car, stuff for the kids, holidays, clubs for the kids, anything that you need basically. It’s given me that massive independence and a lot of confidence, that actually I don't need toxic people in my life just because they’re supporting me in some kind of way.”

Summary of activities

How did we engage with this group?

Online, anonymous survey

To minimise the invasiveness of this work, our main form of engagement with these individuals was initially an anonymous online survey. At the end of the survey, people were invited to leave their contact details to consent to be contacted for a follow-up interview.

As outlined by the CQC: "Due to the stigma attached to sex work, the data for this group is not 100% accurate in terms of representative population estimates."

We shared the survey nationally, covering the areas of interest outlined by the CQC.
The questioning framework covered:

- Primary care services (mainly focussing on GP services) – access, staff attitudes and judgment.
- Mental health services – access and effectiveness of support.
- Cancer services - screening attendance and experiences of accessing services such as scans, chemotherapy and radiotherapy.
- Dementia services - attitudes towards dementia and experiences of dementia services.
- Awareness of CQC and how the CQC can involve these groups in the co-designing of services.

We recognised that the use of language was critical in this survey and follow-up interviews. The language used was non-judgemental, non-stigmatising, respected anonymity and confidentiality, and was inclusive to various experiences, sexualities, and identities. Another key consideration was phrasing the survey in a way that encouraged those who might not recognise or label what they do as selling sex to share their experiences. Indeed, one person emailed to check if we wanted their experience as they advertise on a sexual services website but said they offer a "non-sexual" service of adult breastfeeding but still faced health risks due to the transfer of bodily fluids. This speaks to the wide diversity of services offered by this cohort and the importance of inclusivity in research and engagement.

The support from Jericho Road Project was invaluable in ensuring our language and approach were correct.

Jericho Road Project works with people who sell sex on the street and in their initial feedback shared that they take and recommend a trauma-informed approach. This was incorporated by HWLincs through additional training. With their contacts and expertise, Jericho Road Project agreed to survey its vulnerable clients on HWLincs' behalf as they had an existing relationship with the people whose voices needed to be included in the study.

Selling sex can intersect with domestic abuse and substance misuse as well as other adverse outcomes, some of which are briefly discussed in the survey. Therefore, at the end of the survey, signposting links were provided to the following organisations:

- National Ugly Mugs
- Streetlight UK
- Beyond the Streets
- Refuge domestic abuse help.
- Shout 85258
- The Samaritans (free: 116 123)

Interviews

27 people left their details for a follow-up interview, and all were re-contacted. However, for various reasons, some could no longer commit to an interview.

Follow–up interviews were conducted over the phone and at the request of some respondents, via email.

There was no set, universal questioning framework for the interviews. Instead, the questions asked were personalised and tailored to the responses that the interviewee had shared via the online survey. Before the interview, the team reviewed the individual survey responses to highlight areas where greater exploration would be beneficial, as well as areas flagged by the respondent to discuss further. Doing this made the interviews concise and engaging for the interviewee and allowed us to gather more meaningful data than taking a blanket approach.

Engagement Method	**Number of people**
Survey	61
Interviews for case study	5

Organisations we worked with

Owing to the sensitive and vulnerable nature of some people within this group, we recognised the importance of working with established organisations/groups that already work with this population and have trust with these individuals.

We chose to contact a range of organisations that directly support people who sell sex e.g. Beyond the Streets and Streetlight UK, and those that indirectly support this group e.g EDAN Lincolnshire (a charity supporting victims of domestic abuse). We recognised the need to do this due to the intersectionality at play. Some people who sell sex also face issues such as domestic abuse. We wanted to capture the views of individuals who may not recognise or choose to identify that they sell sex and are therefore may not be in contact with relevant charities but present to other organisations for help with issues potentially allied to selling sex.

In preparation for a successful bid, we contacted the following organisations, with an introduction to the project and a request that we work together for the benefit of people who sell sex. Upon confirmation of our bid, the organisations were recontacted with a copy of the survey which we asked if they could distribute.

The organisations contacted:

- Sex Work Research Hub
- Sex Workers Union
- Decrim Now
- SWARM Collective
- National Ugly Mugs
- Beyond the Streets
- Streetlight UK
- Lincolnshire Police
- Lincolnshire County Council
- LiSH (Lincolnshire Sexual Health Service)
- EDAN Lincs
- LCC Substance Misuse
- English Collective of Prostitutes (shared they were too busy with emergency cases to assist)

Additionally, we also contacted people who sell sex directly via the sites (e.g. AdultWork) on which they advertise, and 683 individuals were contacted this way. Before this contact, AdultWork was approached to request a mailout containing the survey to all its registered users. It declined but offered a place on its resources page that details charities and support for people who sell sex. The survey link was also shared with the managers of 35 strip clubs around the country, as well as adult performer agencies, adult channels and webcam sites.

Following additional research as the project commenced, to increase our engagement/reach and diversify the areas of the industry we heard from, we reached out to the following organisations to request the survey be distributed among their service users:

- Vista Harbour Church UK
- Lucy Faithfull Foundation
- POW Nottingham
- Yorkshire MESMAC
- Basis Sex Work Project
- LGBT Foundation
- Jericho Road Project
- The Esther Project

The survey was also then shared on the following Facebook groups to their members:

- Trade Unionists supporting Sex Workers
- Sex Worker's Rights
- UEA Sex Workers Rights
- Prostitutes Collective
- POW Nottingham

To maintain momentum and further promote the survey, halfway through the project we compiled a summary document of the project so far including the number of people who had shared their views and some initial findings. This document was shared with all the above organisations as well as the survey link to encourage participation and further promote the work.

The following organisations were pivotal in supporting this project:

Jericho Road Project – *"Established in 2000 works in a variety of practical and personal ways with women who are affected by the sex industry."*

Beyond the Streets – *"We work with women involved in the UK sex industry. We work to see women safe from coercion, violence and abuse."*

Streetlight UK – *"Streetlight UK is a frontline specialist support service, specifically focused on providing women with tangible and material pathways out of a lifestyle of prostitution and violence and have developed its specialism and understanding of women involved in prostitution across London, Surrey and Sussex since 2012."*

Lincolnshire Police – The force shared the survey across its Service Provider Network.

We would like to thank all those who supported this project and took the time to share their views. Their insight is invaluable.

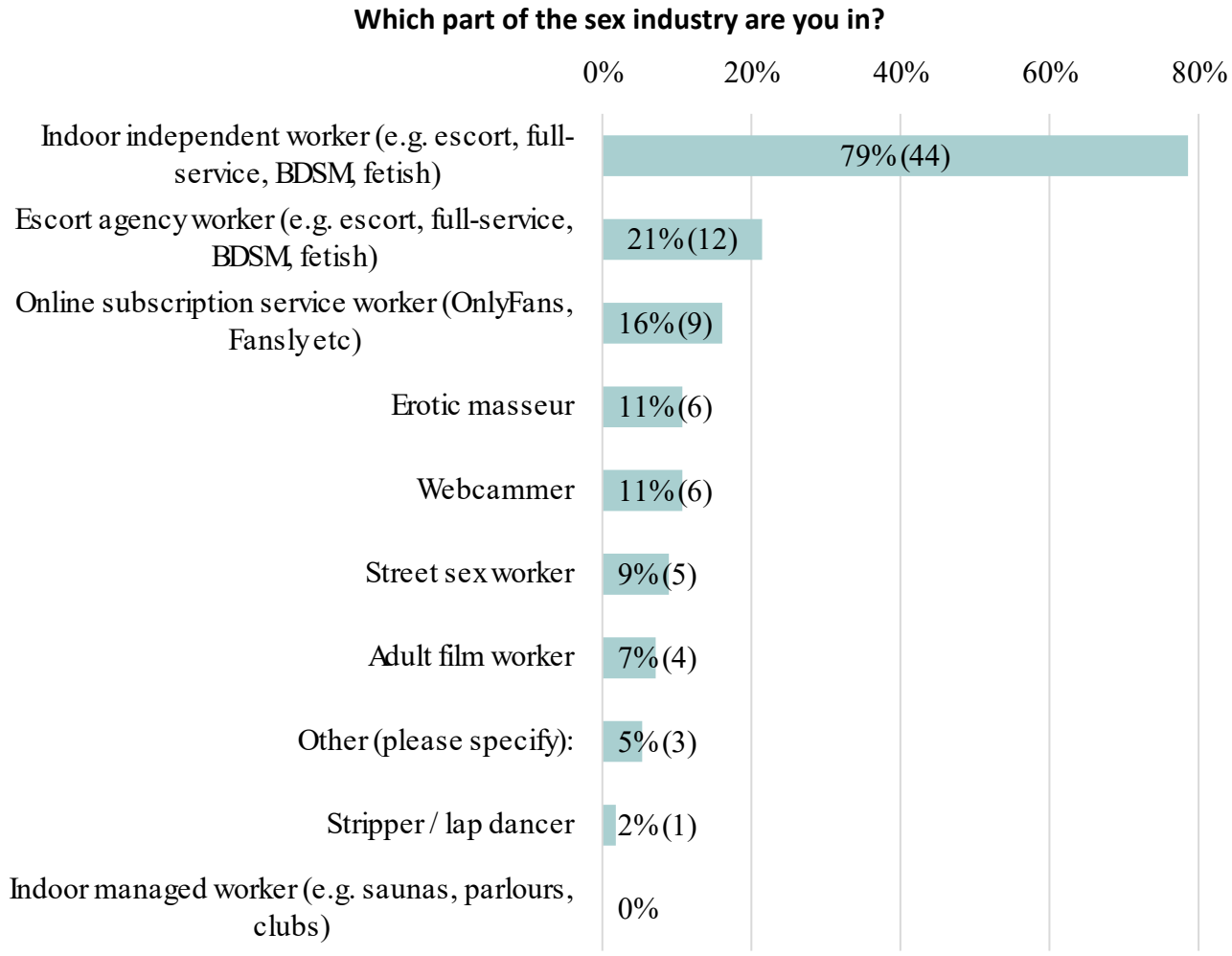
Main findings

Who shared their views?

- Overall, 61 people shared their experiences via online and in-person surveys and five took part in the interviews that formed the case studies. The case studies are referenced throughout the findings section but can be read in full in the appendix (p. 35).
- We heard from a range of ages with 73% (35) of respondents being aged 26–55 and 25% (12) being 56+.
- 11% (5) shared their gender identity was different to the sex recorded at birth.
- 6% (3) were men who sell sex.
- 60% (29) were part of the LGBTQ+ community with 44% (21) being bisexual.

A full breakdown can be seen in the demographics table in the appendix (p. 62).

Respondents were involved in a range of areas in the sex industry:



The issues raised in this report by respondents did not appear to relate to any group or

demographic of those who sell sex e.g. older people who sell sex, men who sell sex or those who sell sex on the street. Instead, the issues were more widespread.

Access to services

When people who sell sex need medical help, where do they go?

- GP Surgery – 68% (38)
- Sexual Health Clinic or Services – 64% (36)
- Accident and Emergency (A&E) – 23% (13)
- Pharmacist – 22% (12)

Access to primary care

When asked whether, in the last year, they had been able to access different primary care services when needed, experiences were mixed. Access to a GP and a dentist for some respondents appeared to be a problem. The highest frequency responses were:

In the last year, could you get these services when you needed them?			
			
63% (29) sometimes had access to a GP	**23% (10) never had access to a dentist**	**74% (25) always had access to an optician**	**82% (37) always had access to a pharmacist**

"I have nowhere to go now as my local sexual health clinic has closed. I'm not comfortable going to my GP or to a pharmacy."

Access to sufficient, appropriate, and timely sexually transmitted infection (STI) checks and results were raised as issues. Not being able to access the latter impacted people's ability to work. Some were not allowed to work at all without proof of negative tests, and others had to decide whether or not they either wanted to work or protect themselves or their clients from potentially catching an STI.

"I go to Basis in Leeds, as they offer walk-in STI screenings and other services. Leeds Sexual Health service is INCREDIBLY difficult to get appointments with, even with the red umbrella system."

"Couldn't get a blood test for HIV and was turned away."

Access to sexual health services

Case study two, (which can be read in full in the appendix, p. 36), discussed access to sexual health services, and the need for appropriate and timely STI testing in more detail.

This interviewee shared they regularly travel four hours to London when they can to visit the 56 Dean Street clinic. Unlike most sexual health clinics, 56 Dean Street / Dean Street Express (operated by Chelsea and Westminster Hospital NHS Foundation Trust) offers walk-in check-ups, appointments and STI tests, with test results delivered by text within 24 hours (compared to regional sexual health clinics which can take up to two weeks). It also offers free certification for adult performers and a specific 'gold card membership' for people who sell sex and require regular routine checks. Most importantly, these services are free. The interviewee belongs to groups of people who sell sex and said that this clinic is a vital lifeline that allows people who can make the journey there to operate safely. "There's no other place. **People have to travel from very far, more than four hours away. There's people in other places in England that can't even make it so they have to pay for the test. Not everyone can afford that**," they said. There are many private companies that offer Adult Performer Tests, and the average price is around £300 per test and certificate. Despite the Dean Street clinics' specialities, many GPs the interviewee has spoken to aren't aware of it. "I think that's insane," they said.

They are regular users of its services to keep themselves and clients safe, as well as to fulfil requirements of adult performers. "I travel when I can go, to keep people safe. Because it's the only place that provides a certificate. Without a certificate we cannot work in [filmed] productions. We can take clients in person, but we cannot take like production jobs," they said. Despite its specialities, there have still been issues in obtaining healthcare. "They only allow you to test once a month," they said.

Test gatekeeping also occurs, they said. **"They get very weird, and they don't want to test you if you don't have proof that people have sent you a message as proof you've had contact with someone [infected]. If you don't show them a message like this and you only have symptoms, they can be a nightmare to get through them and actually have a test. They just send you to work when you can actually work and be unsafe**. I've been in three situations like this. If it weren't for that I'd have had many people infected just because of negligence. So, it could be better. But that's politics. That's politics that's not on the NHS, there's literally just not enough money for tests."

Most regional sexual health clinics have a cap on tests for people who don't work within the sex industry, but these rules aren't suitable for those who do, they said. "Maybe they don't need to test people that are non sex workers for every single thing as they are not having as much contact. But I don't understand if someone who is on a daily basis having contact unprotected or protected sex because of their job and they're having breakouts, changes or symptoms, or they just want to check every month in case they've been having an insane amount of contact or there's other people that we know that have been positive. I feel that

that should be enough for them to actually want to do a test. I understand there's no money to do enough tests, but they could be a bit more open to test slightly more."

Regional sexual health clinics also have long wait times for tests, which they said are not workable for people who sell sex. "It doesn't work for us because if I test today and the test comes back in two weeks… and then you will have your period, it's not great for this job." Gonorrhoea and chlamydia both have a two-week window period in which they can be missed, according to the Dean Street website. Timings for tests are a factor that needs to be considered.

The specific requirements of tests are also often unknown among GPs. **"Even if I tell them I'm a sex worker, doctors don't really know that we tested for work.** We get tested in three areas [throat, rectum, genitals] and blood. There are many men that, for example, are scared people will think they're gay or something so they don't want that area [rectum] to be tested so because of that can't really be trusted on an application to work."

Access to and attitudes towards STI tests was explored further in case study five, (which can be read in full in the appendix, p. 44).

"One thing I would say that would be helpful. I think in this area **they only give you free condoms if you're under 25. And the home testing kits, for gonorrhoea, chlamydia, syphilis, that kind of thing. You're only eligible for that if you're under 24 or 25. That I don't find particularly helpful because that should be free for everybody to access.** I don't think people are overly aware of services. I've had conversations with people who've said why don't you get yourself a home test kit and they've said, what's that? So, I don't think a lot of people are aware of the home test kits you can do and fact that you can actually just go to a walk-in clinic."

They then went on to discuss the stigma around STIs, getting tested, the lack of awareness around how STIs are spread and the need for testing particularly amongst older people.

"**I think that's a massive issue for maybe younger people or women in general who don't know that actually it's not safe to be giving oral without [protection].** On the flip side, some men are really, really naïve. They ask why don't you do oral without? Well, first of all, I don't know your sexual history and you don't know mine. And if you've got anything or vice versa, you do realise you can contract it? They're like, 'so I could catch something from you?' And I'm like, 'yes, if I have something like gonorrhoea down my throat,' for example. Ok, the realistic chance isn't terribly high for a man to contract it from a woman but there's still a risk because it's bodily fluids. But people seem to be a little bit uneducated about how things are transmitted."

"A few years ago, there was this massive increase in gonorrhoea in men over 70 years old. Because they basically get a second wind of life, if you will, and have unprotected sex with other escorts. **Among the older generation, nobody got themselves checked out. They were just like, 'oh well, I'm old, we can't catch anything'**. So, there was a massive increase

in the older population with STIs which I thought was quite ironic. I think the age barrier is a bit of an issue."

"I'd like to see more in the media. The fact that you can get self-testing kits. The fact that sex work is not illegal. A lot of people think it's illegal. A lot of people think they're going to get in trouble if they go into a healthcare place and say they work in the industry, and they're worried about it being reported to the police or social services. That stigma probably prevents a lot of people coming forward and getting themselves checked out. There should be something around that, with services saying they're not storing your details or passing on personal information to the police or social workers because I think that prevents a lot of women from coming forward, a fear of repercussions of saying they work in sex industry."

Barriers to accessing healthcare

Overall, 11% (6) of respondents shared that they had been turned away or couldn't get healthcare due to the kind of work they do. However, many who selected "no" in response to this question went on to explain that they never disclose the kind of work they do, due to fears of being judged, treated differently or not being able to access healthcare. Generally, respondents appeared to disclose more and be more comfortable doing so at sexual health services compared to with GPs. This appeared to have two main reasons. Firstly, respondents felt it was more relevant to disclose their work when accessing sexual health services and secondly, they felt that professionals were generally less judgemental (at least openly). This is discussed further later in the report.

As a result of not being able to get help, respondents would either look for help from elsewhere, e.g. go to a walk-in clinic, contact a support worker, try to fix the problem with herbal remedies, hope the problem goes away without treatment, or resort to taking drugs. One respondent highlighted the difficult decision they must make between staying safe versus making money to support themselves because of not being able to get the help they need.

"I look elsewhere. I have to face the reality that I may have to turn down the money I need to live to survive as a sex worker in favour of my safety."

"I hope it gets better without treatment or return to A&E and hope get treated better."

"I take drugs if I can't get help."

Respondents shared that **not being able to get help affected them in many ways** (high frequency responses):

"I tried to find help somewhere else."

"My mental health and wellbeing got worse."

"Things got much worse, so I needed emergency care."

"It has put me off trying to get help in the future."

If you mention your work during a medical appointment, do you feel you are treated differently?

The responses to this question could be categorised into four groups, some of which were interlinked.

Yes	I don't say	I only disclose at a sexual health clinic	No

1. **"Yes."** This group included people who felt that when they had disclosed, they were judged by staff. For some, this had put them off from disclosing in the future.

"Yes, things get awkward afterwards and you get looked down on. I tend to not mention to healthcare professionals I am a sex worker due to this."

"Sometimes. Most of the time it's not an issue, but some you can tell they're judging you which can be uncomfortable."

"Yes, sometimes at A&E, not by other charity-run services."

"More recently when I went to my GP to discuss reoccurring vaginal infections, they blamed my work and I felt like she started judging me as soon as I told her what I did."

"I felt like scum."

"I shut down emotionally. It was the first discrimination that really hit home and I really shut down as a person and felt the reality of just a part of the discrimination I would face. I then worked with my private counsellor to work through those feelings and it made me really think about if I wanted to continue with this career."

"We just really want to do a good job and be really careful, just like any other people would like to be in their job."

2. **"I don't say."** This includes respondents who shared that they do not say what they do for work for a variety of reasons. These reasons were that they did not feel it was necessary, did not want it recorded, and had a fear of being judged and treated differently. Notably, one respondent shared that they work for the NHS and felt they would be judged as a healthcare professional.

"No, I don't normally mention it during medical appointments."

"I don't say because I don't want it recorded."

"No because I don't tell anyone, that's my business."

"Haven't mentioned it as feel I will be treated differently."

"I would never say."

"I haven't done this and wouldn't mention it as I work within the NHS and feel I would be judged as a health professional."

"I don't tell them. I go and get STI checks pretending I have a lot of casual sex."

3. As mentioned previously, some shared that **they only disclosed what they do at sexual health services**. This formed the third group of responses. The reasons for this were that some felt that it was more appropriate/relevant to disclose in this setting and it could be inferred that respondents generally felt more comfortable and less judged disclosing in this setting.

This sentiment was very much echoed in case study three (which can be read in full in the appendix, p. 40). They explained that their local sexual health clinic is "fantastic" and they feel that the people who work there are professional and respectful. "I never have to over-explain or do the extra work of self-advocacy," they said. In contrast, they never mention their work to other healthcare providers. "I would not disclose in other medical settings due to fear of judgement," they said. "I feel that in GP settings etc., a disclosure would provoke judgement and assumptions from staff."

"Not by the sexual health service. Rarely ever have I felt uncomfortable. I most definitely have at my GP."

"Absolutely. Luckily, some of my care workers in Scotland through the NHS prioritise me because of my work, the situation has been very difficult since moving to England."

"I never have disclosed it apart from at the sexual health clinic."

"I have had some wonderful staff at sexual health clinics but also some who have made me feel judged."

"Not at sexual healthcare. Do not mention at GP."

"Not in sexual health settings, yes in other medical settings. I wouldn't mention it to other medical professionals in fear of being stigmatised."

"I haven't. Although it depends on the situation whether I am completely transparent with the medical provider of my work. Although when it comes to sexual health services, I am always honest about the nature of my job."

"I've had varied experiences from taking extra care to make sure I have the resources I need to being told I shouldn't sleep around if I'm worried about STIs at an STI clinic."

"At sexual health clinics, I feel it is treated as appropriate knowledge and the workers there are respectful and professional. I would not disclose in other medical settings due to fear of judgment."

"I only mention my work at a GUM clinic. I wouldn't mention it to other medical professionals in fear of being stigmatised."

4. Finally, some individuals responded "**no**" or "not at all" to this question but did not specify whether they disclosed their work to professionals.

Are you treated with respect?

When asked if they felt that health and care staff treat people who sell sex with respect and without judgement, 60% (30) answered "yes". However, as mentioned previously, several respondents went on to explain that they do not disclose due to fears of being judged and the assumptions made about people who sell sex. This was the main theme of case study one (p. 34). She was also worried about the stigma associated with selling sex and the judgment her family could potentially face saying:

"I guess I'm embarrassed that I'll be judged. I consider myself a highly moral lady but I feel that I would be treated as if I were a low-grade woman. I don't know why I have this opinion it's just how I feel. Although my husband and son both know what I do for work, I feel that it would reflect badly on my son and my husband and also affect their jobs."

For disclosure to happen, she feels that professionals need more training and education to remove bias and judgement, as well as to understand that people who sell sex do so coming from a variety of circumstances.

"The NHS, the police and other health services need to understand that sex workers and their services differ greatly as do the clients themselves. We are not all on drugs, alcoholics, or have experienced sexual abuse in the past."

The societal stigma around selling sex was also commented on in case study five (p. 44).

"Women, especially in this industry, get a lot of stigma. It's an industry that's very misunderstood. Because of all the propaganda the reports in the papers. Actually, half of you don't know at all what it's like to be in this industry. Obviously, you get some girls who are in it who are pimped out, and people brought over, Brazilians especially, Romanians, Polish, especially in London you've got massive gangs that are pimping all these girls out. So, we've got a big problem with that."

"People just assume that you must be really fucked up if you do that job, or you must be on drugs, you must be an alcoholic, or you must be massively in debt. Well, no, and actually I couldn't work a normal 9 to 5 job. I've got two ADHD children, I single handedly have to wash, cook, clean, try and work a job, try to study, take the kids to clubs and have a bit of a life myself. I actually suffer with chronic fatigue. I couldn't manage a normal 9-5 job. So, this for me, I work three or four days a week, I see a maximum of three clients a day because I'm very strict on my health, I will not work myself ridiculously. Three clients a day is more than enough for me. It brings me in a great income, I get time to spend with the kids and I work from home so I have time to do my housework and other boring jobs throughout the day so it works really well for me."

Owing to the stigma and lack of understanding often shown to people who sell sex, some respondents shared that they never disclose their work to health professionals. For others,

they felt whether they were treated with respect and without judgement depended on how much experience professionals had treating people who sell sex.

“I don't tell them.”

“Depends more on the individual who is providing the care.”

“Always judgement, always less respect, and sometimes you get pity.”

“In the majority of my experiences they do. And it has luckily only been on rare occasions I have felt there was no respect and judgement there.”

“Again, in sexual health settings, not so much in the other settings.”

“The only time I've been treated without judgement, is at one sex health clinic in Carlisle. And there, the staff are lovely.”

“No definitely not unless they are sexual health clinic workers, and even some of them can be rude or judgemental still.”

“Depends on the clinic and how often the staff are exposed / educated.”

Case study two (p. 40) revealed that even at a specialised sexual health clinic, occasionally professionals can be insensitive to their patients. They felt this mainly came down to a lack of information for professionals.

“Even at Dean Street, professionals can be insensitive to their patients,” they said. “Every once in a while you find a doctor that says something weird. I had a skin problem where your skin gets dry. I had a doctor tell me that my skin is just itchy because I have contact with a lot of people, because I'm a sex worker and I feel that was disrespectful because he was committing negligence by not diagnosing the real thing and just assuming because of the job I do. I hear about things like this all the time. I feel they try, but every once in a while someone will say something that will make someone feel offended because at the end of the day they don't have enough information.”

63% (32) shared they had tried to get help for their mental health and 66% (16) felt their concerns were taken seriously. The effectiveness of the support offered also seemed to vary with 31% (9) feeling it did not work and an additional 21% (6) were not offered any support. Some respondents went on to discuss their experiences further.

- One felt they would be turned away from support as they were not in a crisis.

"More so due to not being referred because I was likely to be turned away due to wait times, and the issue not being life-limiting and I was not in a crisis, I would not be seen soon or turned away."

- Others felt their mental health concerns are automatically put down to the fact they sell sex.

"I am currently under CRISS Leeds and have been treated with some judgement, pity, and my mental health gets put down to my job."

"They immediately blame the poor mental health due to sex work."

- Adding to the overall theme of judgement and stigma, one respondent was already receiving therapy before selling sex, but they that felt their experience would be different if they now tried to access support. This added to the sentiment that many felt that they were treated differently by healthcare professionals, especially those outside of sexual health, due to selling sex.

"I was already receiving support before I started sex work so my experience might have been different had I started the work first."

The latter was echoed in case study three (p. 40). The subject of which said: **"I had a mental health problem and substance misuse in the past. It doesn't matter how far behind me that stuff is, it's brought up and referenced in every appointment. I'm very convinced that if I disclosed sex work, that would be another thing to latch onto forever that they wouldn't drop. The stigma's not limited to just the sex work but I don't want to give another reason for them to not do anything useful."**

- Concerningly, there appeared to be a theme that respondents' mental health needs were not being met. This included difficulties accessing services, referrals being refused, long waiting times, a lack of understanding shown by professionals, and being passed from service to service, even when in a crisis.

"I'm continuously passed from service to service while professionals tell me I don't need support / I'm too high risk / too low risk / not engaging / the support is not appropriate."

"I have been refused mental health support repeatedly for years now. The last crisis I faced in November (presenting with delusions, self-harming, suicidal thoughts, impulsive and risky behaviour, hallucinations), I was sent away from services three times before they assessed me for ongoing mental health support. The assessment was refused twice and only on a police CPN was a third referral successfully accepted. It has been three months now and I have still not had an in-person appointment or been offered services. I am waiting to see if another service will accept my referral."

"When I moved from Wiltshire to Cumbria I should have been handed straight over to the CMHT. It failed. My GP failed to pass things on, the system failed. It took a suicide attempt to get picked up by the CMHT, but even then, after a triage phone call, I was left for eight months with nothing. I have BPD, severe depression and severe OCD. I don't leave the house because of social anxiety and panic attacks. And CMHT left me. Even after they were told that they were handed me by Wiltshire in June 2022."

"Yes, at first but once I moved surgery they had a lack of understanding about mental health and I ended up being thrown out of the surgery for having a mental breakdown."

This was also seen in case studies two (p. 36) and three (p. 40). The interviewee in case study three shared: "Last November we had another back and forth with mental health services refusing to accept me. There were referrals being made everywhere and they just kept being refused." Eventually they were put under a police CPN (Community Psychiatric Nurse) and a member of the police team helped to push for care. "I don't know if a complaint was officially made or if it was a threat of me making a complaint… She said that she was going to help me complain if I wanted to take that forward. Then suddenly they accepted on the fourth time." (They are still waiting for an in-person appointment.)

They also raised concerns about patients' need for self-advocacy. They feel that many people who do not have outside help miss out on care and the situation is extremely stressful for vulnerable people. "At the time I was vulnerable with my mental health. You don't have the energy, don't have the advocacy skills to be able to argue. If I hadn't had that police CPN essentially do that for me, I wouldn't have been able to access any mental health support whatsoever. It would have been bounced back and that would have been the end of it. It's only because somebody else with more authority than me and was in a position where they didn't have to advocate for themselves. It was only because of that, that I was able to get any sort of support."

- Two individuals shared they resorted to paying for private treatment which worked more effectively for them and another "went to a place that's just for sex workers".

- **One individual did share a positive experience: "They helped me with trauma therapy. I stopped using heroin after 25 years."**

Cancer Screening

Amongst this relatively small sample, uptake of bowel, cervical and breast cancer screening was very high for those eligible.

One critical concern was raised in response to this question:

"I have asked for cervical and breast screenings repeatedly especially as a trans person and even more so as someone who carries genes for ovarian cancer but I have had consistent push back whether I mention I am a sex worker or not. They say I am too young even though I have already had breast cancer."

Cancer Services

20% (10) shared that they had needed to use cancer services like chemotherapy, radiotherapy, Macmillan or scans. Experiences appeared to be mixed. Some shared that their experience was "all prompt and fully informed. I have had no problems with how I have been dealt with", "excellent" and "treated asap and outstanding service". However, this was not the case for all.

One individual highlighted they had to access private care as their concerns were initially dismissed and another shared that whilst their initial appointment was quick, they had to wait 18 months for the surgery. Another shared that they paid for private treatment due to their symptoms initially being dismissed and missed.

"I went privately for treatment for my ears as local GPs had for years dismissed my ear agony again and again. Thyroid cancer was picked up after tests were done."

"I was diagnosed at 17 with a small tumour in my breast, I did one round of chemo and multiple rounds of radiotherapy as well as an operation to remove the mass and it took years for me to be taken seriously with my pain and lump on my breast. I had noticed it at 14. I had my worries taken seriously at the time but after my last checkup after I had been cleared, it's like my concerns were no longer valid as I was no longer ill. The care I received met my physical needs to a point, but after I was cleared there was no access to help or support. I was treated with dignity and respect by hospital staff but in my previous employment they tried to give me a disciplinary for how I was dressed knowing I was going through treatment and couldn't lift my arms or do fine motor skills so a lot of my clothes were unsuitable."

Dementia

Attitudes towards dementia

Attitudes towards dementia were mixed.

- 60% (28) neither agreed nor disagreed that "people with dementia cannot make decisions for themselves".
- 81% (38) agreed that "people with dementia must have enjoyable activities to do".
- 62% (29) disagreed that "people with dementia forget everything you say".
- 77% (36) agreed that "people with dementia can do lots of things".

91% (43) shared they would see a GP if they were worried about dementia.

"I am conscious that my memory is not how it was and I forget on occasion simple words. It does worry me, but I don't want to be categorised. My parents did not have it and they lived to 93!"

"I had an incident regarding already being diagnosed with a virus from a previous GP. I needed repeat medication and was made to repeat myself to receptionists seven times whilst I was in a public place even though I said it was too sensitive to discuss with receptionists and wanted to speak to a GP. After being hung up on numerous times and eventually losing my composure I was sent a letter from my GP threatening to kick me out. A letter may I add where I had no option to respond as no details were left. I lost complete faith in my GP surgery after this and it made me very concerned for vulnerable adults and the way they were being treated. I'd most certainly not use my GP service if I were vulnerable."

Dementia services

Ten individuals shared they had accessed dementia services to help support someone else. Experiences were mixed with several sharing that it often took months to get an assessment. Others felt that once they accessed care it was good.

"Waited almost 18 months for assessment of my mum."

"It was to have my father assessed. We waited several months. It was a quick visit to the house and was not as I expected. The professional was there maybe half an hour and said he didn't have dementia and left."

"Informative as to the best way to support someone with dementia."

"Everything appeared to go as planned, I have knowledge in this area so knew what to expect."

“Fortunately this was a GP surgery that is not my own and I felt as though they were quick in the diagnosis and tests and kept all necessary family members educated and informed.”

“My Aunty has dementia and I feel she has had good care.”

CQC awareness, involvement in decision making and co-designing

73% (30) had heard of the CQC and when explained that the CQC "collects good and bad feedback about healthcare", 76% (31) said that they would share their thoughts about healthcare with the CQC.

When asked if health and care staff understand the needs of people who sell sex, responses were mixed. Overall, 49% (25) did not feel their needs were understood. Again, generally, sexual health clinics were seen as more understanding of their needs than other healthcare settings. However, the latter respondents felt this was influenced by how much these practitioners had interacted with people who sell sex.

"Sexual health services are great."

"I would say some do and some don't, depending on their own knowledge and dealings with people in the industry."

"I think it's very much 50/50 with it being generational, personal ethics and old fashioned nursing."

"Sexual health clinic locally to me is FANTASTIC and I never have to over explain or do the extra work of self advocacy. I feel that in GP settings etc a disclosure would provoke judgement and assumptions from staff."

"In general I still think people are judgmental and don't understand you can be a decent moral person and sell sex."

"I just feel that as soon as you tell people your job they automatically judge you."

"If they know they treat me like scum, make me wait longer, don't listen when I speak, judge me."

Good practice included "inclusiveness, non-judgemental attitudes" which was also highlighted in case study four (which can be read in full in the appendix, p. 42) but seemed to relate to individuals and their attitudes and experience of working with people in the industry rather than processes and systems.

"My previous client staff were excellent The staff were lovely. No judgment at all, they were friendly and efficient. I only saw female staff but I wouldn't have minded seeing a male there."

"In my experience, they've tried very hard to be accommodating but haven't known what to do beyond asking safeguarding questions. I had a really big issue trying to find somewhere to do throat swabs and nowhere offers menstrual sponges."

One comment raised a key point about striking a balance between identifying their needs without explicitly labelling people which could have a negative impact.

"It's never asked or disclosed now. Years ago when it was disclosed in a hospital gyno check up a HIGH RISK sticker was put all over my records in bright red bold letters. I didn't go back to the hospital or disclose again."

Case study two (p. 35) highlighted that the specific needs of people who sell sex in terms of testing requirements are often unknown among GPs. They shared:

"The specific requirements of tests are also often unknown among GPs. "I had doctor that was given misinformation. Even though I tell them I'm a sex worker, doctors don't really know that we test for work. They should listen more to sex workers because they know the job in like real life. I feel we're lucky to have a free service but it could be better because there's spikes everywhere in England at the moment with chlamydia and gonorrhoea. I'd never had anything passed to me in 10 years and then in one month I got someone that was in contact with chlamydia, and some that had got in contact with gonorrhoea. Messages just kept coming from people I'd had contact with someone that had got something. This is quite scary."

"I feel like they should be more open to actually test people to stop this spreading this fast and they're not talking enough about it because it's sex workers talking about it and they don't feel it's effecting other people as much. But I feel like it is, it's just people are not testing as much as us, so it gets quite complicated."

How would people who sell sex choose to get involved?

When asked how they would like to get involved it was clear that there was no single preferred method. Surveys, one-to-one interviews, and group discussions were all ways in which respondents would choose to get involved. From conducting this work, it was generally clear that respondents preferred online, anonymous forms of engagement as there was still some mistrust and concerns around being able to be identified. It was also clear that engagement should be flexible in terms of time commitment and changes in circumstances.

"I personally think people selling sex should definitely be involved in any medical research or decision making with concerns to treatments, mental health and sexual orientations."

"I feel like there is no one solution. Sex workers have to be considered at every stage in ways that we can access. For some of us that is surveys and online, for others it could be face to face and meeting with representatives."

Finally, it is important to note that some people were cautious of “complaining” about NHS services as they were grateful for free access and did not want to lose the services that are currently available to them.

“I’m pro-NHS and I know when many people complain about it, they close it and make it private and that wouldn’t work for me.”

Recommendations for CQC on co-designing with these communities

Overall, 49% (25) of people did not feel that the needs of their community were understood and even more, 78% (31) did not feel their needs were thought about when decisions about health services were being made. Owing to this and the judgement they often face when trying to access services, the majority wanted to get involved in making sure their needs are considered when decisions about health services are being made.

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A desire to be involved was clear, especially when a concern for other people who sell sex was expressed by some respondents.

"Please keep in mind that the most vulnerable sex workers NEED to be included in these decision making processes and therefore their opinions must be considered. An online survey emailed out to those who have disclosed at health care services is only helpful for collecting views of those with private emails and WiFi. Please consider accessibility for the most vulnerable (poor, transgender, disabled) sex workers as well as the white middle class ones like myself."

The subject of case study five (p. 44) said people in the industry, especially the young and vulnerable, need ambassadors and people they can turn to. They said this is lacking and is a role they would like to have.

"I would love to be an educational facilitator for people in this industry, because there isn't that. If you've got a question or a query or you want to know what do I do if I have a condom split? What do I do if a client's abusive? You've literally got no one to go to. It could be a phoneline, it could be a radio show or a podcast. How the Samaritans have number you can call, something like that. There've been so many times where you think oh my god, I'm in a really shit situation, what the hell do I do? So apart from talking to other girls in the industry, there are no answers out there. You don't have an HR department or somebody to go and talk to. I think something like that would be really good. That's my ideal position. I have firsthand knowledge of this job, I'm trained as a therapist, I'm very easy to talk to, I'm very understanding. Something like that I think would be invaluable."

Evaluation

The creation of this report has been illuminating, scratching the surface of an industry made up of people of all demographics and whose work involves a gigantic configuration of services offered.

People who sell sex share a specialist knowledge of healthcare services available to them, as well as a deep understanding of the stigma and prejudice that they may likely face from society, professionals and clients. Currently, selling sex seems to require a self-reliance to monitor individual safety and solutions to healthcare concerns, and sometimes push for help in the face of resistance.

Many people spoken to for the study brought up the negative view that society has of the work, which can add to the isolation of a role that people generally keep hidden – even from their GPs. One of the most concerning aspects of the results was the lack of support that people have for mental illnesses.

While people who sell sex operate largely out of sight, there is a willingness to engage to help to change the stigma and improve healthcare decisions. Many passionate people engaged with this project and each spoke from a position of authority and knowledge about what must be changed.

Contacting people who sell sex was labour intensive. The best results came from direct emailing through an adult directory (despite the response rate being around 6% - an understandable figure when cold-calling a hard-to-reach group that has many reasons to not engage). But to ensure a diverse set of people were reached, many other avenues were explored. This paid off but with this project, only time would have yielded more responses due to contact having to be made on an individual basis (contacting employers and agencies got some results but far fewer than individual messaging).

Terminology and language were considered throughout the project. The term ‘people who sell sex’ very occasionally caused concern. One reply read:

“Thank you for your email, unfortunately I don’t sell sex in your blatant way, I sell my time.”

We replied to the person apologising for any offence and explained the catch-all nature of the term. We invited them to talk further for the study or on general perceptions. Most people we heard from used the terms ‘sex worker’ to describe themselves.

Many vulnerabilities were reported during the study. We monitored this internally and were steered on use of language and a trauma-informed approach by frontline charities and recommend peer support / co-production for all projects working with people who sell sex.

The help from charities and organisations who could spare resources / time was greatly appreciated but some replied early on that they were too busy with frontline work. Many helped circulating the survey but a reliance on busy groups only might result in few responses.

This study should be the start of engagement with this group, as it's clear there are many issues they face and many people willing to help shed light on these issues in order to provide a better future for themselves and others in this industry.

Appendix

i. Interviews/Case Studies

The case studies in this report were conducted on the understanding that in exchange for an honest and open discussion of the issues faced, the people who shared their stories would be provided anonymity. As such, names and identifying details have been omitted.

Case Study 1

Interview

CQC People's Profile: People Who Sell Sex
Date: 31/1/24
Method: Email Interview

Overview

The interviewee is a woman aged 46-55 who works independently to sell sex and advertises the services she offers on online directories. She does not disclose her work to her GP or sexual health clinic for fear of judgement of not only herself but her family. She would like sex work to become accepted by society so people didn't feel the need to hide it.

Case Study

A fear of being treated differently stops the interviewee from disclosing her work to both her GP and her sexual health clinic. "I don't mention it because I feel as if I would be judged. I have been happily married for 30 years and both my husband and my eldest son, who is a medical professional, attend the same GP practice," she said.

She attends sexual health clinics but doesn't disclose her work there either. "I guess I'm embarrassed that I'll be judged. I consider myself a highly moral lady but I feel that I would be treated as if I were a low-grade woman. I don't know why I have this opinion it's just how I feel."

This fear of judgement from her GP surgery extends to her family and their wellbeing. "Although my husband and son both know what I do for work, I feel that it would reflect badly on my son and my husband and also affect their jobs."

The interviewee would like this to change. "Sex work should be legalised and treated like any other job rather than hidden away," she said. "I honestly think that it's a much-needed service both for physical and emotional wellbeing."

This societal pressure and moral judgement appear to be the main reason she doesn't disclose her work, as she has "only positive experiences" of her GP service and the sexual health clinic. But for disclosure to happen, she feels that professionals need more training and education to remove bias and judgement, as well as to understand that people who sell sex do so coming from a variety of circumstances.

"The NHS, the police and other health services need to understand that sex workers and their services differ greatly as do the clients themselves. We are not all on drugs, alcoholics, or have experienced sexual abuse in the past," she said.

Outcomes and Observations

The stigma attached to selling sex needs to be addressed both societally and professionally. The interviewee feels not only the pressure of herself being judged and treated badly, but also fears for her family's wellbeing. It is important to consider how people who sell sex see themselves. She has an idea of what society thinks people who sell sex are and she feels that she doesn't fit in with that image. If it were more widely accepted there would be more understanding that some people choose this line of work.

Case Study 2

CONTENT WARNING: MENTAL ILLNESS

Interview

CQC People's Profile: People Who Sell Sex
Date: 4/1/24
Method: Telephone Interview

Overview

The interviewee is 30-year-old non-binary person who advertises as a woman when selling sex and working as an adult performer in films. They live with a lifelong mental illness and have encountered poor advice from GPs. They feel that training is needed to better understand the realities of selling sex. They raised the issue of limited NHS testing and long wait times as being unsuitable for people who sell sex, especially during times of high infection rates. They also highlighted the plight of people who sell sex who need certification to work in filmed performances. Many people's only option for fast, free tests and certificates is to travel to London to a single specific clinic.

Case Study

The 30-year-old interviewee regularly travels four hours to Central London when they can to visit the 56 Dean Street clinic. Unlike most sexual health clinics, 56 Dean Street / Dean Street Express (operated by Chelsea and Westminster Hospital NHS Foundation Trust) offers walk-in check-ups, appointments and all tests, with results delivered by text within 24 hours. It also offers free certification for adult performers and a 'gold card membership' for people who sell sex and require regular routine checks. Most importantly, these services are free. The interviewee belongs to groups of people who sell sex and said that this clinic is a vital lifeline that allows people who can make the journey there to operate safely. "There's no other place. People travel from very far, more than four hours away. There're people in other places in England that can't even make it so they have to pay for the test. Not everyone can

afford that," they said. There are many private companies that offer Adult Performer Tests and the average price is around £300 per test and certificate. Despite the Dean Street clinics' specialities, many GPs the interviewee has spoken to aren't aware of it. "I think that's insane," they said.

They are regular users of its services to keep themselves and clients safe, as well as to fulfil requirements of adult performers. "I travel when I can go, to keep people safe. Because it's the only place that provides a certificate [for free]. Without a certificate we cannot work in [filmed] productions. We can take clients in person but we cannot take production jobs," they said. Despite Dean Street's specialities, there have still been issues in obtaining healthcare, with limited to the number of tests a person can take, they said.

Test gatekeeping can also occurs. "They get very weird and they don't want to test you if you don't have proof that people have sent you a message as proof you've had contact with someone [with an infection]. If you don't show them a message like this and you only have symptoms, they can be a nightmare to get through them and have a test. You can actually work and be unsafe. I've been in three situations like this where I'd have had many people infected just because of negligence. So, it could be better. But that's politics. That's not on the NHS, there's literally just not enough money for tests."

Even at Dean Street, professionals can be insensitive to their patients, they claimed. "Every once in a while you find a doctor that says something weird. I had a skin problem where your skin gets dry. I had a doctor tell me that my skin is just itchy because I have contact with a lot of people, because I'm a sex worker. I feel that was disrespectful because he was committing negligence by not diagnosing the real thing and just assuming because of the job I do. I hear about things like this all the time. I feel they try, but every once in a while someone will say something that will make someone feel offended because at the end of the day they don't have enough information."

The experiences of people who sell sex need to be understood, they added. "[Healthcare professionals] should listen more to sex workers because they know the job in like real life." This extends to reports of infection increases. "I feel we're lucky to have a free service but it could be better because there's spikes everywhere in England at the moment with chlamydia and gonorrhoea. I'd never had anything passed to me in 10 years and then in one month I got someone that was in contact with chlamydia, and some people that had got in contact with gonorrhoea. Messages just kept coming from people I'd had contact with someone that had got something. This is quite scary."

"I feel like they should be more open to actually test people to stop this spreading this fast. They're not talking enough about it because it's sex workers talking about it and they don't feel it's effecting other people as much. But I feel like it is, it's just other people are not testing as much as us, so it gets quite complicated."

“I hear from groups of 400 people that this is happening. People exaggerate a lot but I feel like when you get to the doctor and they don’t listen to you and discredit it but then cases keep coming up. It’s a bit weird.”

Most regional sexual health clinics have a cap on tests for people who don’t work within the sex industry but these rules aren’t suitable for those who do, they said. “Maybe they don’t need to test people that are non sex workers for every single thing as they are not having as much contact. But if someone who is on a daily basis having contact unprotected or protected because of the job and having breakouts, changes or symptoms, or they just want to check every month in case they’ve been having an insane amount of contact and there’s other people that we know that have been positive, that should be enough for them to actually want to do a test. I understand there's no money to do enough tests, but they could be a bit more open to test slightly more.”

Regional sexual health clinics also have long wait times for tests, which they said are not workable for people who sell sex. “It doesn't work for us because if I test today and the test comes back in two weeks… and then you will have your period, it’s not great for this job.” Gonorrhoea and chlamydia both have a two-week window in which they can be missed, according to the Dean Street website. Timings for tests are a factor that needs to be considered.

The idea of extra training for GPs is welcome but also approached with caution. “It would be nice if there were certain training, but I'm not sure if their training would make things worse. You never know with these things. In my experience, some people try to give more information about stuff and end up making more difficult something that I've been careful about.”

The specific requirements of tests are also often unknown among GPs. “I had a doctor that was giving misinformation. Even though I told them I'm a sex worker, doctors don’t really know that we get tested for work. We get tested in three areas [throat, rectum, genitals] and blood. There are many men that are scared people will think they’re gay so they don't want that area [rectum] to be tested. Because of that they can't really be trusted on an application to work.”

“The fact that you even had contact, it's not impossible. You should be able to show that you don't have anything to hide and be tested for everything, because you never know what's going to happen. If you have chlamydia or anything in one area, you cannot have contact with the rest. You need to have a break until it heals.

“So, it makes sense if you're going to have contact with people and they need to see a certificate and needs to be tested. I’ve even had doctors tell me that it was impossible to have something in one area and it spread to another. It can happen. I'm a piercer as well and know about cross-contamination. Things fly places. If you spray something, that spray can go places. It's not impossible that something gets to another area in an uncontrolled situation. I don't understand why I have to say this sort of stuff, so I guess they could do with more training to understand our side. In this group I read what other people are trying to ask and I

don't think we're asking for something that crazy. We just really want to do a good job and be really careful, just like any other people would like to be in their job."

The interviewee is up to date with their cancer screenings and had had cells removed as part of a prevention procedure. They said that selling sex is the most suitable job for them due to a long-term mental illness. "Part of the reason why I do this job is because I have a mental disability and I am not able to keep a job going for long periods of time. I'm very unstable mentally and it causes me physical problems as well. So, it's not like I could do a normal job. I need to be able to adapt and do it on my own rhythm," they said. "That's why I do this job. Many other people I know a similar situation. Or because they have kids."

Their mental health is being managed with medication only. "I had a very hard time talking to mental health staff. It's very hard to get to them. It's not like I've been going to therapy. It's more the case I had to get medication to try and work out if it would make any big changes. After a while I came off a few different medications, they didn't work out, they always seemed to make me worse. There's been a lot of mental work every day, not having the medication and just try my best.

"Mental health medication only treats symptoms. It's never going to make me not have my condition. I'm still going to have the symptoms still. The thing is I cannot be on amphetamines to focus because that is not going to help my bipolar. They give me spikes of serotonin and it becomes unstable. I have a medication that if I forget I ruin my life. It can make it 100 times worse if I miss a day."

"All the medications that I try are very difficult to manage with my condition. So, I know I'm not going to be bad every day, but I will be for periods of time. I'm unable to leave the house, I'm unable to do much and then I move from that. I do subtle movement because my body gets very bad, but most of the time I'm okay."

"Sometimes I'm okay to travel and do some work, but it's not something I could do every day at all. I feel I like this job because I can do a lot during the days and rest a few days as well. And that is balanced for me. But other work would be very hard."

They have not heard of the Care Quality Commission and would check the background of it and any other organisations before they chose to share their healthcare experiences. Part of this is due to the worry that if they complain about an NHS service, they might lose it. "I'm pro NHS and I know when many people complain about it, they close it and make it private. And that wouldn't work for me."

Outcomes and Observations

The sexual health services offered to people who sell sex are the same as those available to people who need general tests and information – apart from at the Dean Street clinic. Either travel costs or the expense of regular testing via private companies are endured by people who sell sex and are focussed on conducting their work safely for themselves and others.

GPs need more understanding on the requirements of people who sell sex. These requirements and dangers are well understood by people in the industry and need to be recognised and supported by healthcare systems. In addition, some people with complex mental illnesses feel that selling sex is the only work that can do that will fit around their condition.

Case Study 3

CONTENT WARNING: SUBSTANCE MISUSE, MENTAL ILLNESS, SELF-HARM, SUICIDE

Interview

CQC People's Profile: People Who Sell Sex
Date: 6/2/24
Method: Telephone Interview

Overview

The interviewee (who will be referred to as R) completed the online survey but also contacted HWLincs to ask whether the project offered hard-to-reach and vulnerable people who sell sex the opportunity to be heard. They were pleased to hear of HWLincs' partnership work. Of their own experiences, they shared that they don't disclose their work to healthcare professionals. They have experience with poor mental health and feel stigmatised by professionals. They feel that selling sex will be yet another reason for professionals and providers to stigmatise them and that it would further reduce the quality of care that they receive. Their journey to get mental health help was long and distressing.

Case Study

R is aged 26-35, non-binary and they work as a cis female when selling sex. Their local sexual health clinic is "fantastic" and they feel that the people who work there are professional and respectful. "I never have to over explain or do the extra work of self-advocacy," R said. In contrast, they never mention their work to other healthcare providers. "I would not disclose in other medical settings due to fear of judgement," they said. "I feel that in GP settings etc, a disclosure would provoke judgement and assumptions from staff."

This stems from the concern that attitudes from staff will affect the quality of care they receive. "I had a mental health problem and substance misuse in the past. It doesn't matter how far behind me that stuff is, it's brought up and referenced in every appointment. I'm very convinced that if I disclosed sex work, that would be another thing to latch onto forever that they wouldn't drop," R said. "The stigma's not limited to just the sex work but I don't want to give another reason for them to not do anything useful."

R's mental health issue has been a barrier to care. "It impacts so much deeper than people expect," R said. "For instance, I was referred for neurology procedures and then they saw the

mental health diagnosis and bounced me back to mental health. Because they said it was psychological, it didn't sound like it was a neurological problem. So, things get bounced back and forth. And obviously with GPs not being trained in certain subjects… When I did my dissertation on transgender healthcare, we found people had to do extra work and had to overexplain things to professionals. Self-advocacy can be exhausting. I didn't want to open myself up to that."

Presenting with delusions, self-harming, suicidal thoughts and impulsive and risky behaviours, R tried three time to access support, before police intervention finally tipped the scale. R did not formally complain to CQC or their local Healthwatch about this experience but feels having someone in authority fight their corner was the only reason they were eventually offered the help they needed.

"Last November we had another back and forth with mental health services refusing to accept me. There were referrals being made everywhere and they just kept being refused." Eventually R was put under a police CPN (Community Psychiatric Nurse) and a member of the police team helped to push for care. "I don't know if a complaint was officially made or if it was a threat of me making a complaint… She said that she was going to help me complain if I wanted to take that forward. Then suddenly they accepted on the fourth time." (R is still waiting for an in-person appointment.)

R feels that many people who do not have outside help miss out on care and the situation is extremely stressful for people who are vulnerable. "At the time I was vulnerable with my mental health. You don't have the energy, don't have the advocacy skills to be able to argue. If I hadn't had that police CPN essentially do that for me, I wouldn't have been able to access any mental health support whatsoever. It would have been bounced back and that would have been the end of it. It's only because somebody else with more authority than me and was in a position where they weren't having to advocate for themselves. It was only because of that, that I was able to get any sort of support."

R cares deeply about vulnerable people, with specific interests in those who sell sex and transgender healthcare. They have contributed to a literary project that put forward the experiences of people who sell sex and they contacted HWLincs to check the People's Profile study will cover the needs of vulnerable people.

They don't feel that healthcare decision makers consider the needs of people who sell sex and they were concerned that this project would also overlook certain people within this group. On their initial survey, they wrote: "Please keep in mind that the most vulnerable sex workers NEED to be included in these decision-making processes and therefore their opinions must be considered. An online survey… is only helpful for collecting views of those with private emails and WiFi. Please consider accessibility for the most vulnerable (poor, transgender, disabled) sex workers as well as the white middle-class ones like myself."

HWLincs explained our partnership work with dedicated charities and our approach to the project, which R approved of. "I come from a very privileged way of doing things. I'm an

independent escort. I have many other educational options or career options, but this is what I wanted to. So, I come from a very privileged place compared to a lot of the working girls. I wanted to make sure that their views are heard because they're the ones that are going to be a lot more relevant than mine."

Outcomes and Observations

Under the banner of people who sell sex, there are some who the community identifies as more vulnerable than others. A sense of care is apparent as the interviewee contacted HWLincs directly to check that those they viewed as more vulnerable than themselves were going to benefit from this research. The person we spoke to identified their own issues with the work they do. They do not disclose to their GP as they feel that this will mean they are treated differently and it will colour any decision made. This is their experience of past mental health and substance misuse issues.

A focus on vulnerable populations was written into the project but we adapted as we went, adding trauma-informed interviewing skills after discussions with other organisations. When carrying out similar studies, keep an openness to learning and a dynamic approach to iterative improvement based on learned knowledge and peer / partnership advice, as well as cohort feedback.

Healthcare providers need to be mindful that people are aware of stigmatisation and that their bias in treatment or communication affects people's willingness to disclose important information. More importantly, as shown in this case study, it adds stress and delays treatment when assumptions are made based on a patient's past. Culturally competent care should reduce stigma and collaboration and learning from organisations could help to reduce bias. An increase in accessibility could also help people with concerns about stigma, with anonymous services and telehealth / digital services providing advice.

Case Study 4

Interview

CQC People's Profile: People Who Sell Sex
Date: 16/2/24
Method: Email Interview

Overview

F is a female professional dominatrix in the 56+ age bracket. Since her local sexual health clinic closed, she has not been able to get healthcare as she is not comfortable disclosing her work to her GP or pharmacist due to stigma and privacy concerns. This case study highlights the importance of trust in healthcare professionals and the danger of a person not feeling secure and able to speak in confidence within a small community.

Case Study

Since F's local sexual health clinic closed more than a year ago, she has not been able to get help for her sexual health. The 56+ year old woman works as a professional dominatrix from a dungeon at her house and occasionally her work involved needles. She feels this requires her to be up to date with hepatitis vaccines. She also semi-regularly requires herpes medication.

"I have nowhere to go now as my local [sexual health] clinic has closed. I'd never dare ask for help other than the clinic that I used to attend. There is no way I would see my local GP or tell them or the receptionist that I'm a sex worker," F said. "I'm a very private person and tell people I work from home doing stress management and counselling. Only a few close friends, my brother and family know exactly what I do."

This could show a lack of trust and a concern that the staff would share personal information. Alternatively, F might be embarrassed that people she'll see outside of her dungeon would know information she deems private. "It's a fairly small area where I live. I wouldn't even want to speak to my GP about sexual health at all," she said.

F shared an experience from her 20s where she had to speak to her GP about an ongoing sexual health concern and said that having to do so provoked anxiety. "I contracted herpes from my now husband, I went to my GP and he told me I had an STI and to go to [my local] infirmary clinic. I was absolutely mortified and neither of us even knew what it was or how I'd got it. They gave me anti-viral tablets and sent me away still not knowing what it was. It was a long time later I learned that my husband has cold sores occasionally and we'd had oral sex. Now I've got that for the rest of my life, he's never suffered with it genitally."

"Over the following years I would have outbreaks and I'd ask my GP for the tablets as they really do help. I would feel sick and anxious but the outbreaks got less and less luckily, and then a nice female doctor let me have a repeat prescription to just get them whenever I need to so no appointment needed now."

Prior to its closure, F was happy to speak openly about her work and sexual health at her sexual health clinic. "My previous clinic staff were excellent," she said. "The staff were lovely. No judgment at all, they were friendly and efficient. I only saw female staff but I wouldn't have minded seeing a male there."

F has recently been informed of a new sexual health clinic that is within an accessible distance. She plans to attend within the next few weeks. "Hopefully they will be as nice as the last [staff] were. Although I don't have intercourse with my clients, I let some of them give me oral and I'm exposed to bodily fluids and I use needles sometimes in torture sessions and have pricked my fingers so need to keep up to date with my hepatitis vaccination."

F will resume healthcare now the opportunity to visit a trusted, dedicated service has returned, which highlights the importance that some people who sell sex place on secrecy and a feeling of comfort in their day-to-day life outside of their work.

Outcomes and Observations

In this instance, a person who sells sex feels their personal life could be compromised by disclosing their work in a general healthcare setting. Stigma and privacy concerns need to be considered when offering healthcare, as well as ways to reduce the fear of judgement or discrimination. She was completely comfortable discussing her work at a dedicated clinic but the thought of approaching anything to do with sexual health with her GP made her "feel sick" with anxiety and she avoided doing so.

For a previous issue, a solution was found that offered the care she needed without having to repeatedly face people and discuss the issue. Alternative access points could be promoted, as well as extended hours or flexible appointment scheduling.

Case Study 5

CONTENT WARNING: RAPE, SEXUAL ABUSE, COERCIVE BEHAVIOUR, SUBSTANCE MISUSE, DOMESTIC ABUSE

Interview

CQC People's Profile: People Who Sell Sex
Date: 21/2/24
Method: Telephone Interview

Overview

The interviewee is a female independent escort in her late 30s. Known here as N, she is a single mother and has encountered barriers to mental health care for herself and her children. She says that stigma attached to selling sex stops people from feeling like they can access healthcare. It also stops people from reporting sexual assault. She identified the unsafe sexual practices that people who work for agencies are exposed to. She is a trained therapist and incorporates this into her work. She would like to be an educational ambassador for people who sell sex as she says that currently, there is no peer support network service that will make people feel less alone in a crisis. She also highlighted a bias in media representation and thinks that this adds to the stigma and miseducation for both the general public and people who sell sex.

Case Study

N has worked selling sex twice in her life. First when she was aged 18 to 23, and again now in her late 30s, she has sold sex for the past six years.

N had a child at 16 and struggled financially so "ended up dabbling" selling sex. She worked at a massage parlour where she was told they also offered extras. "So, I was like, ok

pedicures, manicures?" but was then told she was expected to offer sexual services. "I think a lot of young girls are very naïve about what job roles include. Particularly if you're working for an agency," N said. Being a self-employed escort is safer than agency work, she said. When advertising sexual services in person or online, there are standard terms that are used to let customers know what is available with that person. These include "OW (oral without [a condom])" and "CIM (come in mouth)" – both of which involve unprotected sharing of bodily fluids. "An agency typically will try to get girls to do oral without, come in mouth, all nasty stuff that's going to put yourself at risk," N said. "Young girls are just going along with it because they think, 'If I'm not offering it the agency said I'm not going to get any business.' But actually, it works on the flipside. The less you do, the nicer clientele you bring in and it's better for your health. I think that's a massive issue for maybe younger people or women in general who don't know that it's not safe to be giving oral without. With men as well, some men are really, really naïve."

Poor understanding of sexual health and infection transmission methods, as well as pressure to offer unprotected sexual services, both contribute to people being at risk, N said. She added that sexual health services could also try to target people who use the services of people who sell sex. "I can imagine a lot of men would feel absolutely mortified admitting they are seeing an escort, but it should be a matter of course to get regular check-ups if you are having different sexual partners, especially if that 'partner' is working in the industry. That probably should be something that's looked into. Maybe a lot of STIs would be less prevalent if men got tested regularly as well, and maybe the fear of being judged stops them." N suggested this could be helped by offering an anonymous service where people can get checked but not have to give details, and then go ahead to get treatment only if necessary. She said that testing is also important in older people and cited a recent spike in infections among men over 70.

For the past six years, N has been self-employed and enforces strict safety rules with a zero-tolerance for unprotected sex with clients. She has two local sexual health clinics. Her nearby walk-in clinic "is basically impossible to get yourself into" but she said the other is "fantastic". She said that even if appointments aren't available, a person who explains to the staff that they are in the adult industry and needs assistance will always be able to be seen.

In her area, free condoms and home test kits are only provided to people under 25. She would like to see this change to offer access to these for everyone. Education about available services needs to improve, too, N said. She encounters people who aren't aware that home test kids exist and that walk-in clinics offer testing services. She suggests that information should be shared on social media platforms such as TikTok to inform younger people about these things and other platforms to inform older people.

A more balanced media representation would also help to reduce the stigma and stereotypes attached to people selling sex. She highlighted media spotlights of people who sell sex that are designed to whip up outrage.

"It's all stigmatised. You've obviously got daddy issues or you're drug addicts or you're pimped out. Actually, most of us are very smart. We're educated. It's just life might not have

given you an easy ride so you found something that you can do that works for you at the time. I pay my taxes like everybody else. I'm on my own with two teenage children, I need to be able to make sure I can provide for them. Also, I wanted to go to uni and I didn't want to be in debt, so I self-funded."

N said that with two ADHD teenage children and chronic fatigue, she could not work a 9-5 job. Having suffered a mental health crisis while working 40-50 hours a week and caring for her family, she now works three or four days a week and sees no more than three clients a day.

A stigma that people who sell sex independently face is the incorrect assumption that selling sex is illegal. "A lot of people think they're going to get in trouble if they go into a healthcare place and say they work in the industry and they're worried about it being reported to the police or social services. That stigma probably prevents a lot of people coming forward and getting themselves checked out. There should be something around that, with services saying they're not storing your details or passing on personal information to the police or social workers because I think that prevents a lot of women from coming forward, a fear of repercussions of saying they work in sex industry." N added that people who sell sex fear they might face prejudge when considering reporting rape or sexual assault and as such won't go to hospital or report the incidents to the police. She suggests NHS and police campaigns are needed to help people to come forward.

Due to her strict safety policy, N said she has not needed help from sexual health clinics. She has however struggled to get help from mental health services. She was sexually abused throughout her childhood and grew up in care. Seven years ago, she had what she describes as a nervous breakdown. "I was working 50 hours a week on minimum wage," she said. At this time, she was trying to get an ADHD diagnoses for her children and struggled to do so through school or social services. She told NHS CAMHS that she couldn't cope, wasn't sleeping and needed help. She was told by her doctor "go away and take some pills". She viewed medication as "a plaster effect" and felt she needed counselling or therapy. "My life comes with a lot of baggage that was never dealt with when I was younger. I got told that the waiting lists are really high and I'd have to wait about three years," she said. "A couple of years after that, I ended up having a full-on nervous breakdown."

After this crisis, she had one in-person meeting and was diagnosed with borderline personality disorder – a diagnosis that has since been removed. "The way I've acted in certain situations is a trauma response, it's not BPD or bipolar," she said. After her diagnosis, she had six telephone CBT sessions and was then "thrown back into the system and never got help."

N is now trying to get mental health support for her children and faces similar barriers. Her youngest child has started to self-harm, overdose, skip school and smoke cannabis. N said it has taken almost three years to get an appointment with CAHMS. She got social services involved and homeschooled her for a year. N's 15-year-old daughter was groomed and raped by a family friend and the case has been ongoing with the police for a year. "She hasn't had any support for her mental health issue and she's constantly trying to kill herself," N said.

“It’s like, Jesus Christ, what does someone have to do to actually get some help? I got a child here, that’s gone through something absolutely horrendous and traumatic. Yet ‘sorry, we can't help because the waiting list is so long’ or ‘she doesn’t quite meet the criteria because she seems to be okay.’ Well, when you've got a child who tried to kill themselves four times in the last year, I don't really think that's okay. I don't know how it is nationwide, but certainly regionally it sucks here. There’s such a lack of support. It’s awful.”

“There’s definitely not enough help when it comes to mental health,” N said. “There are people out there who are really struggling and they just get lost to the system.”

N credits her work for giving her the opportunity to escape past circumstances. “Getting into this job saved my life,” she said. “People find that a bit of a weird notion but I was in a really abusive, toxic relationship beforehand.” N moved hundreds of miles away from her former partner and has no family nearby. After her mental health crisis, her children returned to their father and she faced the choice of moving back in with her abusive partner. “I sofa surfed for about six weeks. And then asked family members for help, which no one was willing to do. So, I thought right, I need to pull my finger out and earn some money. Through working in this industry, I don’t need to financially rely on anybody for anything. I don’t need to emotionally rely on anybody for anything. I don’t struggle financially, I’m not having to work 40, 50 hours a week. I work three or four hours, three or four days a week. Which brings me in sufficient cash flow to be able to afford a nice house, nice car, stuff for the kids, holidays, clubs for the kids, anything that you need basically. It’s given me that massive independence and a lot of confidence, that actually I don't need toxic people in my life just because they’re supporting me in some kind of way.”

N now uses her training as a therapist to help others through her work. “Some of my clients suffered with premature ejaculation or erectile dysfunction, penetration anxiety, etc. So, I thought I’d merged the skills that I know from this job into a “normal career”. So, I've done an add-on in psychosexual therapy. Most of most of my clients now, they come in and have a chat for half an hour and it's basically me to show them techniques on how to help with premature ejaculation or erectile disfunction etc. It’s a confidence building thing.

“I've had quite a few quite late bloomers. They’ve been very socially anxious or they've been traumatized as a child, sexually abused. So, I work on that first from a therapeutic point of view and then we go their own pace, and then they end up being ok with intimate touch and then they build the confidence up. It's lovely. Then they go off and they go and find themselves partners.”

N would like to extend this help to other people who sell sex. “I would love to be an educational facilitator for people in this industry, because there isn’t that,” she said. “If you've got a question or a query or you want to know what do I do if I have a condom split? What do I do if a client’s abusive? You've literally got no one to go to. It could be a phoneline, it could be a radio show or a podcast. How the Samaritans have number you can call, something like that. There’ve been so many times where you think oh my god, I’m in a really shit situation, what the hell do I do? So apart from talking to other girls in the industry,

there are no answers out there. You don't have an HR department or somebody to go and talk to. I think something like that would be really good.

"That's my ideal position. I have firsthand knowledge of this job, I'm trained as a therapist, I'm very easy to talk to, I'm very understanding. Something like that I think would be invaluable."

Another vital point that she'd like to advise people on or have them think about is an exit plan, N said. "It's so easy to get into and it's so difficult to get out. None of us go into this with an exit plan and that's the problem," she said. "You get so used to the lifestyle, the income, the working a few hours a day." When people come to leave, they often find they have no back-up plan and, if they have been spending their earnings to avoid paying taxes, no money saved. "That's a really important factor that people don't consider when they get into this job." N said that a friend who had an online presence has been refused jobs after leaving the industry as companies can feel that it's a bad image. N plans to return to full-time work as a therapist when she decides to leave the sex industry.

She believes that discourse should be open and honest to reduce stigma but not to glamorise the work. "You don't ever see any positives but then, you don't want to encourage people. My children don't know what I do. I don't want to encourage them to do it, they've had a very different upbringing and background to me. I hope they never need to be in the situation where they do what I've had to do."

Outcomes and Observations

Mental health provision for adults and children needs to be improved. The challenges to access and wait times for people in crisis need to be addressed. Complex cases, such as those for trauma survivors, should also have access to specialised support.

Education about sexual transmission of diseases needs to be improved across all ages, as well as knowledge of testing options available and the requirements to get tested. Public health campaigns can help with this. The stigma and stereotyping of people who sell sex also needs to be addressed, along with the provision of facts that cover the likes of legality, so people who sell sex don't feel at risk of prosecution of they need to report a health concern or an assault.

The development of peer support networks or ambassador roles can help to share honest, factual information to people in need. This includes the discussion of exit strategies and how people can do so in a way that leaves them set up for the next stage in their life.

There are many nuances to the services provided by people who sell sex but the reduction of barriers to sexual welfare and safety information can help to improve circumstances for all.

ii. Survey Questions

Based on a discussion with Beyond the Streets some small wording alterations were made to the survey to make it more appropriate/respectful to the people they work with. These changes included removing the words "work" and "worker" to recognise that many do not recognise/see their involvement in this industry as work.

Experiences of healthcare services

HWLincs is working with the Care Quality Commission (CQC) to better understand how people who sell sex experience health and social care services. This anonymous survey will help the people who make decisions about health services understand the needs of people in the UK sex industry.

Thank you for taking the time to complete this survey. The sex industry covers many topics and not all will be relevant to you.

1. Which part of the sex industry are you in? (Please tick all that apply)

- ☐ Street sex worker
- ☐ Indoor managed worker (e.g. saunas, parlours, clubs)
- ☐ Escort agency worker (e.g. escort, full-service, BDSM, fetish)
- ☐ Indoor independent worker (e.g. escort, full-service, BDSM, fetish)
- ☐ Erotic masseur
- ☐ Stripper / lap dancer
- ☐ Webcammer
- ☐ Online subscription service worker (OnlyFans, Fansly etc)
- ☐ Adult film worker
- ☐ Other (please specify):

2. When you need medical help, where do you go? (Please tick all that apply)

- [ ] GP Surgery
- [ ] Accident and Emergency (A&E)
- [ ] Urgent Treatment Centre (UTC)
- [ ] Sexual Health Clinic or Service
- [ ] Pharmacist
- [ ] Charity (e.g., YMCA)
- [ ] Dedicated organisation (Streetlight UK, National Ugly Mugs etc)
- [ ] Other (please tell us more)

3. Have you ever been turned away or couldn't get health care because of the kind of work you do?

- [ ] Yes
- [ ] No (go to Q6)
- [ ] Prefer not to say

If that's happened, how did it affect you?

4. What do you do if you can't get medical help?

5. How did not getting help affect you? (Please tick all that apply)

- [ ] I tried to find help somewhere else
- [ ] My mental health and wellbeing got worse
- [ ] Things got much worse, so I needed emergency care
- [ ] It has put me off trying to get help in the future
- [ ] It had no effect
- [ ] Not applicable
- [ ] Something else, please tell us

6. If you mention your work during a medical appointment, do you feel you are treated differently?

7. In your experience, do you feel health and care staff understand what people who sell sex need and how they want to get it?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Please feel free to tell us more below

8. In your experience, do you feel health and care staff treat people who sell sex with respect and without judgement?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Please feel free to tell us more below

9. In the last year, could you get these services when you needed them?

	Yes, always	Sometimes	Never	Not needed
Doctor	☐	☐	☐	☐
Dentist	☐	☐	☐	☐
Opticians	☐	☐	☐	☐
Pharmacist	☐	☐	☐	☐

10. Have you had any issues in any of the above areas because of your work?
These might be attitudes of GPs or staff, getting an appointment, availability of services, or quality of care.

MENTAL HEALTH

11. Have you ever tried to get help for your mental health?

- [ ] Yes
- [ ] No (go to Q14)
- [ ] Prefer not to say

12. Did they take your concerns about your mental health seriously?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Any comments

13. Did the help for your mental health:

- [ ] Work well
- [ ] Not really work
- [ ] I was not offered any help
- [ ] Prefer not to say

Is there anything else you would like to tell us about your experience of mental health support? If not please leave blank.

SCREENINGS

14. Have you gone for these screenings?

	Yes	No	Not sure if I'm supposed to go for it	I am not supposed to go for it
Breast Cancer	☐	☐	☐	☐
Cervical Cancer	☐	☐	☐	☐
Bowel Cancer	☐	☐	☐	☐

15. If no, is there a particular reason why?

16. Have you had to use cancer services like chemotherapy, radiotherapy, Macmillan or scans?

☐ Yes

☐ No (go to Q18)

☐ Prefer not to say

17. How did you find it? E.g.

How long did you have to wait to be diagnosed and was this as you expected? Were you involved as much as you wanted to be in making decisions about your treatment? Were you able to discuss any worries and fears you had and were these taken seriously? Do you feel the care you received met your needs? Were you treated with dignity and respect?

18. Do you agree or disagree with these statements?

	Agree	Neither agree nor disagree	Disagree	Prefer not to say
People with dementia cannot make decisions for themselves	☐	☐	☐	☐
People with dementia must have enjoyable activities to do	☐	☐	☐	☐
People with dementia forget everything you say	☐	☐	☐	☐
People with dementia can do lots of things	☐	☐	☐	☐

19. If you were worried about dementia, would you see a GP?

☐ Yes

☐ No

☐ Prefer not to say

If not, why not?

20. Have you used Dementia Services?

- [ ] Yes, for myself
- [ ] Yes, supporting someone else
- [ ] No
- [ ] Prefer not to say

21. What was it like? E.g.

How long did you have to wait to be diagnosed and was this as you expected?
Were you involved as much as you wanted to be in making decisions about your treatment?
Were you able to discuss any worries and fears you had and were these taken seriously?
Do you feel the care you received met your needs?
Were you treated with dignity and respect?

HEALTHCARE FEEDBACK

23. Have you heard of CQC (Care Quality Commission)?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

24. The CQC collects good and bad feedback about healthcare.
Would you share your thoughts about your healthcare with CQC?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

25. Do you feel that the needs of people who sell sex are thought about when decisions about health services are being made?

- [ ] Yes
- [ ] No

26. If you want to make sure that the concerns of individuals who sell sex are considered when decisions are made about healthcare services, how would you like to contribute or be involved? (Please tick all that apply)

- [ ] Surveys
- [ ] Talking in a group
- [ ] Online meetings
- [ ] Talking to one person face to face
- [ ] I wouldn't like to help
- [ ] Something else (please let us know)

About You

This helps us understand how your treatment compares to others. Like everything else in the survey, your answers are private, and no one will know it's you.

27. If you do not want to tell us a bit more about you, please tell us why:

- [ ] I do not see why they need all this information
- [ ] I do not want someone to have this information about me
- [ ] There is no point in filling it in
- [ ] Other (please tell us more)

28. How old are you?

- [ ] 18 - 25
- [ ] 26 - 35
- [ ] 36 - 45
- [ ] 46 - 55
- [ ] 56+
- [ ] Prefer not to say

29. Are you:

- [ ] A woman
- [ ] A man
- [ ] Non-binary
- [ ] Prefer not to say
- [ ] Prefer to self-describe, please describe:

30. Is your gender identity the same as your sex recorded at birth?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say
- [ ] Not sure

31. What is your sexual orientation?

- [ ] Asexual
- [ ] Bisexual
- [ ] Gay man
- [ ] Heterosexual / Straight
- [ ] Lesbian / Gay woman
- [ ] Pansexual
- [ ] Prefer not to say
- [ ] Prefer to self-describe, please describe:

32. How would you describe your background or ethnic group? E.g., White: British, Black / Black British: African, Asian/Asian British: Indian

(If you would prefer not to say, please leave blank)

33. Please place a tick in the relevant boxes

	Yes	No	Prefer not to say
English is the language I know best	☐	☐	☐
I have a long-term health condition (e.g., Asthma, Diabetes, Depression)	☐	☐	☐
I have a disability	☐	☐	☐
I am homeless or have been homeless	☐	☐	☐
I am a refugee/asylum seeker	☐	☐	☐

	Yes	No	Prefer not to say
I have experienced domestic abuse	☐	☐	☐
I have experienced the criminal justice system	☐	☐	☐
I have experienced modern-day slavery and/ or sex-trafficking	☐	☐	☐
I was taken into care as a child	☐	☐	☐
I am a carer (A carer is someone who helps a family member, partner, friend, or neighbour who needs support because of illness, age, disability, mental health problems, addiction, or wouldn't manage without their help. This support is unpaid)	☐	☐	☐
I use substances in a way that may be considered misuse or outside of recommended guidelines	☐	☐	☐
Roughly, in total I receive or earn less than £18,000 a year	☐	☐	☐

34. What county do you live in?

Thank you for taking the time to share your views.

If you need support with any of the issues that have been discussed here, please contact any of the below groups:

National Ugly Mugs
Streetlight UK
Beyond the Streets
Refuge domestic abuse help

For immediate emotional or mental health support, get in touch with any of these groups:
Text Shout 85258
Call The Samaritans (free: 116 123)

iii. Demographics

Demographic	Percentage (number)
Age	
18 – 25	2% (1)
26 – 35	31% (15)
36 – 45	21% (10)
46 – 55	21% (10)
56+	25% (12)
Gender	
Woman	75% (36)
Man	6% (3)
Non-binary	4% (2)
Prefer to self-describe.	4% (2)
Prefer not to say	10% (5)
Gender identity different to sex recorded at birth	11% (5)
Sexual Orientation	
Bisexual	44% (21)
Gay man	6% (3)
Heterosexual/Straight	35% (17)
Lesbian/Gay woman	2% (1)
Pansexual	8% (4)
Prefer not to say	2% (1)
Prefer to self-describe	2% (1)
Ethnicity	
White British	61% (22)
British	3% (1)
White English	6% (2)
White	25% (9)
Mixed Asian/British	3% (1)
Mixed White (British)/Black Caribbean	3% (1)
Latin	
English is the language I know best	94% (45)
I have a long term health condition	71% (34)
I have a disability	27% (13)
I am homeless or have been homeless	23% (11)
I am a refugee/asylum seeker	2% (1)
I have experienced domestic abuse	53% (25)
I have experienced the criminal justice system	25% (12)
I have experienced modern-day slavery and/or sex-trafficking	4% (2)
I was taken into care as a child	9% (4)
I am a carer	26% (12)
Roughly, in total I receive or earn less than £18,000 a year	43% (20)
I use substances in a way that may be considered misuse or outside of recommended use	19% (9)
County/Location	
Lincolnshire	5% (2)
England	43% (17)
West Yorkshire	5% (2)
UK	23% (9)
Nottinghamshire	3% (1)
Bedfordshire	3% (1)

Greater Manchester	3% (1)
West Midlands	5% (2)
Hampshire	3% (1)
London	5% (2)
Surrey	3% (1)
Lancashire	3% (1)

Rooms 33 – 35,

The Len Medlock Centre,

St George's Road,

Boston,

Lincolnshire,

PE21 8YB

www.hwlincs.co.uk

enquiries@hwlincs.co.uk

01205 820892