



Sex Workers Health Needs Analysis

Report with Recommendations

April 2024



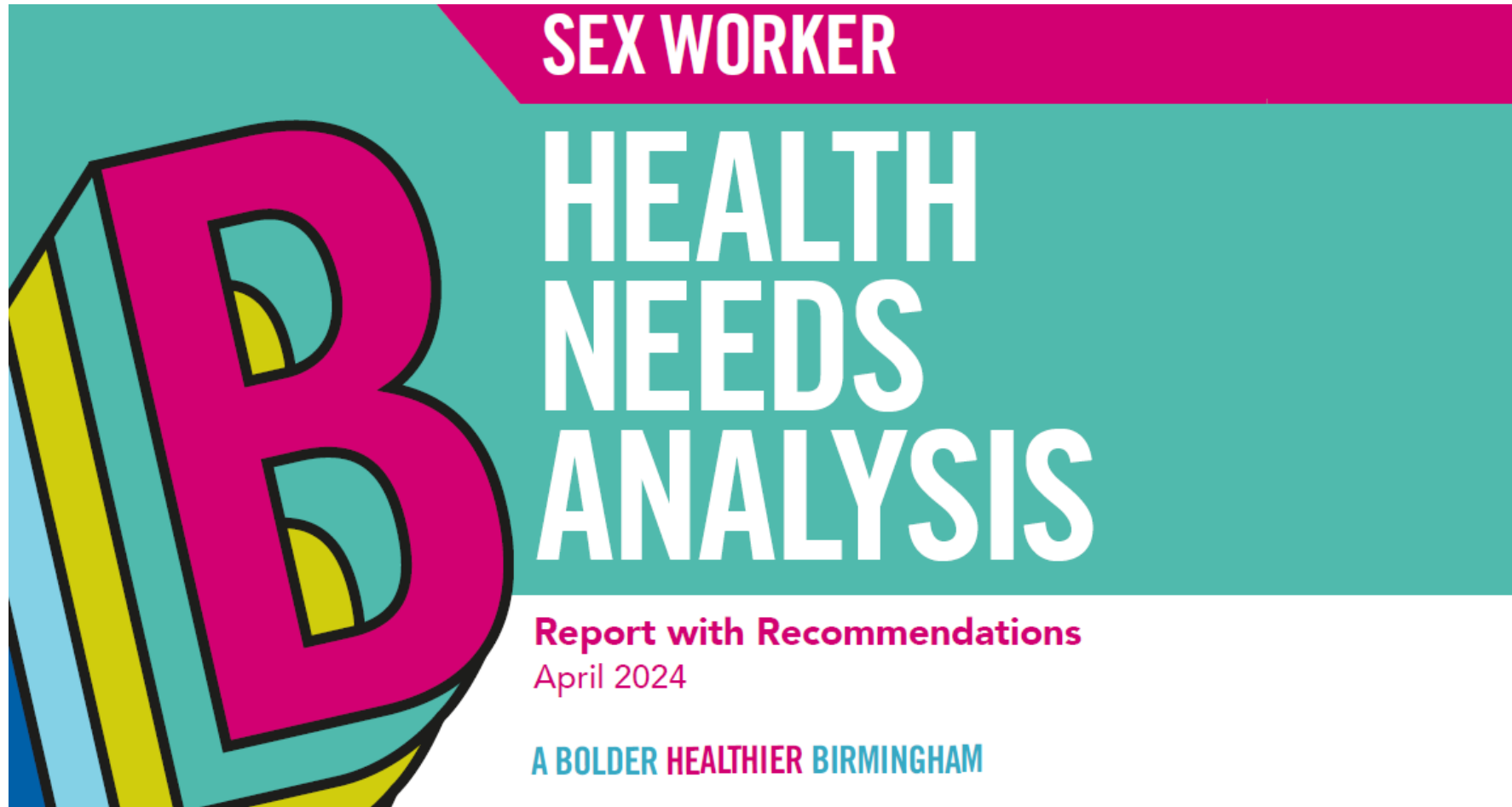
UNIVERSITY OF
BIRMINGHAM

RISK, ABUSE AND
VIOLENCE (RAV)
RESEARCH PROGRAMME



Birmingham
City Council

SECTION 1: Introduction



HELP & SUPPORT

- Samaritans 116 123, jo@samaritans.org. Support is available 24 hours a day, 365 days a year.
- **Shout. Text SHOUT to 85258:** If you would **prefer not to talk** but want some mental health support, you could text SHOUT to 85258. [Shout](#) offers a confidential 24/7 text service providing support
- CRUSE Bereavement 0121 687 8010, support@brusebirmingham.co.uk - Cruse Bereavement is a local helpline that provides initial and ongoing support to grieving residents.
- Birmingham & Solihull Women's Aid: If you, or someone you know is affected by domestic abuse, needs help or support; **Call 0808 800 0028** or visit [Birmingham & Solihull Women's Aid](#)

PROJECT BACKGROUND

We knew that the health of sex workers is impacted by:

- their position in society and by the marginalisation and stigmatisation they face
- risk of overall ill health and specifically substance misuse, poorer sexual and mental health, and violence.
- barriers to reporting crimes committed against them and in accessing healthcare and support
- Covid-19 exacerbated the situation and has in some cases pushed the population even further underground.*

We aim to investigate and reduce the health inequalities experienced by different population groups across the city. As part of our Inclusion Health Groups objective, we seek to identify ways to address health inequalities amongst Birmingham's sex worker populations.

We want evidence and insight from this project to underpin our public health approach. We will use the information to inform the commissioning of public health services and our work with the NHS and other partners.



PARTNERSHIP

Populations of interest:

- Sex workers aged 18+ years in Birmingham offering services that involve physical contact with the client. This includes male, female, trans and non-binary sex workers and those that provide services for same or opposite sex clients. We were aware of the available data and evidence limitations and the diversity and intersectionality of sex worker population.

We sought a partner who can deliver a mixed methodology research and analysis, including:

- literature review
 - data synthesis/ analysis
 - Qualitative research: insight from experts by experience and front-line services
 - Rapid ethnography.
-
- ***We engaged the University of Birmingham to deliver the comprehensive study and analysis of needs.***





THE APPROACH

The study was conducted as a result of a partnership between the Inclusion Health Team (BCC Public Health) and the University of Birmingham to describe the sex worker populations in Birmingham and their health and wellbeing needs



It supports the Council's ambition for Birmingham to be a city of equal opportunity and the Birmingham's Health and Wellbeing Board's vision to create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.

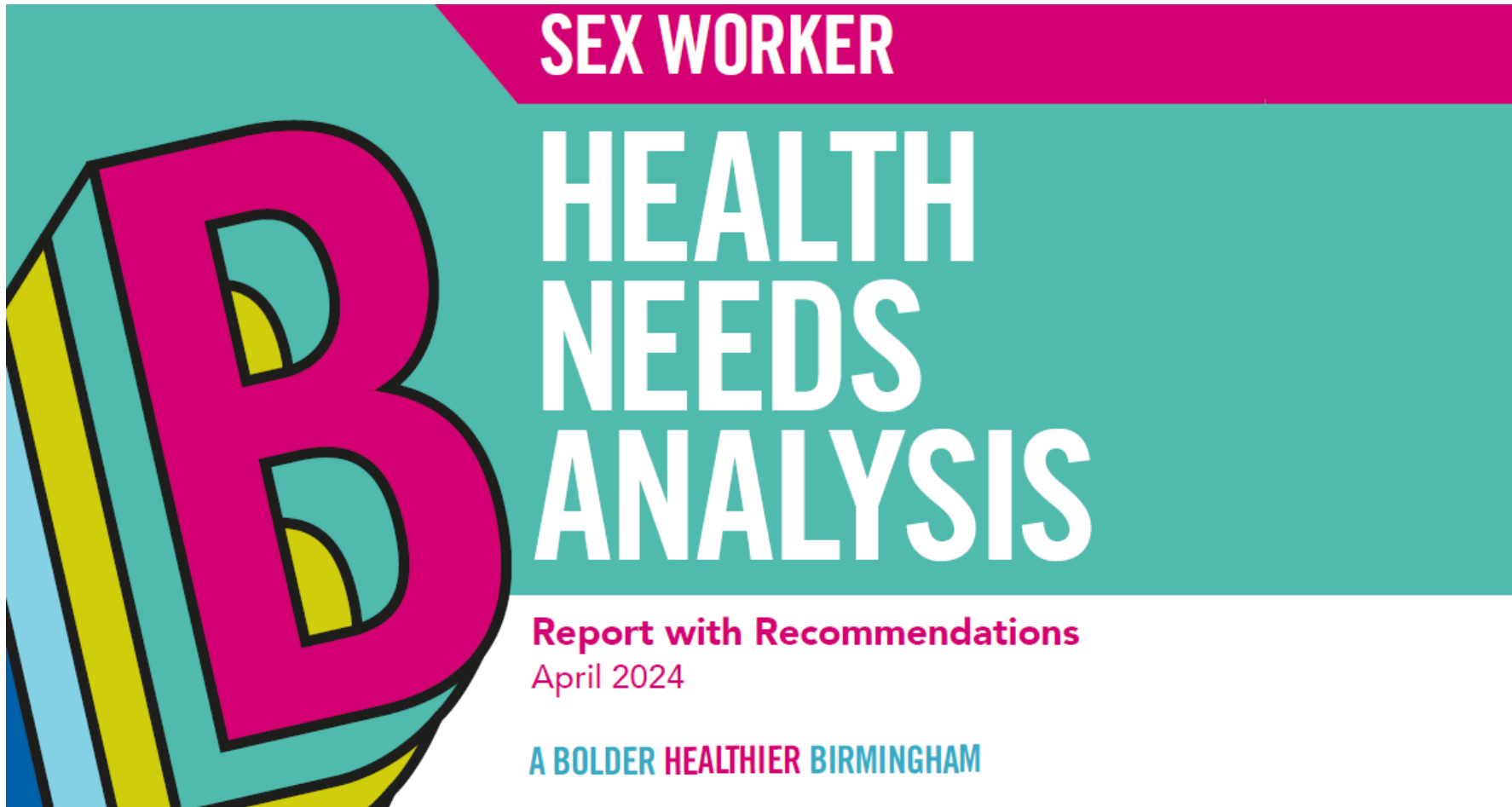


The study was divided into four work packages reporting on the quantitative data analysis, primary qualitative data collection and analysis, literature review and ethnographic elements



At the heart of the study was a co-produced approach, where the academic team worked alongside two co-researchers who have lived experience of sex work

Section 2: The Study



Research team

- **Study Lead:** Caroline Bradbury-Jones, University of Birmingham.
- Eleanor Molloy, University of Birmingham
- Siddhartha Bandyopadhyay, University of Birmingham
- Joht Chandan, University of Birmingham
- Sara Croxford, University of Birmingham
- Nutmeg Hallett, University of Birmingham
- Nikita Simms-Williams, University of Birmingham
- Harriet Smailes, University of Birmingham
- Julie Taylor, University of Birmingham
- Samiratu Wahab, University of Birmingham
- Christine Christie, Independent Consultant
- Co-researcher 1
- Co-researcher 2





Methodology

Literature Review

Focusing on interventions aimed at addressing sex workers' health needs via online searches for datasets with sex worker information.

Quantitative Epidemiological Study

Conducted online searches for relevant datasets and made custom data requests from Birmingham organisations serving sex workers.

Qualitative Interviews

Qualitative interviews were undertaken with 20 adult sex workers who were living or working as a sex worker in Birmingham.
Two facilitated focus groups with multiple staff members
One interview with an individual staff member.

Rapid Ethnography

Three participants discussed off-street and on-street sex work experiences in six hour-long sessions using a semi-structured guide: a white heterosexual female, a South Asian homosexual male offering transexual services, and another white heterosexual female.



Limitations

Literature Review Limitations

Due to time constraints, no assessment of quality was undertaken of the included studies meaning that this becomes an unknown.

Quantitative Epidemiological Study Limitations

Access problems to some data that may have been helpful to the study. This was largely attributed to services not recording data on sex workers at all, or in a way that would be useful for the purposes of capturing prevalence and incidence.

Qualitative Interviews Limitations

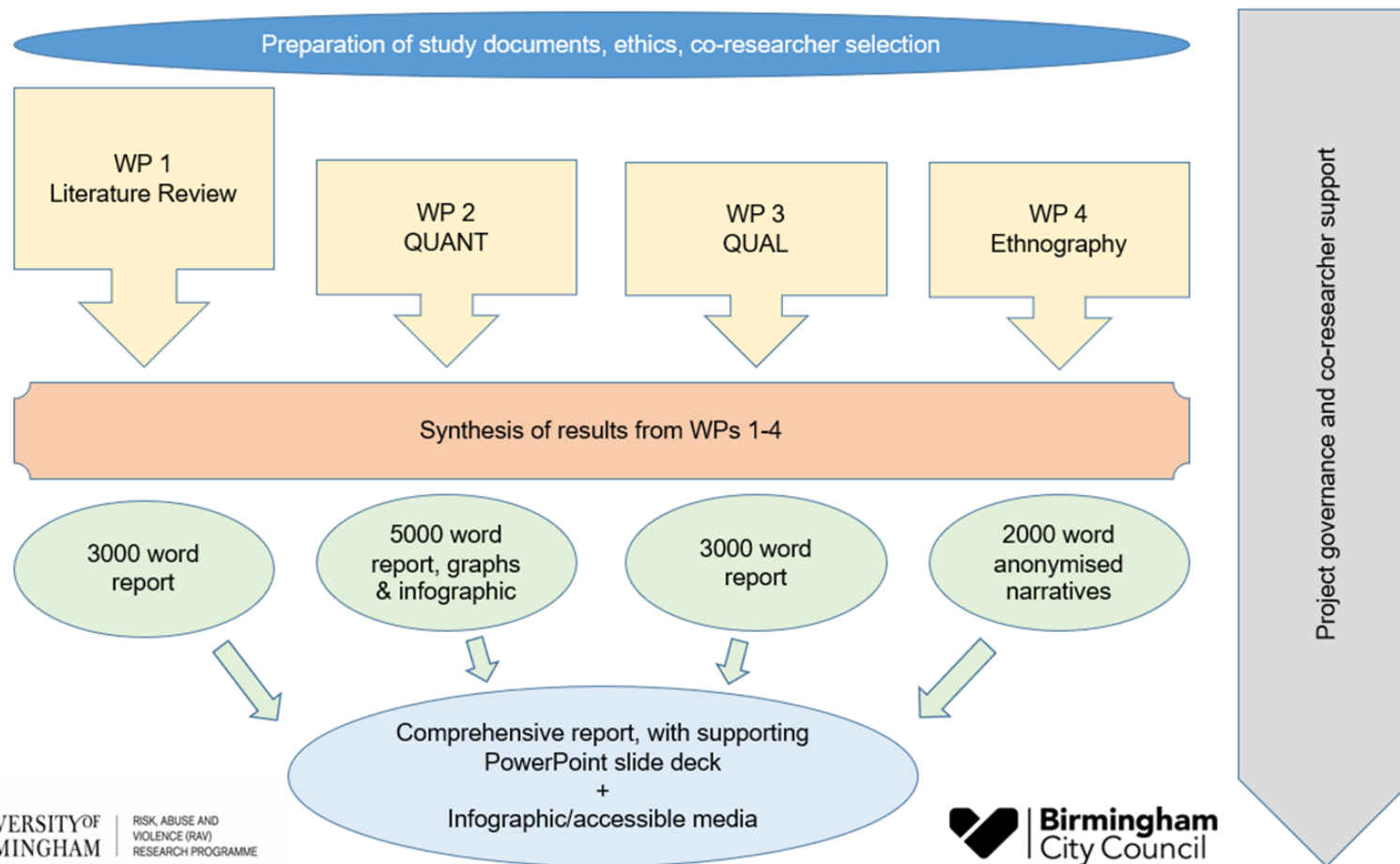
Some homogeneity in the sample, that is, sex workers with similar demographic characteristics.
Presence of selection bias. – recruitment via online

Rapid Ethnography Limitations

The three participants were purposively recruited and were not connected in their work.

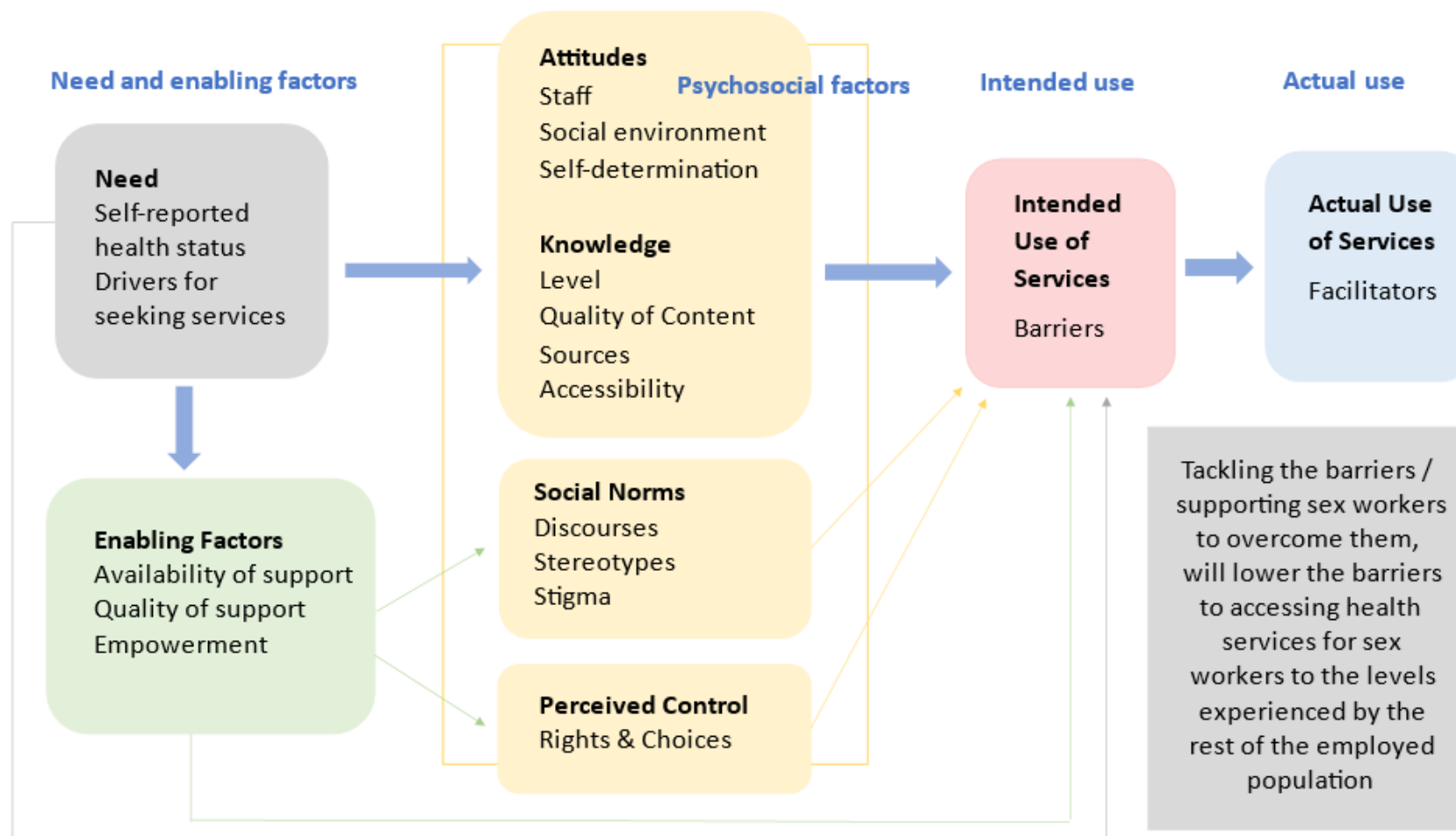


Study Design

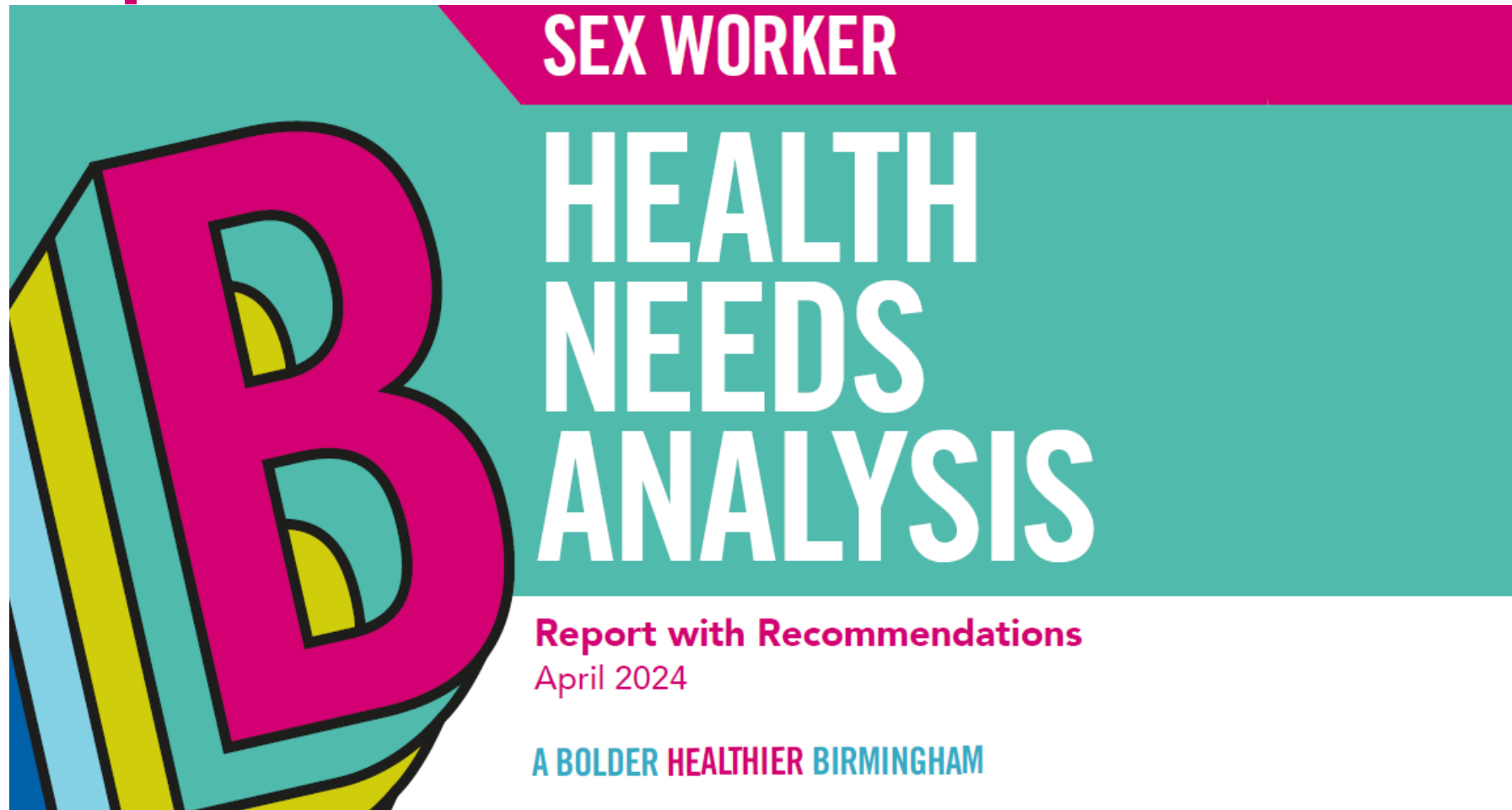




Theoretical framework



SECTION 3: Key Findings – Sex Worker Population and Health Profiles



The context of sex work in the UK

- Out of the whole population, women, people of colour and disabled people are more likely to engage in sex work.
- Most sex workers face health inequalities which may be exacerbated by their marginalised identities.
- More than 70% of UK-based sex workers have worked in healthcare, education, or charity sectors (Sanders, 2015 cited in Taylor, 2015).
- The UK government estimates the number of sex workers to be working in the UK is around 72,800 (House of Commons 2017).
- There are serious gaps for services that support women who are involved in sex work (All-Party Parliamentary Group on Sexual Violence, 2018)

National population data: Age and ethnicity of sex workers*

- The mean age of sex workers was 35.6 (years). 85.3% of sex workers were female.
- **Ethnicity:**
 - White: 64.1%
 - Black: 3.8%
 - Mixed 3.2%
 - Asian 1.8%
 - Other 1.2%
 - Missing: 25.9%

- * Findings from the quantitative study

Profile Of Sex Work In Birmingham*

- **Genitourinary Medicine Clinic Activity Dataset (GMCAD)**
- 2017 – 2021 prevalence of sex work increased from:
 - West Midlands 0.03% to 0.08%
 - Birmingham 0.01% to 0.26%
- 2017 – 2021 incidence of sex work increased from:
 - West Midlands: 0.01% to 0.04%
 - Birmingham: 0.01% to 0.1%
- **Unlinked Anonymous Monitoring Surveys of People Who Inject Drugs (UAM Survey of PWID)**
- 2019 – 2021, 7% of PWID reported engaging in sex work in the last year. 13% reported ever engaging in sex work.
- 2019 – 2020/21: increase in proportion reporting sex work
- PWID engaging in sex work were, women, younger in age, inject cocaine, had higher levels of sexual partner numbers and homeless compared to PWID who were not sex workers.
- **West Midlands Police**
- Between 2019 – 2022: 77 offences for soliciting for prostitution, 70 of which occurred in Birmingham West, 32 offences for exploitation of prostitution, <5 in Birmingham East, 13 Birmingham West

* Findings from the quantitative study



Sex Work And Health Outcomes: National Profile*

- Most sex workers were white, female, from deprived backgrounds, with higher likelihood of smoking and drug use.
- **Sex workers were found to be at increased risk of:**
 - Mental health disorders (up to 20x)
 - STIs (up to 20x)
 - Chronic Kidney Disease (3x)
 - Self harm (7x)
 - Falls (3x)
 - Deaths (5x)
- Sex workers had an 87% higher risk of being admitted to hospital for any condition compared to non-sex workers.

* Findings from the quantitative study



Health And Wellbeing Needs Of Sex Workers In Birmingham*

- Stigma, discrimination, inadequate legal protection, and the partial criminalisation of sex work pose significant obstacles to the well-being and safety of sex workers
- Sex workers are likely to have unmet general and specific healthcare needs (for example, dental care).
- Chronic stress, PTSD, depression and physical illness are prevalent among the sex worker population.
- Sex workers have specific needs regarding mental health support specific to their marginalisation (i.e., sex workers and ethnic minority status).
- Stigma, lack of legal protections and discrimination impede sex workers' access to sexual health services and wider health services for other health needs.

Findings from the qualitative study*



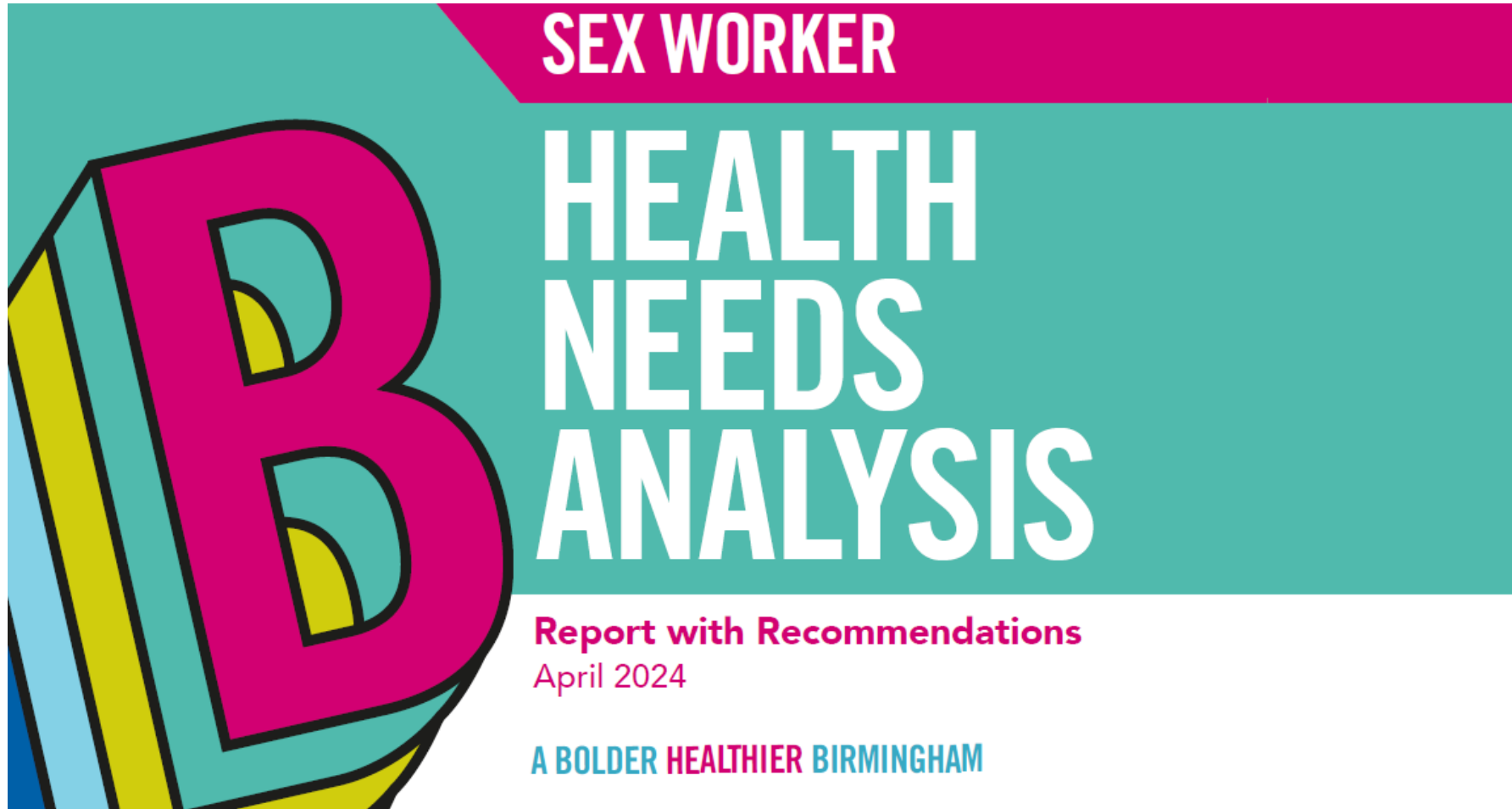
Psychosocial Factors Associated With Sex Work*

- Sex workers silence themselves and their narratives because of the fear of being judged and discriminated.
- Sex workers learn to navigate healthcare situations in which assumptions and negative judgements are made against them.
- Sex workers may have multiple marginalised identities which interact with their status as sex workers.
- Some sex workers choose to start or continue in sex work because of the financial benefits vs time/effort.
- Some are coerced and trafficked into sex work and may have a co-existing history of domestic/child abuse.
- Low educational attainment and poverty are associated with the lives of many sex workers.

Findings from the qualitative study and literature review*



SECTION 4: Key Findings – Services and Interventions for Sex Workers



What The Literature Tells Us About Interventions For Sex Workers

- UK interventions for sex workers lack thorough evaluation
- Challenges span socioeconomic, safety, and societal dynamics.
- Focus on sexual health neglects substance abuse and mental health.
- Urgent need for specialized services, especially for marginalized groups.
- Service gap due to reluctance and barriers to essential services.
- Transgender sex workers face additional hurdles.
- Concerns about adequacy and appropriateness of sexual health services.
- Sex work's psychological toll linked to societal stigma.
- Educational underachievement limits employment opportunities.
- Violence highlights need for robust safety measures.
- Legal frameworks require re-evaluation for trust in justice system.

* Findings from the literature review



Services Accessed By Sex Workers In Birmingham*

Turnaround Sex Worker Pilot Project in Birmingham indicates the services accessed by sex workers:

- 100% free condoms
- 58% support to access sexual health services and/or blood-borne virus testing
- 35% food banks
- 35% housing support
- 33% substance misuse support
- 21% universal credit/benefits/financial support
- 19% support to access healthcare
- 9.3% mental health support

* Findings from the quantitative study

How Sex Workers Engage With Services In Birmingham*

Above and beyond service provision

- Describes how some staff go out of their way to act as point of contact and referral for sex workers who use their services, outside the remit of the service specification. This also keeps the sex workers engaged and continues to develop the trusted relationship between the worker and their point of contact.

Avoiding information sharing

- When using 'standard' health services, including GP, generic sexual health services, secondary care such as hospitals, sex workers share the minimum of information which allows for access to appropriate care, without disclosing 'personal' information about their work.

Feeling unheard and dismissed resulting in missed opportunities for engagement

- Some sex workers felt that how they described situations when they did disclose information was misinterpreted or disregarded by staff and medical history taking did not appear to match what sex workers felt they had said or identified. Particularly related to assault and abuse, sex workers who were also women who were abused or trafficked did not feel that the staff in healthcare settings the time to engage and connect with them - resulting in contacts which did not count

* Findings from the qualitative study

Factors That Encourage Sex Workers To Access Services In Birmingham*

- Some staff go out of their way to act as a point of contact and referral for sex workers who use their services, outside the remit of the service specification.
- Most sex workers are reluctant to disclose information about their work. When they do disclose, it is frequently misinterpreted or disregarded by staff.
- Sex workers engage with services for multiple reasons, the two main ones related to either keeping healthy and safe for their clients and as a part of their job.
- Sex workers want and need the same level of access to services as everyone else.

* Findings from the qualitative study

In An Ideal World What 'Good' Services Look Like For Sex Workers

Appropriately trained staff

- Staff who understand the intricacies and nuances of sex work – both the positive aspects and the negative ones and who do not default to judgement, sympathy, assumptions about mental health, or discrimination.

Increasing visibility and availability

- Adequate and appropriate advertising of services available and how to access them – visible advertising acts as a green flag both for the support service and the location, which is doing the advertising, i.e., GP surgery, as a potential 'safe' place to be.

Peer Support

- Being able to access peer support from other sex workers, to feel heard and understood and that the space is safe for sharing.

Tailored Services

- Accessing services which understand the nuances of sex work – spaces for survivors of sexual assault are not always inclusive of sex workers because of assumptions and stigma about transactional sex which is perceived to override autonomy and consent for sex workers.

* Findings from the qualitative study

Sex Workers' Perceptions Of Barriers To Access*

- Some sex workers are concerned about their safety in accessing support (particularly those who are being coerced).
- Sex workers struggle with having to build up relationships and needing to explain their issues multiple times to different people.
- Sex workers frequently feel judged and stigmatised by the staff in services.
- Sex workers who work at night find it challenging to access clinics that typically run during the day.
- Being able to access support and the legal aspects of sex work were linked for many sex workers.

* Findings from the qualitative and ethnographic studies

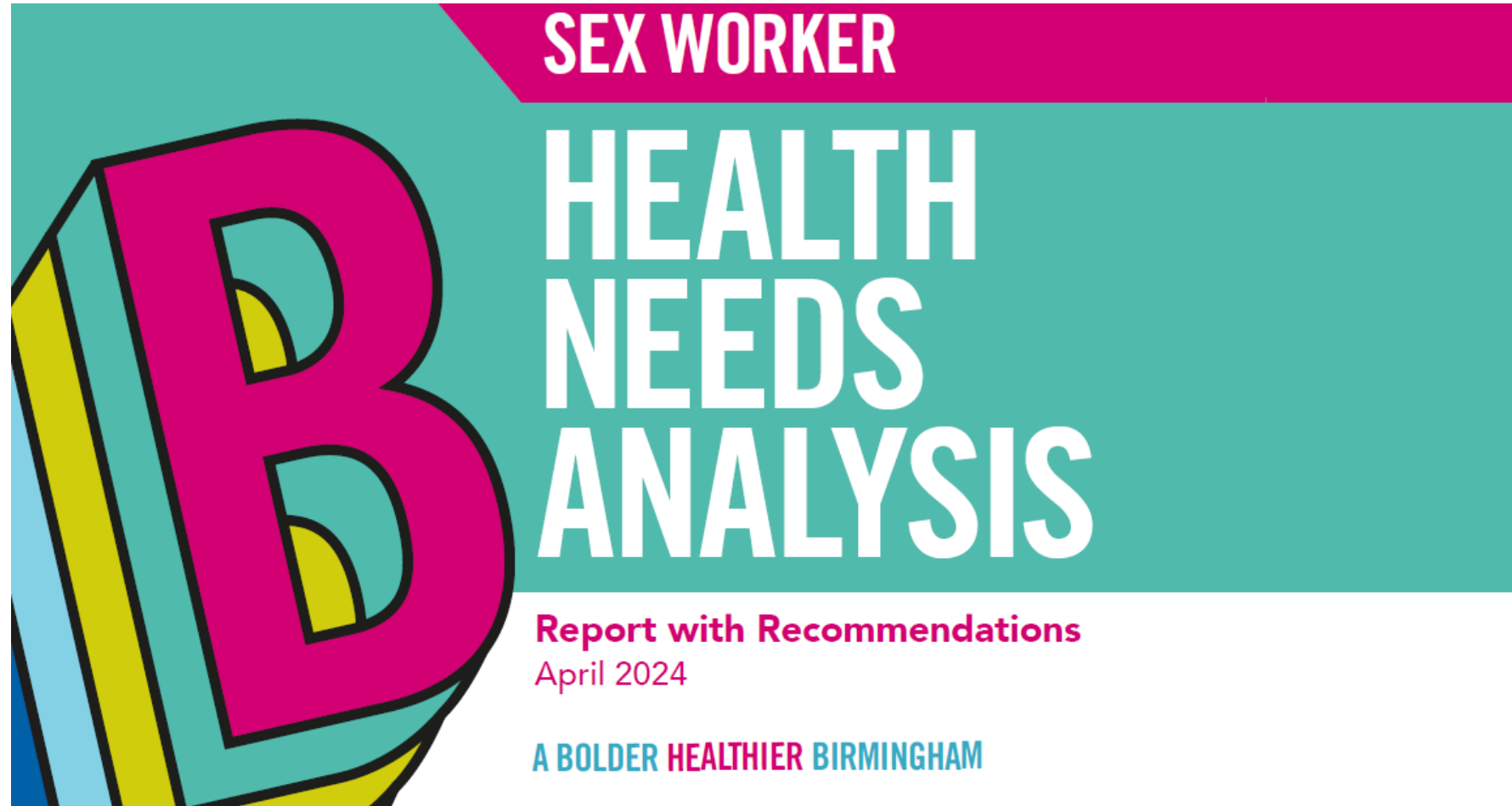
What Works To Promote Access To Services: Enabling Factors*

- Continuous service provision
- Non-judgmental support and information
- Online sources of information
- Peer support
- Specific service access

- * Findings from the qualitative study



SECTION 5: Key Findings – Capturing Lived Experiences of Sex Workers



Insights From Field Work In Birmingham With Three Sex Workers*

- **Role and needs of a sex worker**
- The three participants were competent and 'successful' in terms of marketing, customer management, income generation and management of their sexual health.
- **History and entry into sex work, *Participants experienced:***
 - Alienation within their birth family, including domestic abuse, sexual abuse and re-victimisation in their teenage and early adult years.
 - Two of the three participants were coerced into (and during) sex work.
 - Sexual abuse was part of all participants' formative years and had become part of their identities.
 - Participants entered sex work/could not leave sex work because of lack of alternative skills and confidence to earning a living.
- **Safeguarding**
 - Participants reported that services consistently failed to identify abuse or invite disclosure from them as children and adults.

* Findings from the ethnographic study



Case Study 1

- **Denise** details her journey through **sexual exploitation**, initially under the control of a **pimp** who marketed her as a **young girl**, leading to **frequent abuse** and **trauma** at the hands of **clients**. Despite her efforts to **escape** and work independently, she faced continued **violence** and **manipulation**, including from a **controlling partner** who subjected her to **physical** and **emotional abuse**. Her struggles extended to accessing **healthcare** and **support services**, where she encountered **indifference**, **judgment**, and a **lack of understanding** regarding her **unique traumas** as a **sex worker**. With **profound insights** into the **complexities** of **survival** and **recovery**, she grapples with the **lasting impacts** on her **physical**, **mental**, and **emotional well-being**, highlighting **systemic failures** and **societal stigma** that compound the challenges faced by individuals in similar circumstances.



Case Study 2

- Khalid highlights the challenges of maintaining a successful profile on **sex worker websites** amidst biased policies favouring **customers' complaints** over **workers' safety concerns**. Working around the clock to accommodate clients' schedules, they face constant **pressure** and **risk of violence**, with approximately 10% of sessions resulting in **attacks**. Despite efforts to control risks and ensure **customer satisfaction**, encounters with **abusive clients** remain prevalent, exacerbated by **societal stigma** and inadequate **police response**. Juggling dual identities as a **trans sex worker**, they grapple with **personal** and **professional confidence** amid **cultural** and **societal pressures**. **Childhood trauma** and **systemic failures** shape their journey, influencing their reluctance to seek help from **traditional mental health services**, while finding solace in a **supportive voluntary sector support worker**. Balancing **physical** and **emotional well-being** amidst **isolation** and **secrecy**, they underscore the **urgent need** for improved **support services** tailored to the **unique challenges** faced by sex workers.



Case Study 3

- Sharon reflects on her life as a street sex worker, **highlighting** the significance of **appearance** and the toll of **substance abuse** on both **physical health** and **self-care**. Her days blur into a repetitive routine of acquiring drugs, **stealing** essentials, and seeking clients while navigating the risks of encountering **violence** or abuse. Despite her efforts to ensure client satisfaction and safety, violence remains pervasive, requiring constant vigilance. Financial struggles are intertwined with **drug addiction**, often leaving Sharon with little control over her earnings, reinforcing a lack of **personal autonomy**. Childhood trauma and **societal stigma** contribute to **identity challenges**, exacerbating the hardships faced by street sex workers who endure abuse from various sources. Accessing support services is hindered by barriers, as traditional healthcare fails to meet the complex needs of sex workers. Nonetheless, a few find solace in specialised support programs, underscoring the urgent need for comprehensive and accessible assistance for individuals in the sex industry.



The Perspectives Of The Co-researchers About Working On The Study

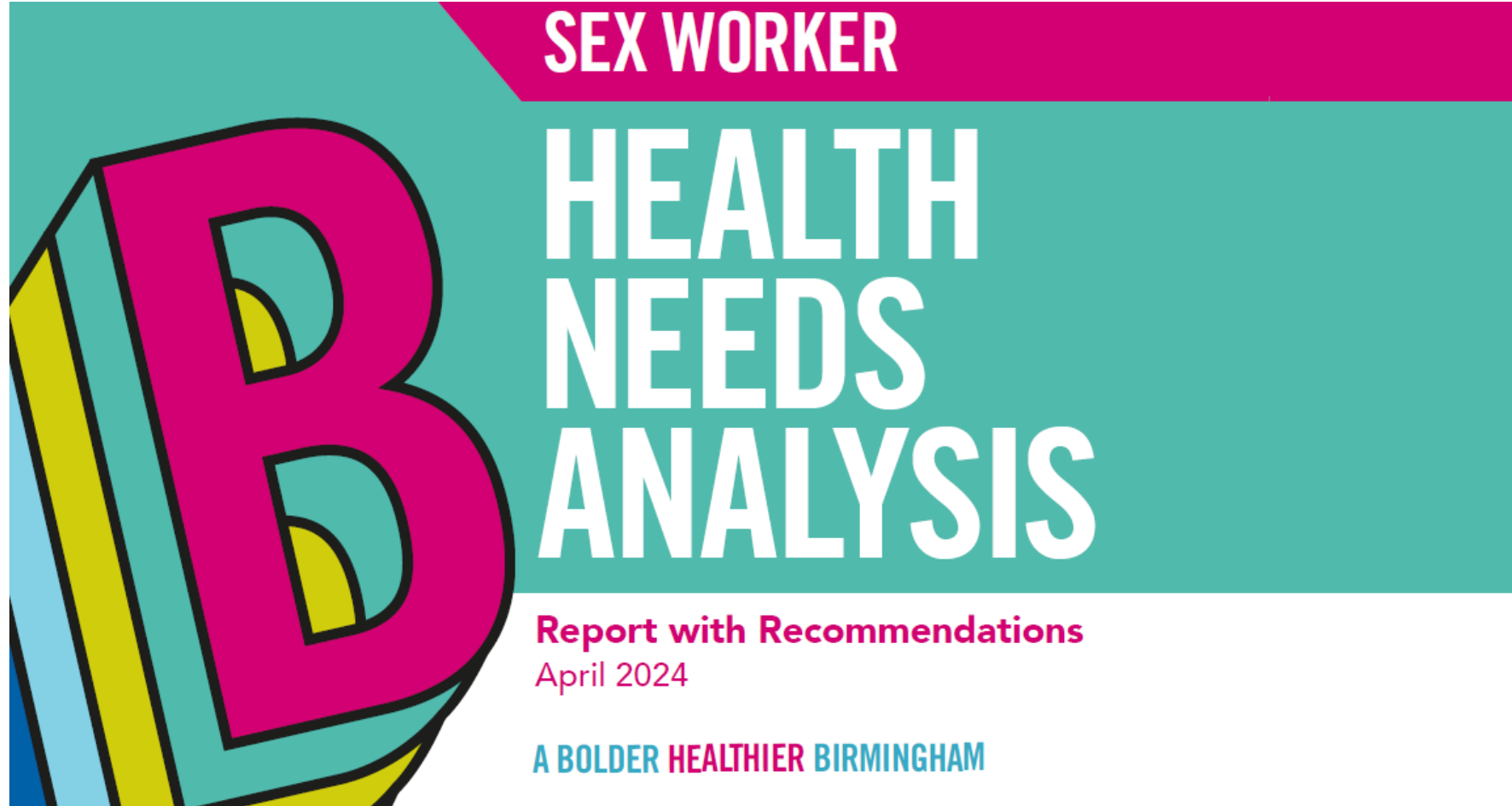
As co-researchers the things we found most important were:

- Good communication/regular meetings with the whole team
- One on one meetings with another member of the team where we could voice any concerns in a private environment and get the support we needed
- A good, positive relationship between ourselves as co-researchers - creating a space for us to talk as sex workers to each other
- Being informed about the whole study and contributing to discussions about appropriate language
- Most importantly! Our voices, experiences, and knowledge were treated as valid as the researchers' experience and the outcome of the research.

* Findings from the ethnographic study



SECTION 6: Conclusions



Identifying Service Provision And Other Requirements

Emphasising the need for targeted support

- *There was a focus primarily on women overlooks needs of men and LGBTQ+ individuals in sex work*

Complex intersection of sex work and drug-related issues

- *The reliance on substance misuse services underscores the gaps in addressing needs. The study reveals a rising incidence of sex work, particularly among People Who Inject Drugs (PWID).*

Broader socio-economic context demands attention

- *The importance of services like sexual health, food banks, and housing support.*

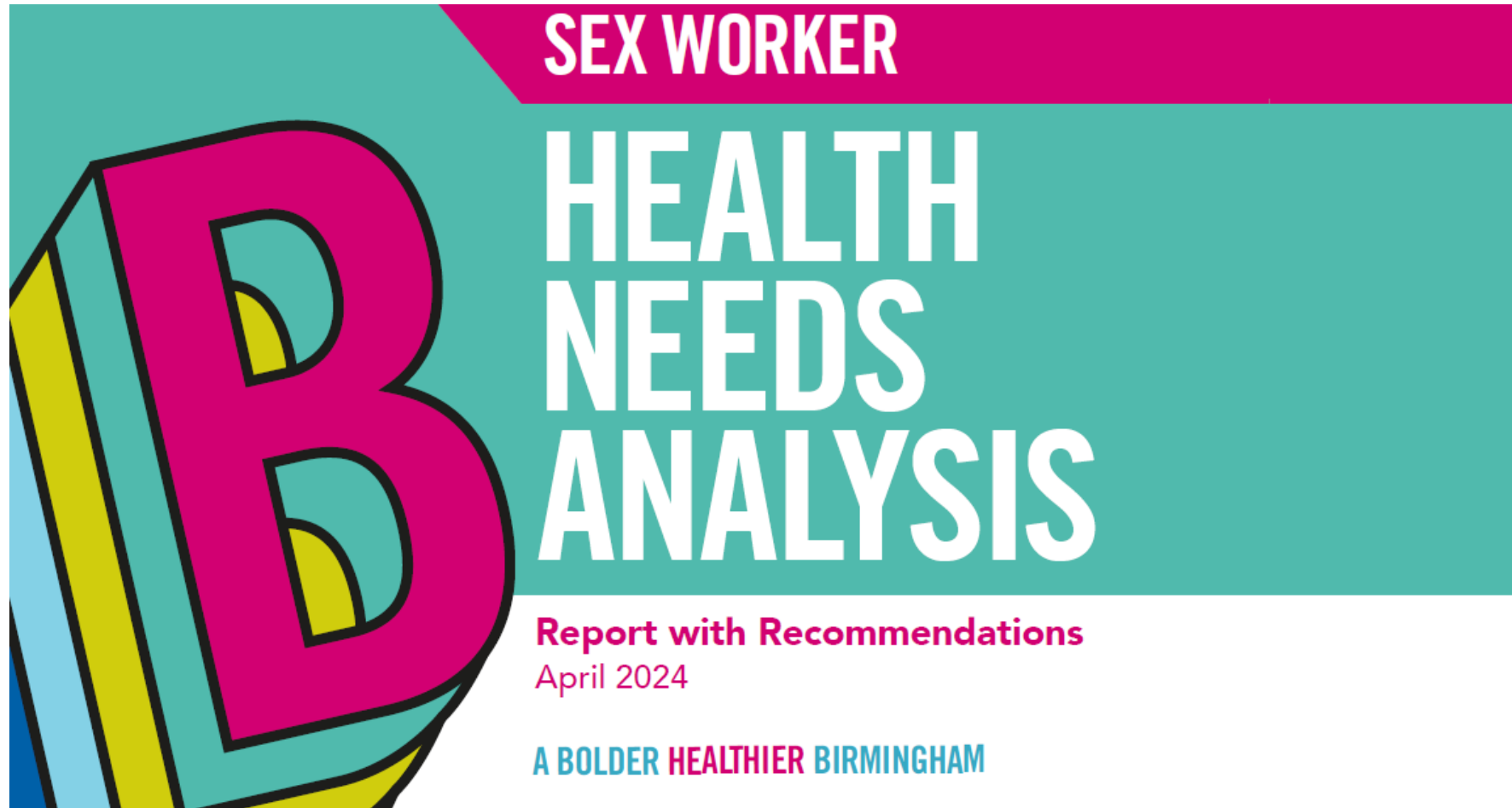
Ensuring a holistic approach to the well-being of sex workers in Birmingham

- *The findings highlight the necessity for comprehensive and tailored interventions to bridge these gaps as experiences and needs of sex workers choosing to remain in the industry are underrepresented.*

Literature lacks comprehensive coverage of interventions and experimental needs

- *Homogeneity of interventions hinders drawing conclusions on efficacy. Of the 26 studies or reports on interventions, only seven provided any evaluation and of those, only three measured outcomes. Only one study provided any sort of economic evaluation of the intervention meaning that it is not possible to conduct any sort of cost/benefit analysis.*

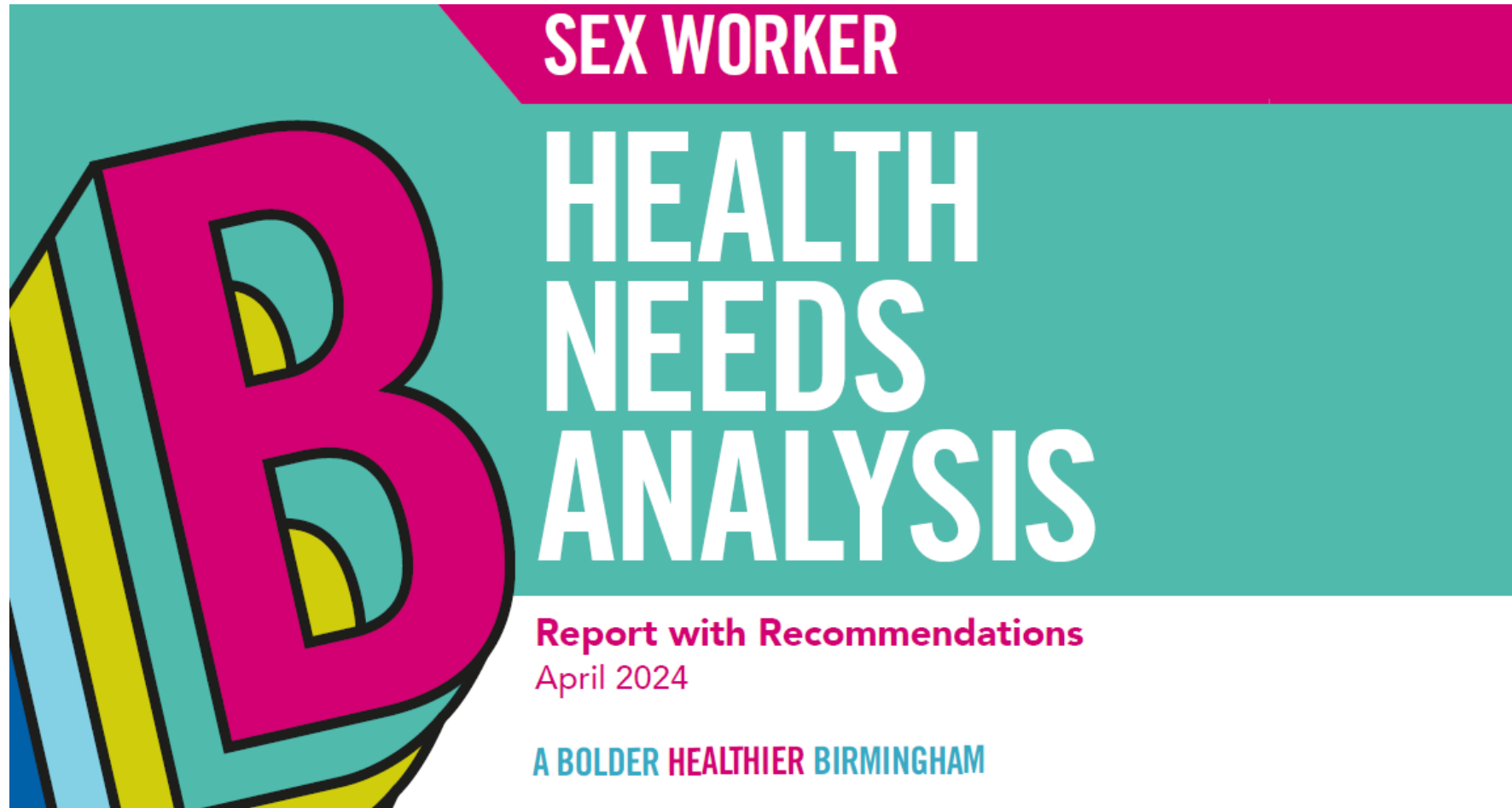
SECTION 7: Recommendations



Opportunities For Action/Recommendations

(1) Nature of services	(2) Modes of service delivery & design	(3) Training requirements	(4) Research and data
Specialised services are essential, recognising the unique challenges of sex work and offering safe spaces for survivors of sexual assault .	Specialised services tailored to sex workers, particularly those supporting survivors of sexual violence, are crucial.	Trained points of contact are needed who act as advocates and educators within their services , for other wider services, i.e., housing, or police.	Recording practices of sex work in routinely collected datasets require improvement .
Practitioners must understand sex workers' needs to provide appropriate, non-judgmental care .	Integrated service pathways with 'fast track' referral systems can streamline access to support, eliminating the need for repeated disclosure.	Staff training is required which focuses on the intersectionality of marginalisation and discrimination which sex workers face both due to their occupation and the social assumptions about sex work, but also due to their other personal characteristics, i.e., ethnic background and/or sexuality or gender.	Co-research has played a vital role in analysing the health needs of sex workers in the Birmingham study, proving highly successful. It's recommended that future research on sex work involve individuals with lived experience, conducted with sensitivity and reflexivity.
Access to peer support from fellow sex workers is crucial for feeling heard and validated in a safe environment.	To enhance accessibility, a range of engagement options, including online support and booking, should be available. Flexibility is key, with services offering drop-ins, outreach, and extended working hours.		Consensus on the definition of sex work across different data sources is essential.
Services must be trauma-informed and person-centred to effectively cater to the diverse and often traumatised sex worker population.	Involving peers or peer-led services can help overcome barriers to access due to fear of judgment or stigma. Adequate advertising and clear information about accessing services are necessary.		
	Improving legal and justice options and support for sex workers is essential to foster a sense of worthiness and protection within these systems .		
	Police should prioritise protection and safety over enforcement when dealing with sex workers.		

SECTION 7: Next Steps



Some dissemination so far...

***The Realities of Undertaking a Co-Research Project:
Lessons from a Study about Sex Workers' Health Needs***

European Sex Worker Alliance Sex Work and Health Conference
5th- 6th December 2023, Brussels



It Is Time For Implementation

- Publication and dissemination across the system
- Action planning
- Delivery to be driven by the Creating a City without Inequality Forum (sub-group of the Birmingham Health and Wellbeing Board with a focus on inclusion health)

The study findings are beginning to inform practice and policy locally, for example, informing services' recording of sex worker status to ensure better data capture.



THANK YOU COMMENTS? QUESTIONS?

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