

Sex Worker Needs Research

East Sussex County Council

Final Report
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Contents

Executive Summary	i
1. Introduction	1
2. Objectives.....	2
3. Methodology	2
3.1 Methodological approach	2
3.2 Limitations	6
3.3 Sample.....	6
4. Target Audience Profile	8
4.1 Who are the sex workers in East Sussex?	8
4.2 What type of sex work services are being offered locally?.....	10
4.3 Where does sex work tend to take place?.....	13
4.4 Why do they get into sex work?	14
4.5 How do they get into sex work?.....	18
5. How are the sex workers in East Sussex?	18
5.1 How in control of their own health and wellbeing do they feel?.....	18
5.2 Health and wellbeing status	24
5.3 Sexual health	27
5.4 Personal safety.....	28
5.5 Mental health.....	30
5.6 Social issues.....	31
5.7 Debt/Financial issues.....	32
5.8 Housing insecurity/homelessness.....	32
5.9 Substance use issues/addiction	32
5.10 Legal challenges/risk of prosecution	33
5.11 Trafficking and exploitation	34
5.12 Other physical health needs (e.g. non-sexual health).....	34

5.13	Actions taken to manage risks summary infographic	36
6.	Experiences of engaging with services	37
6.1	Support services and access to support services in East Sussex	37
6.2	Physical and sexual health support.....	38
6.3	Mental health support	39
6.4	Housing and financial support.....	40
6.5	Safety information and advice	40
6.6	Alcohol and substance use support.....	41
6.7	Specific support for male and trans sex workers	41
7.	Behavioural analysis: Barriers and enablers to seeking and accessing support	42
7.1	Barriers to help-seeking.....	43
7.2	Factors which enable help-seeking	47
7.3	Barriers and enablers to help-seeking summary infographic	49
8.	Learnings from examples of good practice.....	50
9.	Conclusions and Recommendations.....	51
9.1	Conclusions	51
9.2	Recommendations.....	53
	Appendix 1 – Glossary	55
	Appendix 2 – Sample	58
	Appendix 3 – Current Service Provision.....	60
	Appendix 4 – Good Practice Examples.....	63

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- National Ugly Mugs (NUM)
- OASIS SWOP
- Streetlight UK

Executive Summary

Introduction

East Sussex County Council commissioned independent research agency Social Marketing Gateway (SMG) to undertake a needs and assets assessment of sex workers in the local area, to better understand how sex workers in East Sussex can be supported by services to achieve and maintain good health and wellbeing.

Findings

Local profile of sex work and sex workers

The sex industry in East Sussex is complex and includes a wide variety of services and business models

Primary insight illustrates the complexity of modern sex work in East Sussex:

- Digital platforms are the core marketplace for most sex work services, with workers typically maintaining at least one detailed client-facing profile online.
- Sex services themselves are varied and include online (OnlyFans, camming, sexting) and offline (escorting, erotic massage, kink work) options.
- Often, sex workers offer both online and offline services to help diversify their income and client base.
- More informal sex work (e.g. survival sex, exchanging sex for goods/services) is also known to take place, but its ad-hoc nature makes this subset of sex work far harder for support services to detect without a disclosure from those involved.



The move to a digital marketplace means sex work is geographically fragmented, taking place in homes, hotels, or short-term lets around the authority rather than being concentrated in certain areas.



- For many sex workers, travelling to meet clients (or having clients travel to meet them) is the norm.
- There is also a more transient, “on tour” business model which involves spending shorter periods of time in towns around the UK to take advantage of client demand for novelty.
- In-person erotic entertainment (e.g. stripping/erotic dancing) is also present within the local authority area, taking place within legally recognised venues.

Sex workers themselves are a diverse population with varying levels and complexity of health and wellbeing needs.

Although the size of the primary sample means a full demographic profile could not be developed, insights highlighted the varied demographic groups within the sex industry in East Sussex:

- Stakeholder feedback and insight from participants in this study suggests that sex workers are predominantly cis females, although some cis males, transgender and non-binary sex workers are also active within the authority.¹
- While our sample was largely White British, insight highlighted a range of ethnicities and nationalities involved in sex work locally.
- Due to the digital fragmentation of sex work and UK laws around brothel-keeping discouraging working in pairs or groups, sex workers were often isolated from peer support, with many having little to no contact with fellow sex workers in East Sussex

Sex work was widely regarded by respondents as an industry with inherent risks to sexual health, mental health and personal safety. All of the sex workers who participated took action to mitigate or reduce these risks.

Despite this, there are frequently situations where sex workers feel they could benefit from external support, predominantly around sexual health and personal safety, as well as mental health and wellbeing, debt and financial challenges, housing insecurity, substance use and addiction. A key determinant of sex workers' levels of risk while working, and of their support needs, was the level of agency and control they felt able to assert over their work:



- Sex workers who felt most empowered and reported the highest levels of agency tended to feel less at risk and be more comfortable engaging with external support where needed.
- Those who felt less in control also reported higher levels of risk and were less confident reaching out to support services.

Based on this, three cohorts were identified within the wider population of sex workers in East Sussex, representing a spectrum of agency and corresponding levels of personal risk and vulnerability:

Table 1: Cohorts within the sex workers population

Cohort 1	Cohort 2	Cohort 3
Empowered, high agency, relatively low vulnerability and risk	Mid-range agency and vulnerability, aware of and managing risks	Low agency, vulnerable, high risk

¹ NB: as some of the local services included in this study are female-focussed, and their insights are based on their own experiences with the local sex industry, it is recognised that data around male sex workers may be 'hidden' and/or not as prominent within this particular study due to the gendered focus of some participants

Barriers and enablers to help-seeking

A range of barriers and enabling factors to help-seeking were identified. The overarching barrier found was that due to concerns around stigma, discrimination and privacy, sex workers tend to make decisions around help-seeking by **evaluating the risks of seeking external help against the risk of inaction**:

- In some cases, seeking help from services may be considered riskier than doing nothing.
- Where best practice is in effect, services are considered much less risky to engage with.

Beyond this overarching barrier, we also identified a range of other factors which can prevent or add friction to help-seeking for sex workers:

Table 2: Barriers to help-seeking

Barriers			
Social, legal and policy barriers:	Psychological/attitudinal barriers:	Physical/environmental barriers:	Online barriers:
<ul style="list-style-type: none"> • Discrimination against sex workers • Competition for clients between sex workers • Criminal/sexual exploitation • Additional admin burden on those who disclose sex work • Legal, contractual or policy issues • Risk of immigration action/deportation • Reduced access to health services for non-UK residents 	<ul style="list-style-type: none"> • Risk of engaging perceived as greater than risk of inaction • Stigma around sex work • Low awareness of available support • Low perceived risk to personal safety • Low perceived risk to sexual health • Lack of awareness of PrEP • Sexual health products via services perceived to be low-quality • Discomfort with sexual health screening requirements 	<ul style="list-style-type: none"> • Transient/touring business models limit access to local support 	<ul style="list-style-type: none"> • Lack of awareness of/familiarity with online platforms • Concerns about confidentiality • Belief that online support is impersonal, low quality and/or will not meet needs • Concerns about understanding online communications • Concerns about response times

We identified the following factors which enable or facilitate help-seeking among sex workers:

Table 3: Enablers to help-seeking

Enablers
<ul style="list-style-type: none"> • Offering holistic, long-term support through trusted practitioners • Making positive contacts count by maximising signposting opportunities • Offering a “no wrong door” approach where possible • Undertaking outreach work • Clear communication of policies around sex work • Ensuring services are well adapted to sex workers’ needs • Higher perceived risks to sexual health and personal safety (which motivate engagement)

Service provision

Local services are already engaging effectively with sex workers, but there are also some gaps and opportunities to improve.



Feedback about many local services from those who had engaged with them was positive, in particular support organisations who specialise in supporting sex workers, and the local sexual health clinic. However, the research also identified some key gaps which could be addressed:

- Awareness of services was often low:
 - Especially around specialist sex worker support
 - Consequently, sex workers were often not sure where to go if they had an issue around the risk areas highlighted (e.g. sexual health, mental health, personal safety etc.)
- There is scope to further improve the offer to sex workers by:
 - Improving discretion and confidentiality
 - Offering a welcoming, non-judgemental space
 - Improving convenience and ease of access
 - Adopting a partnership working approach

Recommendations

Based on the insights gathered, a number of actions have the potential to better support sex workers in East Sussex to achieve and maintain good health and wellbeing:

1. To raise awareness and visibility of support:

- **Utilise the wide reach of sexual health services and maximise their value by using these as a one-stop-shop for information and signposting.** Ensure that information about the whole range of local support services is available and given out to all patients/attendees, to normalise attitudes around accessing support as a sex worker and maximise reach.
- **Engage in proactive/outreach work to make it clear to sex workers that there are services/organisations there for them.** This is also effective for reaching more transient sex workers or those less known to services.

2. To improve access and enable help-seeking behaviours:

- **Ensure staff/frontline workers have the skills and knowledge necessary to support sex workers in a way that avoids discrimination and stigma, and recognises the specific challenges they have.** This could include sex workers-focussed brief advice and intervention training for sexual health staff, and staff in other local social/community support services (such as Citizens' Advice, housing associations etc.), to ensure there is a 'no wrong door' approach to finding and accessing help. Ideally, all relevant staff would:
 - Know how to avoid discrimination or accidental stigma in discussions
 - Fully understand the specific challenges sex workers may face, and the associated support needs
 - Be aware of the three cohorts of risk/agency that this research has identified so that support can be tailored accordingly
 - Know how to identify when sex workers may need support for a variety of health and wellbeing related issues
 - Have an understanding of the signposting options available in East Sussex, and how to refer/signpost to these for different health and wellbeing issues including how to accompany sex workers during the signposting process to create a seamless and trusted transition between services
- **Incorporate the red umbrella card system into sexual health clinics and potentially other services,** where sex workers can show the card discreetly at reception to identify themselves as sex workers without having to verbally disclose this information, allowing them discreet access to specialised support.
 - As part of this, to build trusted relationships and links, encourage support services to have named staff member(s) identified to be able to support sex workers, and have other staff/colleagues aware of who these named staff are to signpost sex workers to them when appropriate.
- **Look to increase flexibility of services for sex workers,** offering drop-in appointments, wider availability of appointments, and flexible location options.
- **Implement partnership working to support/enable an effective holistic offer.** Ensure services are aware of and communicating with each other. This is particularly important for specialised support which is not offered in East Sussex – e.g. trans-support.
- **Avoid unintended barriers to engaging with online sexual health services (as services are developed) and remove barriers where they already exist** – including clearly communicating the accessibility, quality, and confidentiality of online support to maximise desire to engage with this model.

3. To fill the gaps in current support provision:

- Consider opportunities to **build in better access to relevant/targeted mental health/wellbeing and support, and financial advice,** alongside the sexual health offer.
- **Invest in trans-specific support for sex workers through existing brands/organisations** (e.g. OASIS), or **utilise links/partnerships with trans-specific support elsewhere** (e.g. Clinic-T in Brighton)

4. Other:

- **Create a positioning statement which clearly sets out ESCC's approach to supporting sex workers fairly and confidentially.** This statement should be publicly available so that

sex workers can find it independently or be signposted to it. Having a clear positioning statement would help to ensure sex workers can make an informed decision about whether to engage with ESCC services, adding to their sense of agency and reducing the sense of risk. An example of this was shared by the Terrence Higgins Trust.

- **Create a toolkit for local organisations** which pulls together relevant key signposting information, the positioning statement, and a profile of the local sex work landscape (summarising what is known about sex workers in East Sussex, the type of services they offer, where etc.) in a light touch, digestible format.

1. Introduction

Many people in the UK are drawn to and undertake sex work. 'Sex work' is an umbrella term, encompassing a range of services that can be online/remote or indoor and outdoor direct selling of sex.

The legal status of sex work - as defined by Sussex Police - is that the exchange of sexual services for money is legal in the UK (except Northern Ireland). However, certain related activities are illegal under the Sexual Offences Act 2003: **soliciting** (see *glossary*) for clients on the street or other public places (including someone in a vehicle); paying for the services of a sex worker who is forced or threatened into it; owning or managing a **brothel** (see *glossary*); **pimping** (see *glossary*); or advertising sexual services (including putting cards in phone boxes).²

Financial incentive is often the primary motivation to provide sex work, for some it is their career, for others it is used to help cover daily living expenses or to afford things that enhance their quality of life. However, payments may not always involve money directly. Some may offer 'escort' services in exchange for an 'exclusive' lifestyle or gifts. For others, transactions might involve basic needs like accommodation or drugs in return for sex. For the purposes of this research, we use the term 'sex work' to refer to the provision of sexual or erotic acts or sexual intimacy in some form of transaction/exchange for payment or other benefit.

It is recognised that people from all different circumstances are involved in sex work. Many are driven by a wide range of determinants (such as poverty, violence, and homelessness) that make them part of an already vulnerable population susceptible to significant health impacts - which are then compounded by the nature and adverse health consequences of sex work.

Reliable data and insight about the nature and prevalence of sex work, the profile of sex workers, and the best way to support their health/sexual health needs is lacking. Some evidence suggests the poor socio-economic conditions of many sex workers mean that health and life expectancy among this group can be extremely poor.³ As such, work is needed to better understand the health and wellbeing needs of sex workers.

East Sussex County Council therefore commissioned independent research agency, Social Marketing Gateway (SMG), to undertake a needs and assets assessment of sex workers in the local area, to better understand how sex workers in East Sussex can be supported by services to achieve and maintain good health and wellbeing.

² <https://www.sussex.police.uk/advice/advice-and-information/sw/sex-worker-safety> [Accessed on 5th march 2025]

³ Balfour, R. & Allen, J. (2014). A Review of the Literature on Sex Workers and Social Exclusion. By the UCL Institute of Health Equity for Inclusion Health, department of Health. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303927/A_Review_of_the_Literature_on_sex_workers_and_social_exclusion.pdf [Accessed on 11th December 2024]

To support readers of this report, a glossary is included in Appendix 1 with definitions of terms which may not be easily/widely understood. To identify terms included in the glossary, the first appearance of the term is marked as ***bold and italicised*** with (see *glossary*) included afterwards, e.g.: ***BDSM*** (see *glossary*)

2. Objectives

Focussing on paid/transactional sex, the key requirements of this work were to gather insight into:

- The types/nature of sex work across the region – building a profile of what sex work is like locally, including gathering insight into the types of sex work/services offered, and how/where/when these take place.
- The demographics of sex workers – including their characteristics, any uniting or differentiating factors, and any subgroups – and the health and wellbeing needs of those involved, including understanding how to support these.
- The barriers and enablers to accessing support for sex workers, how these can be addressed, and what can be done/how to prevent ill health/poor sexual health across different segments.
- Current levels of service provision and commissioning arrangements – including identifying where good practice is already happening, and where there are opportunities, gaps/concerns, and potential assets for improving healthcare.
- Identifying good practice and learnings from the approach taken, services, and interventions delivered by others.

3. Methodology

3.1 Methodological approach

A multi-stage approach was taken, involving desk research, stakeholder consultations, a target audience survey, and target audience interviews.

Desk Research

The first stage of this work involved conducting comprehensive desk research to gather existing evidence and insight around sex workers' needs and assets. Evidence was assembled through a combination of efforts:

- East Sussex County Council provided local data about the number of local sex workers that had accessed sexual health clinics between 2019 and 2020, including information about their age and gender.
- Online searches were conducted on Google and Google Scholar, looking for relevant work relating to sex work and health and wellbeing services.
- SMG utilised evidence they had available in their existing library, in relation to sex work, sexual health, and local East Sussex services.

The primary focus was on UK studies but research from further afield was also reviewed due to topic relevance. A 'flag and tag' system was used to identify and categorise relevant content.

Insights from the desk review have been included where relevant in this report. The full desk review is available as a separate document.

Stakeholder Interviews

A qualitative approach to stakeholder engagement was taken in the form of interviews conducted either online (using Zoom/Teams) or over the phone. A qualitative approach was chosen as this was believed to be the best way to gather the depth of insight required about service provision, the health and wellbeing needs of sex workers (from stakeholders' perspectives), their understanding of the target audience, and the barriers and motivators to engagement.

Relevant stakeholders to involve in the research were identified in a number of ways:

- The ESCC client team identified relevant local organisations/people who were important to include, and where possible the research team was directly introduced to these individuals.
- The list from the ESCC team was supplemented through online searching for relevant organisations - both locally and nationally - and from services identified through desk research.
- Snowballing recruitment – where participants in the research identified other individuals who would be relevant to take part – was also used.

Whilst engagement with stakeholders was focussed mostly on local services and organisations, some services/organisations from outside East Sussex were included to supplement understanding of the target audience and their potential needs, barriers to engagement, enablers to engagement etc. This also allowed for the research to amass 'best practice' stories from elsewhere and learn from existing service provision.

Both one-to-one and paired interviews were conducted – with most interviews being set up as one-to-ones, but pairs being conducted when more than one person at an organisation was important to include in the process (e.g. when different roles were occupied, but both had important insights around sex workers and engagement). Interviews lasted around 60 minutes.

As part of the discussions, stakeholders were also asked for their continued support with the research – specifically, if they could help the research team reach and engage with sex workers in East Sussex. Almost all participants agreed to continue supporting the research, and either advertised the research on the online platforms, or asked clients/service users directly to take part and linked these individuals with SMG where consent was given. In addition to supporting engagement with the target audience, a number of organisations provided additional support:

- National Ugly Mugs (NUM) supported the development of the targeted quantitative survey research tools for sex workers, reviewing the language and safeguarding, and providing suggestions for additional questions/amendments.
- The East Sussex Sexual Health service had ongoing meetings with the research team to share insights, as this was of mutual benefit.

- Sussex Police invited researchers from the SMG team onto their quarterly Sex Working review meeting, where local services are brought together to share insights about the population and supports in place.

Target Audience Engagement

Engagement with the target audience involved quantitative and qualitative elements. The target audience engagement was completed after the desk research and stakeholder engagement, in order to benefit from and be informed by these earlier stages (NB: the desk research, although conducted at start of the research, was considered iterative and ongoing for the full project period as relevant insights were added as new/further evidence was found).

Target Audience Survey

The survey was open to all sex workers living in East Sussex over the age of 16. The survey was crafted based on the objectives of the research and insights gathered from the desk research/stakeholder interviews. Whilst it was set up to 'screen out' ineligible participants (e.g. those selecting 'under 16 years old' as their age, or answering that they did not live in East Sussex) a few participants living in Brighton did complete the survey (having selected that they live in East Sussex, and later identifying they live in Brighton). Due to the proximity of Brighton to East Sussex (with it being the adjacent locality) and as useful insights around needs and service use were gathered from these few respondents, they have still been included in the reporting.

The survey included a combination of open and closed questions. It took around 20 minutes to complete, and respondents were 'routed' through the survey depending on their answers so that only relevant questions were asked. This was because certain questions were only relevant based on earlier answers (e.g. if they had sought help for a particular issue) and some sections were only relevant for specific populations – such as questions for men who have sex with men (**MSM**) (to understand their specific needs), **transgender** (see *glossary*) sex workers (again, to understand any specific needs of this audience), and for female-sex respondents around gynaecological health and female contraception (e.g. the contraceptive pill, vaginal ring etc.).

The survey was promoted in several ways:

- Stakeholders involved in the research that engage with sex workers directly (such as the East Sussex Sexual Health Service, Oasis SWOP Sussex, Streetlight UK, and Sussex Police) asked their clients/service users to take part, by passing on either the survey link or the details of the research team to get in touch.
- The survey was promoted on sex worker forums and advertising platforms, such as Vivastreet and SAAFE (Support and Advice for Escorts).
- Stakeholder organisations promoted it on their websites – e.g. on the NUM (National Ugly Mugs) homepage and the ECP (English Collective of Prostitutes) website.
- The survey was also promoted on the SH.UK website - the online provider of sexual health services in East Sussex.

After survey launch in November 2023, and following feedback from stakeholders promoting the survey to their service users/clients, the survey was slightly revised. This was done to both shorten the time taken to complete the survey as some feedback had suggested the length of the survey was off-putting for the target audience, and to reorder the survey questions so that the most important insights were gathered up front (i.e. the questions relating to health and wellbeing needs and service use).

To support the survey revision process, staff at NUM volunteered to help the research team by reviewing the language of the survey and suggesting where questions could be difficult to answer/interpret, allowing SMG to identify where questions could be helpfully combined or removed. NUM also provided safeguarding information for their service to include alongside other safeguarding information at the end of the survey.

Whilst a few questions were removed for the final revised survey, no questions were added, meaning that responses to the original survey were still valid for the research. There were only two respondents to the original survey, and any extra insights from these respondents have been taken into account for the analysis and reporting process.

The survey was available to complete from 2nd November 2023 until 18th November 2024. The survey was hosted on SNAP surveys. All respondents were assured of the confidentiality and anonymity of the research in the survey introduction, and no personally identifying details were collected as part of the insight gathering. Survey respondents also had the option to opt-in to a research interview.

Target Audience Interviews

Interviews with sex workers living in East Sussex were conducted to gather depth insight into the profile and health and wellbeing needs of this population. Interviews were conducted online, using Zoom, and participants were given the option to have their cameras on or off. All discussions lasted approximately 60 minutes. Participants were reimbursed by SMG as a thank you for taking part in the research.

All interviews were completely anonymous and confidential, and participants were provided with safeguarding information where relevant during the interviews (i.e. when a need was discussed) or at the end of the interview. During discussions, participants were encouraged to 'tell their story' from the beginning – covering how they first became involved with sex work, their experiences with clients and services, and the needs they have had since becoming a sex worker. Participants were only required to answer the questions they felt comfortable with and were advised on their right to withdraw from the interview at any time.

Recruitment of interviewees was conducted through three routes:

1. Referral through stakeholders
2. Self-referral through the survey
3. Referral from others who had taken part (e.g. snowballing, as all interviewees were asked to pass the research opportunity onto anyone else relevant)

Whilst most participants completed the survey ahead of the interview (as they had first been referred to the survey by stakeholders, or found it on one of the online platforms it was promoted on) participants were able to contact the research team directly to undertake the interview without first completing the survey. In these instances, relevant questions from the survey were asked during the interview to allow this to be completed retrospectively, to achieve a full sample for the quantitative research.

Interviews were conducted between 17th March and 21st November 2024.

3.2 Limitations

Two limitations within the research should be noted:

- The sample size of target audience for this research is relatively small (24). However, it is important to note that given the complexities of engaging with this very hard to reach audience, this is considered to be a very good sample size across the industry, and reflects the samples achieved in other similar projects on this topic and with this target audience in other areas.
- No sex workers that are experiencing – or have experienced – **trafficking** (see *glossary*) or exploitation were engaged directly as part of this work, given the challenges engaging with this population and their limited ability to be able to freely take part in research. However, evidence around their circumstances and needs was gathered through desk research, stakeholder interviews, and anecdotally from other sex workers, and so insights around this population are still included in the report.
- In addition, no **transient sex workers** (see *glossary*) were engaged as part of this work due to difficulties finding and reaching this population. Challenges were primarily because this population are only in East Sussex for a short amount of time, and are also more likely to be immigrants illegally working in the UK, meaning they are less likely to make themselves known to services for fear of being deported. Insights identified that fear of deportation has increased in recent years due to immigration officers often joining police during operations to crack down on sex work exploitation, and illegally-working sex workers being detected and deported as part of this.

3.3 Sample

The figures/table below show the sample involved in the research. The sample for each element of research is shown separately: target audience interviews; target audience survey; and stakeholder interviews. Tables with details of each audience involved in the research are also included in Appendix 2.

As noted above, all target audience interviewees also completed as survey response – either prior to their interview or the relevant data was added retrospectively by the interviewer following the interview discussion. Therefore, the target audience interview sample is a subset of the target audience survey sample.

Figures 1 and 2 below break down the demographics of the target audience interview and survey samples respectively. These are followed by Table 1 which lists the stakeholder organisations represented in the stakeholder interviews. For more detail on each of the

stakeholders (and other relevant organisations), including what services/support they provide, see Appendices 3 and 4.

Figure 1 Target Audience Interview Sample

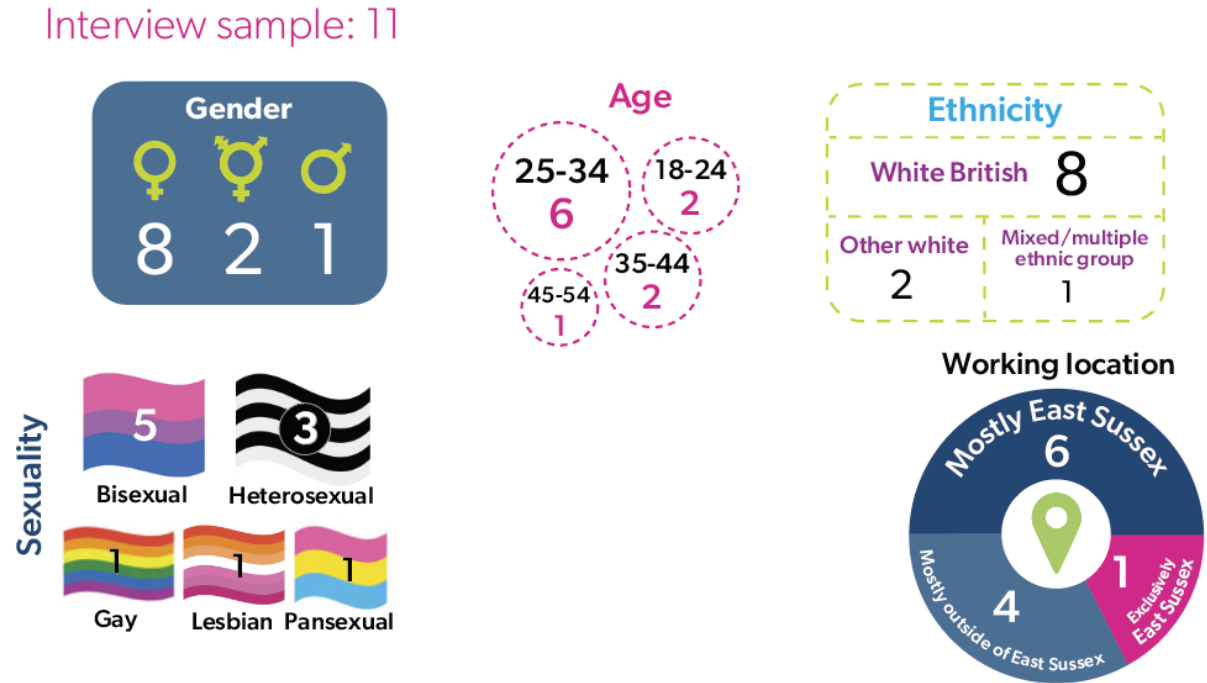


Figure 2 Target Audience Survey Sample

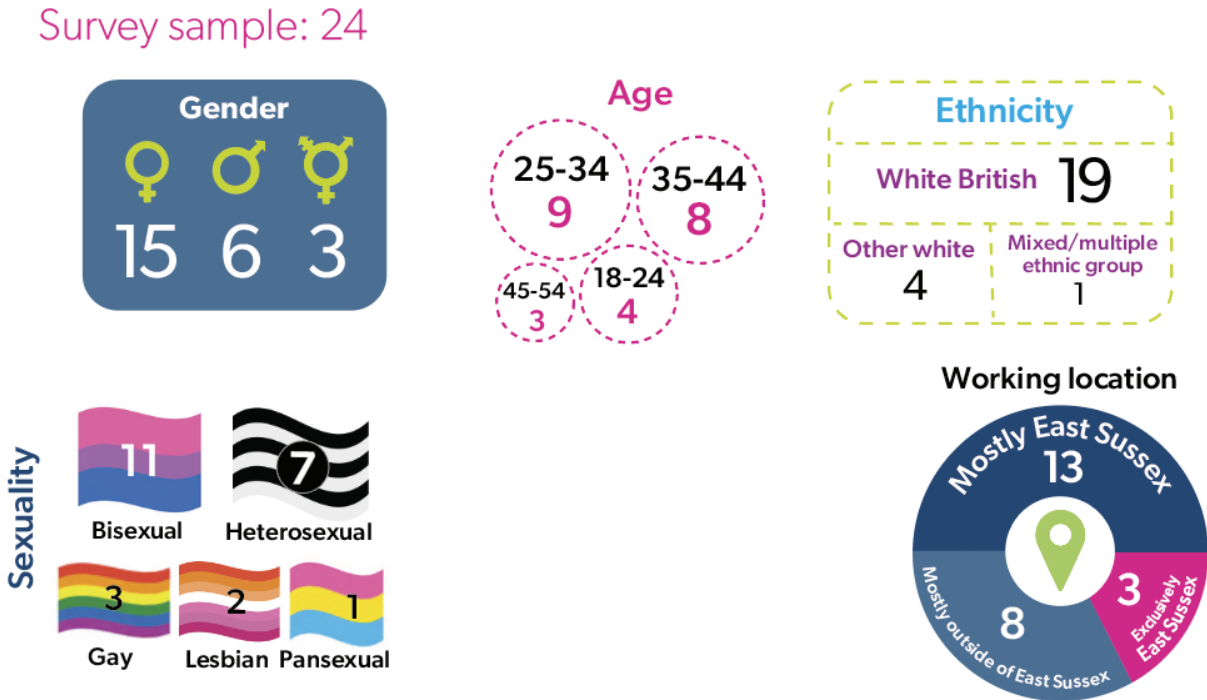


Table 1: Stakeholder interview sample

Organisation Name	Organisation Type	Locality
A Way Out	Charity	Stockton-on-Tees
Basis Yorkshire	Charity	Yorkshire
Beyond the Streets	Charity	Nationwide
English Collective of Prostitutes	Grassroots	Nationwide
East Sussex County Council	Council	East Sussex
Hastings Council	Council	East Sussex
National Ugly Mugs (NUM)	Charity	Nationwide
NHS East Sussex	NHS	East Sussex
Oasis SWOP	Charity	East Sussex
Open Doors Hackney	NHS	East London
Street Light UK	Charity	Sussex
Sussex Police	Police	Sussex
Terrence Higgins Trust	Charity	Nationwide
YADA	Charity	West Sussex
Total Sample	14 organisations* <i>*19 individuals were interviewed across the 14 organisations, as in some cases more than one person was interviewed per organisation</i>	

NB: As the research was treated with complete confidentiality, findings outlined in this report have been anonymised. As such, quotes are labelled simply as 'sex worker' or 'stakeholder'.

4. Target Audience Profile

4.1 Who are the sex workers in East Sussex?

The profile of sex workers in East Sussex is, as expected, not homogenous. Sex workers are coming from a variety of different circumstances and backgrounds and cover all types of people. This audience also encompasses those who consider/would describe themselves to be sex workers, as well as those who provide sexual services but do not call themselves sex workers, and those who are sex working against their will (e.g. due to exploitation).

"Age varies – I worked with women in their late 60s, it's not easy to say there is a specific profile. It's certainly not what we see on screen." (Stakeholder)

"It can be anyone – we have come across women who rent a space and work while their children are at school to women who are homeless or not suitably housed and that becomes part of the bartering process and producing an income." (Stakeholder)

"It's to pay bills and stuff. I have two children so I need to be able to cover stuff for them and being a single parent, it's hard to get a full-time job around their school hours so I can spend time with them and still provide for them." (Sex worker)

Whilst not a homogenous group, some commonalities were identified within the sample. Specifically, the majority of the sex worker population in East Sussex appears to be female – as identified by both sex workers themselves and local stakeholders working with this audience⁴. Some male participants highlighted that the lower number of male sex workers in East Sussex may be due to the locality's proximity to Brighton where there appears to be a greater call for male sex workers. Age ranges varied, with most of the sample being between 25 and 34 years old, but with some having started sex working at a younger age (often online at first).

Whilst sex workers in this sample were largely White British, insights suggested that there is a population of sex workers from other ethnicities/nationalities in the area, but they are more likely to be transient – i.e. moving around the UK and staying in East Sussex for only a short amount of time. This can make them harder to reach and also less likely to engage with services in East Sussex. Police information also suggests that sex workers who are being exploited are often non-British, sometimes having been brought here from another country to pay off a debt.

*"Generally when I look and from what I hear from clients, there are a lot more girls who are working in **brothel** type situations from other countries who are not doing it through their choice. So I don't think there are many other independent escorts in Eastbourne that I know of." (Sex worker)*

Sex workers tend to be isolated from each other. Most had no relationships with other sex workers in the area. A few had attempted to link up with others to create a sense of community and safety but were met with reluctance or disinterest. In one case, a participant talked about how other sex workers in the area had poached clients from them after they reached out, leading them to be distrustful of others and uninterested in forging relationships. One impact of this is that many sex workers are therefore not linked with someone who may be able to give them support/advice from a place of experience. Even those who have supportive family and friends can feel the impact of this missing lived-experience support network – particularly when things go wrong.

⁴ NB: as some of the local services included in this study are female-focussed, and their insights are based on their own experiences with the local sex industry, it is recognised that data around male sex workers may be 'hidden' and/or not as prominent within this particular study due to the gendered focus of some participants

"I tried to create a group for safety more than anything else to let each other know what was going on or to link up if we needed to, but most weren't interested." (Sex worker)

"It can be quite isolating doing this work and living in Battle." (Sex worker)

"'Positive' support networks are crucial for sex workers – to help when something bad or unexpected happens – people who are trustworthy and have their best-intentions at heart." (Stakeholder)

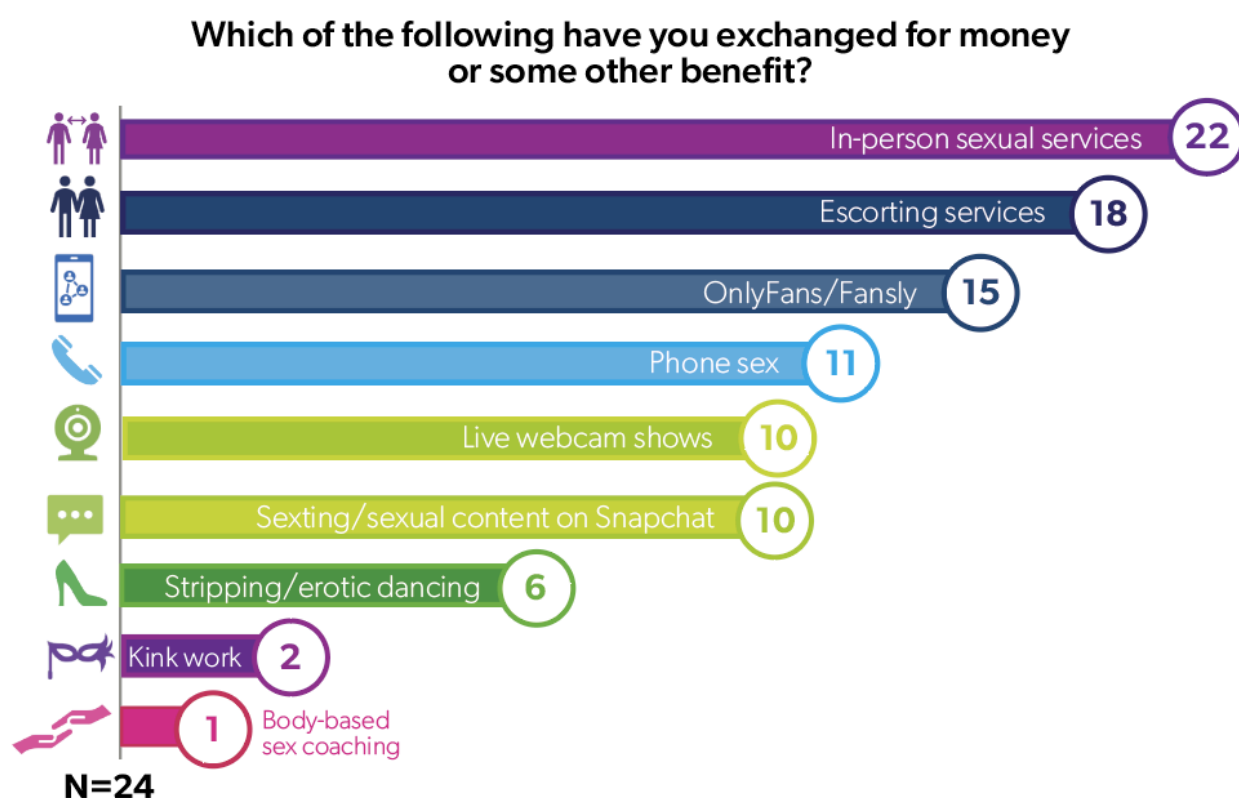
4.2 What type of sex work services are being offered locally?

The primary research indicated a highly varied and complex range of sex work within East Sussex, including online, offline/in-person, and a range of "grey areas" where individuals involved may not identify as sex workers, but are behaviourally similar or likely to have similar health and wellbeing support needs.

"I have some women who probably are sex working but they don't really realise they're doing it, such as 'he's paying my train ticket to London or paying the hotel'...I only know she's a sex worker because she said she'd had sex with around 20-30 people within the last few months." (Stakeholder)

The vast majority of the sample reported some form of in-person sexual service involving physical contact; for the two individuals who did not, their sex work consisted of creating sexual/erotic content online (including live webcam shows or pre-recorded content for **OnlyFans**-style platforms), **sexting/phone sex** (see *glossary*), and stripping/erotic dancing (where most UK clubs have a "no touching" policy).

Figure 3 Services offered



Online sex work profile

- Live webcamming, and pre-recorded sex shows and erotic content on platforms such as OnlyFans are a popular choice among sex workers.
- They offer a way to reach clients beyond the geographic limits of in-person work, as well as an opportunity for passive income from pre-recorded content.
- Online work often offers sex workers more control and reduced risk; sex partners will typically be fellow sex workers and there is more scope to discuss boundaries and verify whether partners have been screened for **STIs** (see *glossary*).
- Some sex workers also mentioned phone sex/sexting with clients as a service they offered.

Offline/in-person sex work profile

- Interviews and reviews of sex work profiles online highlighted a wide range of in-person services, including niche and **kink** (see *glossary*) options.
- Offline sex work is associated with higher risks to health and wellbeing (including personal safety and mental health in addition to sexual health) and offers less control over risk in comparison to online sex work.
- Some niche/kink services are considered riskier to offer (e.g. when acting as a **submissive** in **BDSM**, or catering to more extreme **fetishes** (see *glossary*) because they appeal to clients who are more likely to become abusive or ignore/push agreed boundaries.
- Conversely, services with an emotional dimension (e.g. **GFE**/"**Girlfriend experience**" (see *glossary*)) are considered to appeal more to lower-risk clients.
- In-person stripping/erotic dancing also takes place in East Sussex, primarily in dedicated venues.

- Participants primarily reported working alone, but escort agencies also operate in East Sussex based on their presence online.
- There are also sex workers who spend short periods of time in East Sussex as part of a touring business model:
 - Variety and novelty are key promotional tactics in sex work, as clients often pay attention to new profiles which pop up on the various sex work platforms.
 - Touring sex workers may be from countries outside of the UK, or from other parts of the country, and will visit multiple towns.
 - This makes them difficult for support services to engage with due to their transient business model, and the threat of discovery by UK immigration services for those who are not UK residents.

Grey areas

- Discussions with stakeholders have indicated that sporadic or opportunistic sex work, including **“survival sex”** (see glossary) or exchanging sex for goods/services, takes place across the authority. However, the nature of this type of sex work makes it challenging to determine prevalence.
 - There were 2 survey respondents who had performed some form of sexual service in exchange for food or housing.
 - People engaging in this type of **transactional sex** (see glossary) may not identify themselves as sex workers, and are often among the most deprived or vulnerable residents in East Sussex.

“We’re increasingly seeing that sex is being exchanged for rent, food, substances which can lead to exploitation, whether that’s voluntarily or not. It’s quite complex, it’s about working out where that person is at, whether it’s safe for them mentally, physically and being led by that individual. We don’t want to stop people sex working if they want to and if they have the capacity and it’s their choice to consent to that.” (Stakeholder)

- Primary insights highlighted behavioural similarities between sex work and some casual/anonymous sex subcultures:
 - Examples include **swinging/“hot wife”** lifestyles or the **MSM cruising** (see glossary)/hookup scene.
 - People who are part of these sexual subcultures may be behaviourally similar to sex workers (and therefore exposed to similar risks) without identifying themselves as such, and primary insight indicates that they can serve as a route into sex work.
- **Sexual exploitation** (see glossary) was a common theme brought up across our primary work:
 - While opinions vary on how to define this (with some taking the view that all sex work is inherently exploitative, and others believing that it can be done with choice/agency provided the right support and protection is in place) it was clear that there is a risk of criminal sexual exploitation associated with sex work in East Sussex.

- Insight indicated that blackmail, access to drugs, threat of deportation, or threatened/actual physical violence are used by perpetrators to gain/maintain control.
- It is therefore important that services who support sex workers are alert to signs of coercive control or exploitation and equipped to offer appropriate support.

"[In relation to being blackmailed by a powerful client] I can't get help to report him I can't get help for the impacts. What help is there in East Sussex? Nothing." (Sex worker)

4.3 Where does sex work tend to take place?

The geographic area covered by sex workers varied, with some preferring to work with regular clients in a smaller area, and others opting to go further afield in search of demand. Within East Sussex, there were no specific 'hotspot' areas identified – as on-the-street sex work is uncommon now, and most sex workers do **outcalls** (see *glossary*), they are not working in only one locality. Whilst larger/more densely populated settlements have greater demand, these can also become a saturated market at times. Online platforms make it relatively easy to book in with clients in neighbouring authorities, with some working outside of East Sussex for this reason (e.g. in London).

Recently, sex work has moved from being locality-specific to decentralised, due to factors such as the rise of social media and online platforms and the Covid-19 pandemic. This can make it harder to reach sex workers with outreach services as they are less likely to be operating in identifiable areas, and often likely to be travelling for work (even if they are based in East Sussex). This can make services in other areas more convenient for them.

For sex workers we spoke to, the primary consideration for where to work is personal safety. This meant that **"On-street"** (see *glossary*) sex work was less common than it may have been in the past. Instead, sex workers tend to meet indoors – either in their own homes, their client's homes, or at a neutral location (like a hotel or AirBnB).

Where sex work takes place can be divided into **incalls** (see *glossary*) and outcalls, and the how these differentiate is related to the level of control and agency the sex worker has over the venue. Incalls encompass any situation in which a sex worker meets with a client at a venue of their own choosing, where they are in control – whether this is their own home, a rented apartment, hotel room that they have booked themselves, or another venue; outcalls, on the other hand, are when a sex worker meets with a client at a location of the client's choosing – often the client's own home, or a hotel/AirBnB that the client has booked. Opinions vary on the pros and cons of each approach.

For many sex workers, maintaining privacy around their home address is a key safety concern and for this reason they prefer to avoid incalls and instead do outcalls or meet at a neutral location (e.g. a hotel).

"I don't have people coming to my place for safety reasons" (Sex worker)

On the other hand, some sex workers prefer to do incalls as they see it as safer to work in a location they are in control of: in their own home they know the entrances/exits, location of weapons, and are confident in the safety of food/drink. Levels of agency and control appear to be the key driver for how risky participants view incalls as being – those who have higher agency and control, often seeing only regular clients they are familiar with and trust, feel much safer doing incalls than others; those with less agency see it as riskier to expose personal information like their home address.

"I think in my own flat, I know where everything is, I know my neighbours can hear me if I was to scream, I know if I have a drink it's not spiked. If I go to someone else's, it could be in the middle of nowhere with no one around." (Sex worker)

One male participant who was comfortable with incalls explained that his route into sex work was an extension of the cruising/hookup culture he had already been a part of, where he would often take men back to his own home after meeting them on dating apps (e.g. **Grindr** (see *glossary*)). For this reason, it had not occurred to him to think of hosting clients at home as risky.

Whilst level of perceived risk is the primary influence on where sex work is occurring, privacy is also a concern for those living with flatmates or family members and who do not wish to disclose their sex work to them. As such, this group will conduct outcalls.

Stakeholder insight indicated that touring sex workers tended to operate from hotels or short-term lets when working in East Sussex. Other locations for work, such as meeting clients in cars, are considered to be particularly risky, and few participants are willing to do this.

"Increasingly, people are working alone, maybe some from home or from hotels, that can be a big range of age groups and social backgrounds" (Stakeholder)

There is also a cohort of sex workers who operate from massage **parlours/saunas** (see *glossary*). This group are typically thought to be more vulnerable, with higher risk of trafficking and/or criminal exploitation.

4.4 Why do they get into sex work?

Participants tended to highlight the high earning potential, flexible hours, and opportunity to earn money by doing something fun and enjoyable as their reasons for starting sex working. Often, the high hourly rate in comparison to most alternatives made it an attractive "side hustle", enabling part time sex workers to top up income from more mainstream work. Sex work was also seen as a fun or exciting option in comparison to mainstream work. Participants often mentioned enjoying sex or seeking excitement as a reason to consider earning money through sex work, with some already involved in casual/anonymous sex subcultures (e.g. swinging, hot wife, or cruising scenes) before deciding to try paid-for sex.

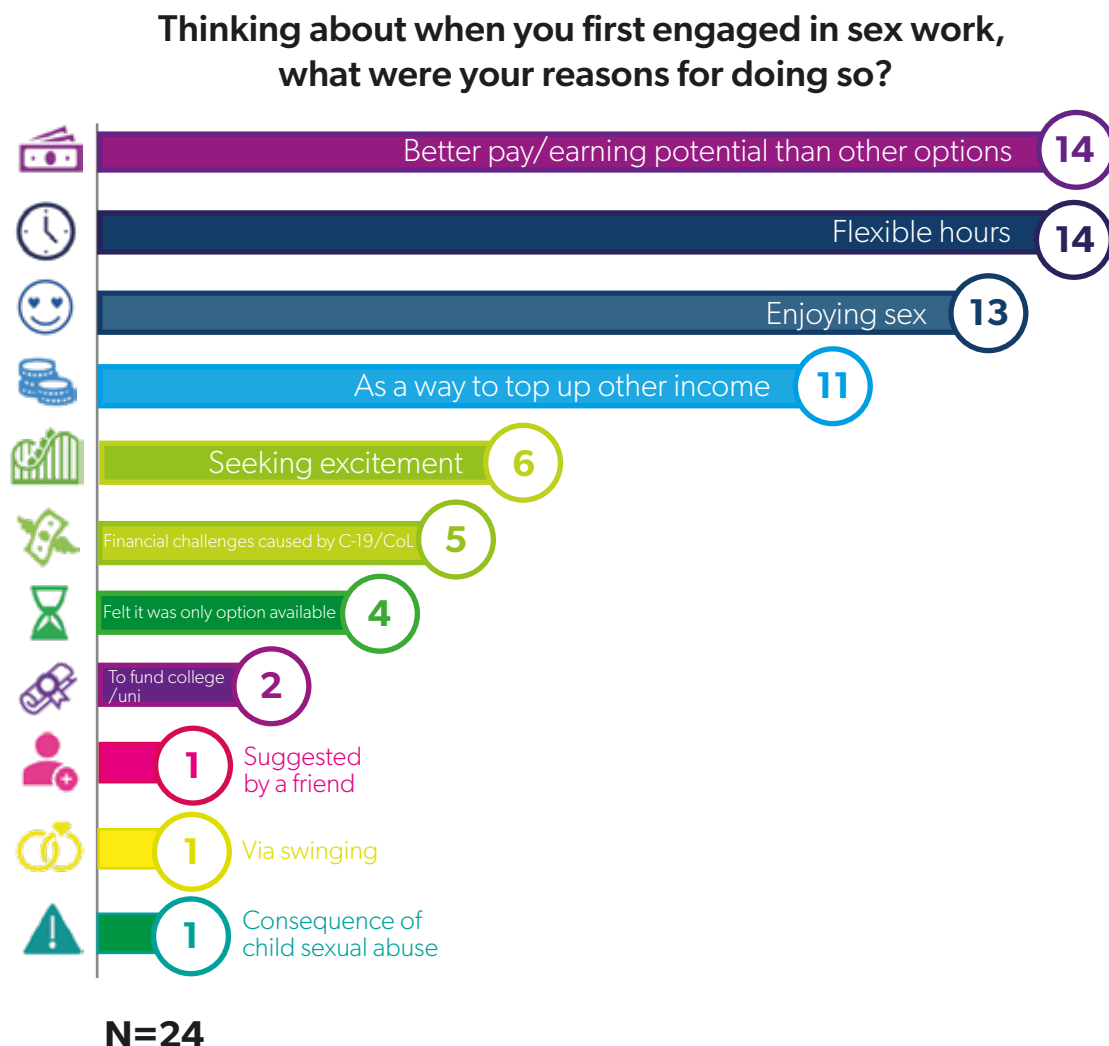
"We do have quite a lot of people working in the care sector or some who have had a history of homelessness. We have started seeing some more people who have other professions and they're doing this alongside that. We are having more contact with students or people who have been students. A lot of students do webcam work and a small number of people working in strip clubs and they tend to do this on the side." (Stakeholder)

Given the potential of sex work to generate quick cash, financial pressures were also a driver for consideration. Some participants specifically indicated that recent events such as the Covid-19 pandemic (C-19), cost of living crisis (CoL), and rise in energy costs factored in their decision to begin sex work. Funding further/higher education or professional qualifications was also mentioned as a reason to enter sex work.

While none of the participants indicated that they had been coerced verbally or physically into sex work, some did feel like they had few other options available to them. One felt that they became a sex worker partly as a result of being a victim of child sexual abuse. Based on other primary insight, we know that organised crime groups are involved in criminal/sexual exploitation in East Sussex, with victims often presented as sex workers (e.g. having an online profile set up on platforms such as **AdultWork** (see *glossary*)).

Figure 4 summarises the reasons given by participants for entering into sex work:

Figure 4 Reasons for entering sex work



Reasons for continuing sex work or not

Participants were also asked about reasons for continuing sex work, and their intentions around pausing/ceasing sex working. Most had considered stopping or taking a break from sex work. Among those who had not, responses highlighted a higher degree of job satisfaction and lower levels of concern about risk. Typically those who were considering stopping sex work indicated they were doing so because of safety risks, or due to pursuing other priorities (such as alternative career paths, starting a family or further study). The primary barriers to stopping or taking a break from sex work tended to be financial, with alternative options not offering the same earning potential as sex work.

Figure 5 Sex work status



N=24

"I find my work extremely fulfilling." (Sex worker)

"I stopped meeting in person and now just [work] solely online." (Sex worker)

"I escorted more when I was younger, left it after a few bad encounters, then came back to it, primarily on cam to be safer." (Sex worker)

"I would like to [stop] but other jobs within my reach are 45 hours a week for less money." (Sex worker)

"I have found another career I would like to pursue. I will continue sex work to pay for my studies/training." (Sex worker)

"I haven't looked back since. It's been a really good, positive experience for me." (Sex worker)

"Enjoying my work right now and spending time with guys I find attractive anyway." (Sex worker)

"It's a quick, fast buck." (Sex worker)

4.5 How do they get into sex work?

A range of routes into sex work were identified by sex workers and stakeholders. Often, curiosity around sex work stemmed from hearing positive experiences from friends or acquaintances, and/or learning about the earning potential of sex work. Media portrayals and reporting were sometimes mentioned, although this was often associated with online sex work (e.g. media reporting on OnlyFans content creators who earned large amounts). Some sex workers we spoke to started out with sex work as a side hustle/secondary source of income, but often realised they could make more money with more flexible hours by switching to full-time sex work.

The common routes into sex work identified by sex workers and stakeholders were:



Trying out paid webcamming, sexting, or Onlyfans work, then progressing to offering in-person services.



Being introduced by a friend who is already engaged in sex work. Typically, consideration is prompted by seeing the quick earning potential of sex work and being encouraged to try it out, often with an offer of help and advice (e.g. how to set up a profile online, how to handle clients).



Introduced by a partner, sometimes as part of their existing sex life. For those already in the swinging/"hot wife" lifestyle, arranging to meet strangers for sex is already a norm, so it can be tempting to explore whether this can provide an income source.



Similarly to the above, MSM who are active in the cruising/hookup app scene are already part of a sexual norm with practical similarities to sex work.



"Survival sex work" where sex work is considered to be the best/only way to meet basic needs. This is associated with a more vulnerable cohort, who may be less visible to services.



Related to the above, exploitation situations where people are coerced into sex work. This includes undocumented immigration/trafficking, criminal exploitation and coercive control.

5. How are the sex workers in East Sussex?

5.1 How in control of their own health and wellbeing do they feel?

From a needs and assets perspective, the insight suggests that we can group or segment East Sussex sex workers into three broad cohorts, based on their type and level of risk, their level of agency (i.e. their sense of control and choice in making decisions about sex work) and support needs. This categorisation is not expected or intended to provide an exhaustive picture of all sex workers in East Sussex, but it illustrates the three key groups that came through from across the sample engaged in this research.

Our interviews with participants who had been sex working over a longer period highlighted that the levels of risk and agency were not static. In some cases, increased financial pressures might necessitate riskier choices, or abusive/coercive behaviour from clients can reduce sex

workers' control over their decision-making. Conversely, some respondents reported making changes to working practices which improved their level of agency and reduced risk, such as focusing more on online/webcam-based work rather than face-to-face meetups with clients. This means that sex workers can move between cohorts depending on circumstances.

"When you're doing things like this it can be very scary. You don't really know what you're in for and you have the fear of the person being a bad person or hurting you. It's very on-off for me but as you go on you learn more and think of safety precautions." (Sex worker)

Cohort 1: Empowered, high agency, relatively low vulnerability and risk

- This cohort tended to be managing well overall.
- They were more likely to view their decision to start sex working as a choice, and typically felt more in control of their working practices, with a good understanding of the health and wellbeing risks associated with sex work.
- They were more likely to have started out viewing sex work as a "side hustle" or secondary source of income, with some moving to full-time sex work.
- This group often talked about liking sex, and consequently feeling that making money from doing so was a positive step to take. They tended to convey a sense of feeling empowered in their role as a sex worker.
- They were aware of the potential for risks – primarily in terms of sexual health but also personal safety – but are more likely to have measures and routines in place to mitigate risks, and therefore don't perceive themselves to be particularly at risk. Mitigating measures included:
 - Sexual health testing on a routine basis
 - Clear boundaries on which sexual services are on offer (e.g. requiring condom use for some activities, not offering submissive BDSM services)
 - Use of wellbeing and mental health support
 - Use of **NUM** or **Client Eye** (see glossary) to screen clients
 - Limiting face-to-face sex work in favour of online work
 - Checking in with friends before/after meet-ups and alerting others to their whereabouts
- The type of sex/sexual acts offered by this cohort tends to be relatively traditional – oral, vaginal or anal penetration, with condoms usually used, except for oral or vaginal sex with a regular client who has recently tested clear for any STIs.
- More likely to have done some personal research to understand risks and some had also done research into available support services. That said, some were not aware of all relevant services, because of the fact that they did not feel particularly at risk due to the mitigating steps they routinely take.
- Tended to be more confident in dealing with clients and approaching services, again lowering their risk level.
- More likely to have support from family, friends, or partners who are aware of their sex work. Also more likely to have taken active steps to try and initiate a sense of community and support amongst local sex workers, albeit not necessarily with a great degree of success/interest from others.

"Check clients on client eye. Take a deposit so I have their name. Only do incalls. Always use condoms." (Sex worker)

"Have a cricket bat by the door and vet clients' numbers using Client Eye and SAAFE (see glossary)." (Sex worker)

Cohort 2: Mid-range agency and vulnerability, aware of and managing risks

- This cohort tend to be at higher risk and somewhat more vulnerable than Cohort 1.
- Ways into sex work for this cohort include through working in a massage parlour or as what was viewed as an 'easy' next step following traumatic sexual experiences in earlier life.
- The sexual practices engaged in by this cohort can include more extreme or risky practices such as kink services including '**blood play**' (see glossary) and '**sharps**' (see glossary).
- That said, they are aware of the risks they face – in terms of sexual health and also personal safety – particularly with regard to potential mugging, theft, or potential blackmail.
- They do take some measures to manage and mitigate risks, primarily with regard to their sexual health – i.e. regular STI testing and use of **PrEP** (see glossary).
- Engagement with services tends to be limited to sexual health services (in-person or online).
 - They are likely to face mental health challenges but do not tend to feel that existing services are fit for purpose to support them – based on negative past experiences.
 - They also may not trust the police for issues around personal safety, again based on their own experiences.
 - Mixed experiences of and quality of relationships with their GPs
- Unlikely to have much experience of interacting with other sex workers in any sort of community, and any engagement with others is likely to be online.
- Some level of at least sporadic financial vulnerability can be relevant for this group, which can make them more likely than Cohort 1 to do what a client wants/where they want to get the money they need.
- They have some level of agency, but less so than Cohort 1 and similarly there was less evidence of a sense of empowerment around their role as a sex worker.

"I will have a friend that's got my location so she knows where I am. I do a little research about the person if they're not anonymous." (Sex worker)

Cohort 3: Low agency, vulnerable, high risk

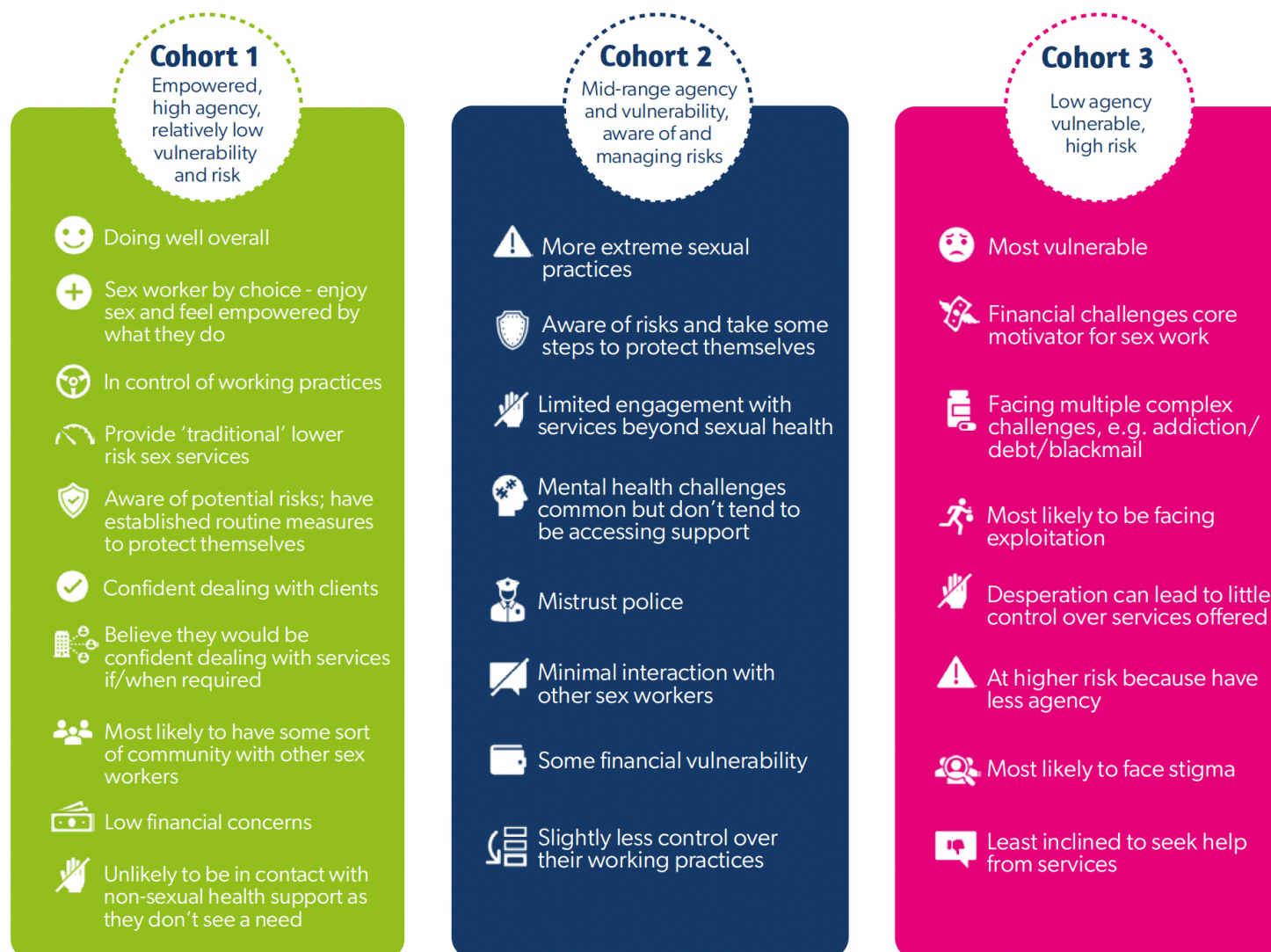
- This cohort were typically more vulnerable overall, with less agency and perceived control over their decision to either start or continue sex working, and over their current working practices.
- They tended to have financial issues as a core motivator for sex work (including debt or substance use issues), which also made it seem difficult or impossible for them to leave sex work even if they would ideally like to.

- This group were more likely to be dealing with multiple challenges requiring more complex support. Additional challenges reported included addiction, housing insecurity, debt, domestic abuse, and blackmail by a client.
- They were also more likely to be experiencing exploitation.
- These additional pressures and challenges made it harder for this cohort to be assertive with clients and enforce boundaries around their working practices, meaning that they are more likely to put themselves at higher risk.
- This also meant that the lower agency cohort were more likely to face stigma for other reasons beyond sex work, increasing barriers to help seeking.
- They tended to have fewer boundaries regarding the services they offer, being more likely to cater to the needs/wants of clients due to desperate circumstances. Those being exploited can also be forced into offering a wide range of services.
- Knowledge of support services is low
- As well as low knowledge, they are also unlikely to be linked with/have looked for support services due to worries about identifying as a sex worker due to stigma and/or the possibility of illegal activities being exposed (i.e. drugs)

"If someone is willing to pay, I'd basically go anywhere." (Sex worker)

"Sometimes clients will be on drugs or they'll be drunk or force you to stay extra time. Or because you are trapped in a room with someone who is physically a lot stronger than you can lead to clients underpaying you or making extra demands or pushing boundaries about what you're comfortable with sexually. Things that you don't offer but at the time you feel pressured into offering." (Sex worker)

Figure 6 Cohort summaries



Non-UK residents

The insight also highlighted the presence of non-UK-resident sex workers within East Sussex, and associated differences in access to support. “UK resident” includes sex workers who currently have the right to remain in the UK (for example, two of our research participants were European nationals working or studying in the UK, giving them greater access to services such as the NHS). None of our research participants belonged to the non-UK resident category themselves, but insight and anecdotal evidence from stakeholders and UK resident sex workers highlighted the existence of this group and gave some indication of their circumstances and possible support needs:

- Levels of risk and agency appeared to vary within this group:
 - Trafficking/organised crime involvement was confirmed to be present among international sex workers by support organisations and police. This sub-group are likely to be highly vulnerable and challenging to engage with, and would fit within the lowest agency cohort (cohort 3).
 - Some may be operating independently, e.g. international sex workers visiting several locations within the UK as part of a touring business model. Some online profiles indicated sex workers working in this way within East Sussex, but it was not possible to confirm whether their profile information was accurate. If these were legitimate, they could perhaps be included in cohort 2 or perhaps even cohort 1.
- Among this group, non-British nationalities mentioned frequently by research participants were Brazilian, Romanian and Polish. Our recruitment work and review of digital sex work platforms also found some profiles offering services in East Sussex presenting as Japanese, Chinese, and Ukrainian.

“Women often don’t understand and deny being trafficked, but we provide them with packs and contact information.” (Stakeholder)

Sexual exploitation was a common theme brought up across our primary work, and was associated with greatly reduced levels of agency in sex work. While opinions vary on how to define this sexual exploitation (i.e. with some believing all sex work is inherently exploitative, and other disagreeing with this) it was clear that there is a risk of criminal sexual exploitation associated with sex work in East Sussex. Insight indicated that blackmail, access to drugs, threat of deportation, or threatened/actual physical violence are used by perpetrators to gain/maintain control. It is therefore important that services who support sex workers are alert to signs of coercive control or exploitation and equipped to offer appropriate support.

“This is a very traumatised group of people on the whole. In terms of the polarised view - there is a small number who want to make it legal and legitimise it (English Collective of Prostitutes being one) but that is only a very small group. The majority of sex workers don’t even have an email, they are on the streets or behind closed doors, or don’t even know they are in the UK. They are being controlled. So for that group to come forward, it’s very, very difficult.” (Stakeholder)

“There is a bit of a stereotype about it’s all violence against women and girl and then the other extreme is that it is empowering. With some arguing the exploitation is the minority, however, others believe that exploitation is the majority of sex workers.”
(Stakeholder)









5.2 Health and wellbeing status

Overall, the majority of sex workers we spoke to had a fairly positive view of their health and wellbeing status, although this did vary depending on which of the three above cohorts they belonged to: people who felt they were doing less well overall tended to have less agency/control over their practices and engagement with protective measures (i.e. cohort 3).

When asked about their health, most sex workers initially focused predominantly on their sexual health, which they were aware was placed at particular risk because of their role as a sex worker, but most tended to feel they were taking measures to limit/manage those risks. Beyond that, responses tended to focus on their mental health and/or sense of personal safety as core parts of their overall health and wellbeing.

Across the discussions about sex workers’ perception of their current health and wellbeing status, conversations tended to be structured around the various categories of concern/risk that they feel exposed to through their work, as well as the actions that they take to mitigate against these. We asked them about what issues they have felt they needed support in relation to, which issues they had accessed support for and, if they had not accessed support for a particular need, why not.

Table 2: Service need and access

Support Need	No. who identified need	No. who accessed support
 Mental health	9	6
 Money/debt advice	9	3
 Sexual health	9	8
 Abusive/violent behaviour	5	1
 Domestic abuse/violence	5	0
 General health	4	4
 Housing difficulties/homelessness	2	1
 Alcohol/substance use issues	2	0
N=15		

Perception of risks to health and wellbeing

A quarter of sex workers in the sample felt that their health and/or wellbeing are 'always' or 'often' put at risk when they are working. Participants who chose these options highlighted sexual assault/rape, mental health and wellbeing, and sexual health as being the main risks to them. (Figure 7)

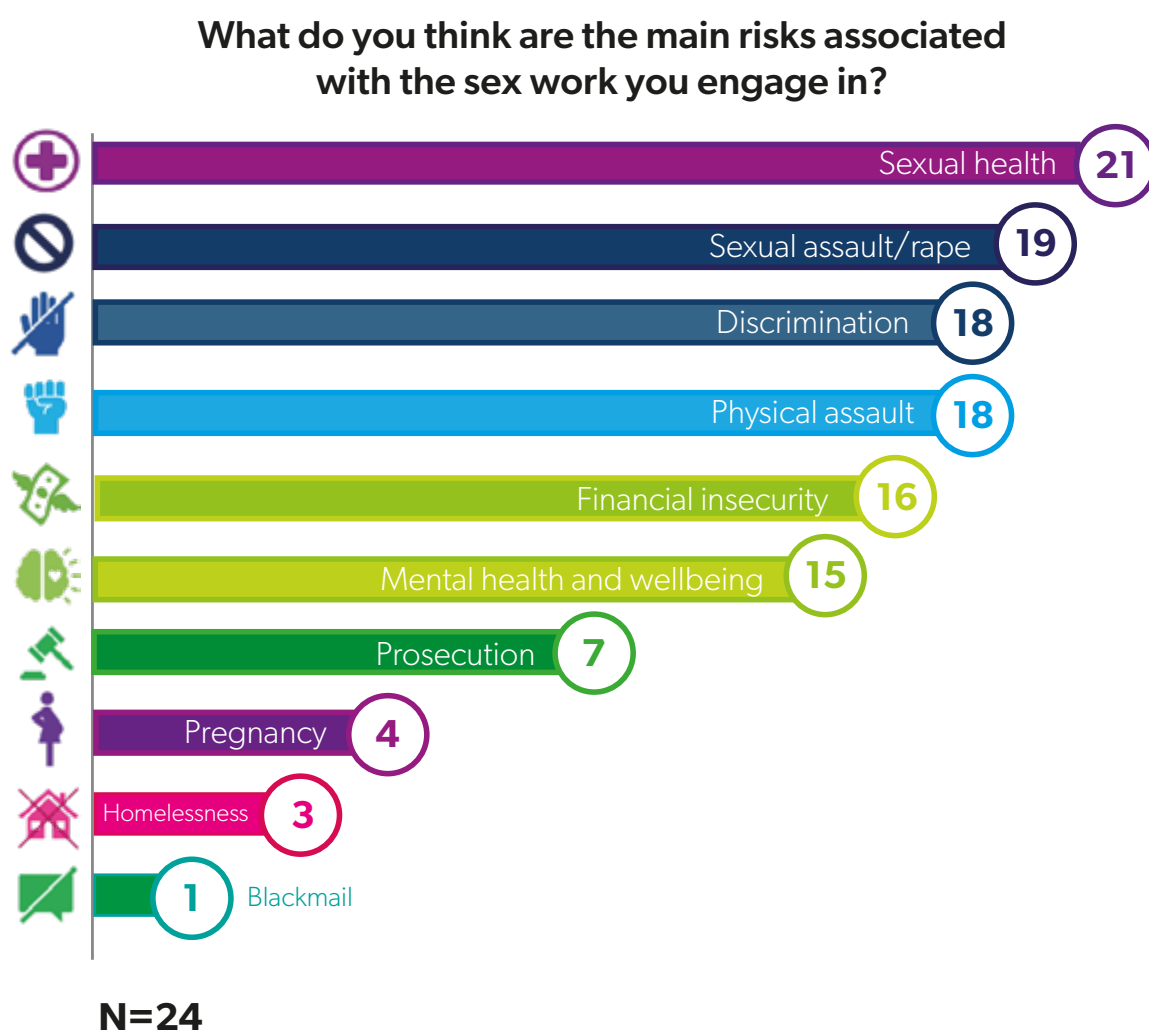
Figure 7 Perceptions risk to health/wellbeing

Thinking about the types of sex work that you engage in, do you feel your health and/or wellbeing are put at risk when you are working?



Many 'types' of risks are associated with sex working. Sexual health risks were the most commonly reported across the sample, with risk of sexual assault/rape being second most commonly reported. Physical assault, risk of discrimination, financial insecurity, and mental health and wellbeing also featured strongly. Risk of pregnancy was much less commonly reported than sexual health risks, suggesting that most of the sample feel confident in their contraceptive health, but less confident in protection from STIs. (Figure 8)

Figure 8 Types of risks



Some of these risks were directly linked to sex work itself:

- Increased sexual health risks
- Pregnancy
- Risk of violence (sexual or otherwise) or criminal behaviour (e.g. theft, blackmail) from clients
- Prosecution
- Discrimination from services/organisations
- Mental health issues/stress, often around abusive, criminal or threatening client behaviour

Other factors which carry health and wellbeing risks were identified as being more likely to affect sex workers than the general population. In some cases these may also be linked to sex work directly, but it is important to note that this was not always the case. Regardless of whether they were directly linked to sex work, the following risk factors were highlighted as potential barriers to leaving sex work or to seeking help/support where needed.

- Debt/financial issues
- Housing insecurity/homelessness
- Substance use/addiction issues

All of the sex workers who participated in the research took some action to prevent or reduce risks to their health and wellbeing. These tended to focus primarily on reducing sexual health risks or risks posed by clients to personal safety, but some participants also took action to protect their mental health, or to protect their privacy and reduce the social risks of being “outed” as a sex worker.

We will now discuss each category of health and wellbeing in turn, including the risks that sex workers feel exposed to through their work and, where relevant, the actions they take to mitigate against these risks.

5.3 Sexual health

Insight from sex workers and stakeholders indicated that this is an area of health and wellbeing which is front of mind for sex workers generally. Unsurprisingly, there was high awareness of the increased risk of STIs associated with sex work, and some spoke about having been treated for STIs at sexual health clinics. Every sex worker we spoke to had taken steps to reduce these risks.

“I routinely attend [sexual health clinic] for all my sexual health needs. I have also consulted with the sexual health clinic and used all of the resources they have provided to me.” (Sex worker)

An important insight here was that sex workers often spoke about pressure to have riskier sex, either directly from clients or more passively through the norms of sex work:

- Clients can pressure sex workers to have unprotected sex – while sex workers may be able to assert their boundaries at times, there are also situations where feeling physically threatened or otherwise coerced has led to riskier sex than originally intended.
- One sex worker did niche/kink work involving cutting or blood play. They were aware that this carried additional safety and STI risk.

Actions taken to reduce sexual health risks included:

- Using condoms for certain sex acts was common, although generally with the exception of oral sex - as oral sex without a condom was the accepted norm both in sex work and more generally.
- Regular STI testing, including in-person at a clinic and using at-home testing kits. Most sex workers reported a sexual health screening routine, although the frequency and breadth of testing varied between individuals. This included both at-home test kits such as those issued by **SH.UK** (see *glossary*), and visiting sexual health clinics.
- Most participants were aware of PrEP but fewer had accessed it. Use of PrEP was most common with **cisgender** (see *glossary*) male or trans-female participants, all of whom used it, considering HIV to be a significant risk of sex working. Some cisgender female sex workers were aware of PrEP but most did not use it. There were 5 cisgender female participants who were unaware of PrEP.
- Two participants had used antiseptic mouthwash or took antibiotics after unprotected sex acts, with the aim of reducing risk from bacterial STIs

- The cisgender male sex worker who took part also takes an antibiotic (not specifically for STIs) after sex to reduce the risk of bacterial infection. While this is not officially offered by the NHS for this purpose, he was comfortable discussing this with staff at the sexual health clinic he attends, who provided non-judgemental advice on potential side effects and risks. He did not typically use condoms with clients (including for anal sex) as the combination of PrEP, this antibiotic, and regular testing reduced his risk from STIs to a level he found acceptable.

"I get regular testing - including blood work for a wide range of STIs and use of [antibiotic] post-unprotected sex." (Sex worker)

- Cisgender female sex workers tended to be proactive about contraception and used a range of options including condoms, injections, and hormonal pills.

One sex worker identified a sexual health support need they had not sought support for, giving the following reasons:

- Not knowing where to look for support
- Deciding to handle the issue themselves
- Concerns about engaging with the service as a sex worker

5.4 Personal safety

Most participants highlighted sexual assault/rape as a risk of sex work, with several considering it to be the biggest risk to them personally.

"There is obviously the risk of being killed or hurt because you are meeting random people you don't know and you're in a private space with them" (Sex worker)

*"Of course you could be engaging with someone who could rape you, harm you, rob you – those are things you always think about when you're **escorting** (see glossary)".
(Sex worker)*

Some participants indicated that they had personally been the victim of sexual assault or rape by a prospective client. Stakeholders from sex worker support organisations confirmed that some of the people they support had been victims of sexual violence. Often, privacy concerns and/or concerns about being dismissed or discriminated against present a strong barrier to reporting sexual assault or rape:

"Back in February, I met up with a client and he sexually assaulted me. Not only did he not pay, he also robbed me. It was a new client. For a month or two it was very difficult to trust people again or even get out of the house." (Sex worker)

"We do encourage women to report assaults, rapes to the police, but what we get back from them is that they feel they haven't been believed or it's viewed as par for the course: "What do you expect, it's what you do", or they're told there is not enough evidence to prove it. The women have very little reason to trust the police."
(Stakeholder)

Notably, two of the three male sex workers who responded did not report this as a risk they were concerned about. One explained that he did not perceive the same physical threat from his male clients, believing that men who have sex with men were less likely to behave in a predatory way than the clients of female sex workers.

"Whether they're going to follow me or not. It's pretty common knowledge that sex work is looked down on and men have a tendency to think they can do what they want when they want to women." (Sex worker)

The risk of other violence/physical assault at work was highlighted as a source of concern for sex workers. This would typically mean assault by a client, but there was also one respondent who mentioned criminals specifically targeting sex workers for violent robbery as a worry. Most cis female participants and all three trans/nonbinary participants reported physical assault as a risk they were concerned about. Two of three male sex workers were not concerned about this risk.

"If it's going to happen it's going to happen. I hope it doesn't happen but it's an expected part of the job." (Sex worker)

Actions to reduce personal safety risks

One of the most common safety measures reported by respondents was limiting bookings to locations where they felt safer. Opinion was split on where the safest option was:

- As previously mentioned, privacy was the key driver for those who preferred outcalls (meeting the client at their home or hotel/accommodation). However, the trade-off here was in potentially going to an unfamiliar place. Some respondents mitigated this risk by sharing their location with others (see below for further detail).
- Some preferred incalls (where the client visits the sex worker at their place of work) as this allowed them to be in control of, and familiar with, the location. The primary risk of incalls was around privacy and disclosing one's address to clients; some respondents preferred to book hotels or short term lets and meet clients there to mitigate this.
- Some respondents preferred to meet clients in a location with at least one other sex worker, or a venue with reception/security staff/CCTV, although this carries a risk of arrest due to laws on brothel-keeping.
- Getting into a client's car was considered highly risky, and all respondents who mentioned this would not agree to do meet clients in this way.
- Screening to avoid potentially dangerous clients was an important part of many sex workers' risk reduction toolkit:
 - Given the popularity of digital sex work platforms, digital tools such as Client Eye or the National Ugly Mugs database were considered highly useful.
 - Some participants mentioned the importance of "gut instinct" or learned experience to sense whether clients may pose a risk.

- Some made a point of only agreeing to see clients who had a digital footprint with positive feedback from other sex workers.
- Some personally screened clients by talking to them online or in person before agreeing to provide sexual services, which also offers an opportunity to negotiate other details or “red lines”.
- Focusing on trusted regular clients was another way to mitigate safety risks. Some participants preferred building a small pool of regular clients to focusing on new clients, as this enabled them to get to know and trust them individually
- Another common safety measure used by participants, especially those who offered outcalls, was confirming their location and/or welfare with a third party when meeting clients. The exact approach and level of detail involved varied, with examples such as:
 - A text when arriving, one to confirm all good, one to confirm the session went okay
 - Sharing their live location through messaging apps or other digital tools
 - Sharing details of the planned session with a third party (e.g. limitations, no-gos, client’s requests)
- One respondent viewed insisting on an up-front digital payment as a deposit as a way to improve safety, by creating a paper trail which could identify a client in the event they became abusive
- One respondent mentioned owning a weapon which she kept by the door of her home

“I limit work to only the clients I know and see regularly.” (Sex worker)

“You can never feel 100% safe but if it’s a regular client, you kind of gain a trust of them.” (Sex worker)

5.5 Mental health

It is clear from the insight that sex work can be highly stressful. Stigma and personal safety risks mean that sex workers often disclosed mental health challenges, with some attending counselling. Stakeholder organisations often included counselling or wellbeing support as part of their offer.

“I think the biggest risk is women who don’t realise how much of an impact it has for them to be put in this situation where you have to constantly assess the risk. You don’t even need to be in danger but you have to constantly walk on egg shells, you have to read people, you have to read their reactions just so you’re not put in danger.” (Sex worker)

“What he [client blackmailing her] did to me broke me.” (Sex worker)

“As I am putting myself through things that I hate, it definitely can really affect your mental health because before it was just seen as an intimate act, to be done with someone that you care about and someone that you love.” (Sex worker)

Most participants mentioned mental health or wellbeing risks; some had sought support for mental health or wellbeing. Among survey respondents who identified a mental health support need, but did not seek help, the reasons given included:

- Not knowing where/who to go to
- Being worried about engaging with support as a sex worker
- Dissatisfaction with existing mental health services, both generally (e.g. lack of availability) and in terms of being sex-worker-informed

"I don't want to burden other people if they're not involved in sex work themselves, I'm afraid of pushing people away. I feel like it's a very emotionally heavy thing to share and I know that trauma dumping can drive people away." (Sex worker)

Actions taken to reduce mental health/wellbeing risks

- Some participants reported taking mental health breaks from sex work to improve their resilience, sometimes including specifically after a challenging/traumatic event had occurred.
- Some participants mentioned accessing counselling or mental health support, either privately or through the NHS.
- Practicing self-care techniques was another way participants looked to protect their mental health.
- Some participants had tried peer support, but with limited success; one in particular spoke about trying to set up a support group and finding this to be challenging.
- For sex workers who provided online services which involved interaction with clients, controlling or limiting the content of their phone sex/**camming** (see glossary) sessions was an option to help reduce negative mental or emotional impacts.

"I stick to my safety procedures, trust my instincts when stuff feels wrong, form bonds with the wider sex worker community for support, and take breaks for mental health when financially viable." (Sex worker)

5.6 Social issues

Social risks involved stigma/discrimination based on their status as a sex worker. The simplest and most common measure participants used to reduce the social risk associated with sex work was maintaining privacy:

- Participants often worked under a pseudonym to prevent clients from finding out their identity.
- Often, participants would only disclose their status as a sex worker to a small number of trusted friends or family.
- Some participants avoided disclosing their sex worker status when asked to give their occupation by organisations such as banks or housing associations.
- When engaging with support services, their status as a sex worker may only be disclosed on a "need to know" basis (i.e. only when it was directly relevant to the support they wished to access).
- In some cases, participants were reluctant to report being the victim of a crime as this could involve the police becoming aware of their sex work.

"There is a bit of a stigma around it and you don't know who you can and can't be open with." (Sex worker)

"It's really the laws built around sex workers that make them criminals – makes it more stigmatised and make them less likely to access services." (Stakeholder)

5.7 Debt/Financial issues

This was a risk area which was highlighted as providing both a motivator to begin sex work, and a barrier for those considering leaving or stopping sex work. For some participants, the earning potential of sex work was much greater than the other options available to them, reducing their sense of choice and agency around sex work. Sex workers who were under more acute financial stress mentioned feeling more pressure to agree to requests from clients which were riskier (both in sexual health terms and in terms of broader personal safety) or outside their usual comfort zone in exchange for higher fees.

The other area where participants reported financial challenges was around discrimination from financial institutions or organisations. While it is legal in the UK to be a sex worker, some participants reported facing financial discrimination, for example when applying for loans, bank accounts and mortgages. This added to the overall stigma and stress burden on sex workers, as well as limiting access to basic financial products and services.

5.8 Housing insecurity/homelessness

Some participants highlighted this as a risk associated with sex work. Additional insight from stakeholders and secondary research provided some additional context to the unique challenges linking housing insecurity and sex work:

- Survival sex (e.g. exchanging sex for temporary accommodation/couch surfing) occurs in East Sussex, but prevalence is hard to estimate due to a reliance on self-reporting and the associated stigma
- In some cases, sex work can involve breaking the conditions or rules of temporary accommodation such as women's refuges (for example, by bringing clients onto the premises).
- Living in private rented accommodation (including student accommodation and halls of residence) can carry additional risk for sex workers, as landlords can have the right to terminate the tenancy depending on the terms set out in the lease agreement

"Housing plays a huge part into why women are involved, it plays a large role in how much genuine choice they have. For example, would make different decisions if you didn't need to pay for a bed for the night." (Stakeholder)

5.9 Substance use issues/addiction

This was a risk area which was linked to sex work by some participants and stakeholders. In some cases, the stress or trauma experienced through sex work had exacerbated existing substance use issues or encouraged substance use as a way to self-medicate. Stakeholders from ESCC's substance abuse services highlighted some specific and often complex

challenges which apply to sex workers who are also dealing with addiction or substance issues:

- Because both drugs-related offences and sex work can result in a criminal record, this can make mainstream work harder to come by.
- People with lived experience of addiction and sex work are subject to dual stigma which has a negative impact on self-esteem and mental health.
- This group are particularly vulnerable to exploitation due to the potential of addiction as a means of coercive control.
- Although there may be an intention to stop or pause sex work, an addiction relapse is often associated with a need for quick cash, which means resuming sex work is one of the only options available.
- While they may be able to offer or signpost to specialist support for sex workers, substance use services typically rely on individuals choosing to disclose sex worker status to do this rather than offering this more proactively.
- For this group, the ideal approach would focus on offering support for substance use issues first, but be sex-work-informed and trauma-informed in order to ensure opportunities for further signposting are not missed.

"It's quite isolating, mental health, people start using drugs to make it easier so it could be a vicious cycle fuelled by drug and alcohol." (Stakeholder)

5.10 Legal challenges/risk of prosecution

The legal status of sex work in the UK offered some challenges which were highlighted by participants. One specific example is the law around brothel-keeping, which currently makes it illegal for two or more sex workers to operate out of a single premises. Some participants noted that the current legal situation meant they had to weigh up the legal risk of working alongside other sex workers against risks posed by clients to their personal safety. Some had opted to do this, or to work from a premises with other staff (also fitting the legal definition of a brothel).

For non-UK resident sex workers (including those in the UK voluntarily and victims of trafficking), immigration/visa status and the risk of deportation was a key barrier to help-seeking. The need to avoid detection by police or the Home Office meant this cohort was less likely to disclose their sex worker status, especially where official/public sector organisations were involved.

"I work with others when I can. When I am working in a flat managed by someone else I try to go to a place that has CCTV and a receptionist that is serious about screening clients. I screen clients when working as an escort. I go to better lit places when I'm on the street (not in Wealden!). All these things put me at risk of arrest which is infuriating." (Sex worker)

Another legal area of ambiguity was around confidentiality requirements for support organisations. Some sex workers could be concerned that services had a legal responsibility to report certain details if disclosed. Secondary insight highlighted this as a particular area of

concern among sex workers with children, in situations where there was felt to be potential for social work to become involved. Worries around children being taken into care due to their status as a sex worker presented a significant barrier to engaging with related support (e.g. local authority services).

In addition to the law itself, participants and stakeholders highlighted a lack of trust in police, due to both personal lived experience and the more general history of policing and sex work. Some felt that their concerns or reports of crime were less likely to be taken seriously due to their status as a sex worker. This could act as a significant barrier to reporting crime or seeking help where there was a concern that police may become involved.

"There are some excellent police officers who deal with the women with their best interest at heart and others who can't get past the sex work aspect of their lives. It's the general misogyny within the police." (Stakeholder)

"We've met with many police officers at different levels of the police, the higher up officers we start doing a piece of work with them and then they move and then someone else comes in and changes things and then the work goes back five years. You can see that some of them have been moved into these positions that don't want to be there and don't have the same passions that the previous person had." (Stakeholder)

5.11 Trafficking and exploitation

Stakeholder insight (including from police) confirmed that trafficking and exploitation by organised crime does occur in the authority. Often, this was thought to involve sex workers from outside the UK. Online sex work profiles offering services in East Sussex showed signs of trafficking or exploitation. Support workers highlighted the signs they look out for to identify this, and the research team also noted that these signs were present when conducting online recruitment:

- Multiple online profiles using the same contact telephone number
- Clear similarities in copywriting (e.g. use of similar adjectives, emojis, phrasing, similar misspellings across multiple profiles)
- A very long list of sexual services with few/no limits
- Offering 24-hour availability to clients
- Offering incall or outcall services without any personal limitations or notes
- Suspicious profiles often claim to be women from outwith the UK (e.g. Brazil, Japan, Romania, Ukraine)
- Profiles using images which looked heavily filtered or AI-edited/created, with similar images used in multiple profiles

5.12 Other physical health needs (e.g. non-sexual health)

This health area was included in the survey to explore whether stigma around sex work may present a barrier to general healthcare access.

- Cis female sex workers were asked about barriers to access for gynaecological issues (other than STIs), with some reporting that there was something which might cause them to hesitate before seeking medical care. The barriers mentioned were stigma, embarrassment, concerns around confidentiality, and long waiting times or lack of appointments.
- Cis male sex workers were asked whether they felt adequately supported by the health and wellbeing services of East Sussex, with all three answering "yes".
 - One cis male sex worker did note that he had not sought out much support beyond basic advice and sexual health
- Trans sex workers were asked whether they felt adequately supported by the health and wellbeing services of East Sussex, with two of three answering "yes" and one "no". Specific points raised were:
 - Sexual health provision was positively received
 - Signposting to specialist support organisations was also praised
 - More general support with trans healthcare (e.g. hormone testing, bridging prescriptions) was hard to come by, with one respondent having to travel to London to access this

"In regards to sexual health yes, I am supported, but in regards to general health and transgender health, absolutely not. I have to buy and source my own medication. I have to go up to London for free hormone tests, my GP refuses to do my blood tests." (Sex worker)



6. Experiences of engaging with services

There are a number of services available in East Sussex that can support the health and wellbeing of sex workers. These include sex-worker specific services (i.e. those set up with the intention of supporting this group specifically with issues/challenges), general health and wellbeing services (e.g. sexual health clinics, GPs, drug and alcohol support), and community/social services (e.g. the police).

The Table in Appendix 3 summarises the key services discussed during the research (either by stakeholders or the target audience) available to sex workers in East Sussex to support them with their health and wellbeing needs. The table provides brief details on the type of service and support on offer, how the service is accessed, and top-level feedback where relevant. Greater detail of engagement with services is provided below:

6.1 Support services and access to support services in East Sussex

Sex workers in East Sussex generally view local services positively but believe improvements tailored to their unique needs could make a significant difference. Many feel that **sex worker-specific services are essential**, as mainstream mental health and healthcare services often lack the necessary understanding of their experiences. While most sex workers use local sexual health clinics, some travel to London clinics, such as [Dean Street](#) which offers more accessible, walk-in services and specialised support like priority bookings. There is a **general lack of awareness around where to seek support** and the local services that exist. In East Sussex, [OASIS SWOP](#) is one of the few sex worker-specific services available, providing practical and emotional support, however awareness of this service amongst sex workers is limited and very few sex workers within this sample had received support from OASIS SWOP. Similarly, [Streetlight](#) - a sex worker-specific service operating in East Sussex - remains relatively unknown amongst this sample. Their periodic check-ins and offer of counselling and support are, however, appreciated by those aware of the service, even when not actively needed.

"I think it's important to make people aware. A lot of the things you've mentioned that there is support for sex workers, I never knew you could go to someone to get help with these things and I've never thought about any other services for sex workers. So it would definitely be good to let sex workers know about them." (Sex worker)

Anonymity is a key requirement for many when engaging with support services, and fear of being unable to remain anonymous or having their status as a sex worker recorded is a major deterrent for this population to access support. **Concerns about facing judgemental or unsupportive attitudes** can also discourage some within this group from accessing certain services – particularly those less accustomed to dealing with sex workers, such as banks and housing support. Greater outreach and clearer advertising of sex-worker-friendly services could help bridge the gap, especially if services actively demonstrate their commitment to working with sex workers rather than simply claiming to be supportive. Walk-in appointments and phone support are particularly valued for their convenience and privacy.

"...obviously if they say they are sex worker friendly, that's a great step forward but there will always be something in the back of your mind going 'they can just say that' whereas if they are actively working with people, it means I can speak with people who use the service." (Sex worker)

6.2 Physical and sexual health support

Sexual health clinics are commonly used services amongst sex workers

In terms of services used by sex workers, sexual health clinics and services are most commonly used amongst sex workers within this sample and most had experience of accessing support related to their sexual health needs. In East Sussex, a range of services support sexual and physical health needs of sex workers, though experiences and accessibility can vary.

- [Eastbourne Sexual Health Clinic – Avenue House](#) was frequently mentioned by participants as a service within East Sussex they go to for accessing support with their sexual health. Feedback from attending this clinic was largely positive.
- [SH.UK](#) is another popular resource among sex workers within this sample for its online STI test kits, which offer convenience and time saving by eliminating the need for clinic appointments. This is often their preferred method for ordering STI tests kits and free condoms. However, the limited number of condoms provided per order often necessitates additional purchase, especially to meet some clients' preferences, such as thinner condoms.

"Really, really good. They are very straight forward, they tell you everything you want to know, any concern you have, they don't judge... I rely heavily on Avenue House." (Sex worker)

Most sex workers regularly test for STIs

Most sex workers interviewed described their **sexual health as a top priority**, both to maintain their own personal health and wellbeing, and to sustain their work. Frequent STI testing is therefore common amongst this group with the majority testing around once a month. The two main routes to accessing STI kits and testing are through the SH.UK website or attending a walk-in clinic at a local sexual health service. The majority of sex workers (63%) would prefer to access STI testing by ordering a sampling kit online to use at home.

There is scope to improve sexual health services within East Sussex

Sex workers within this sample generally appreciate the sexual health services available in East Sussex, however some do see room for improvement, including **further training and awareness around sex work**. For example, some questions asked, such as the number of sexual partners you have had, are not geared towards sex workers. Other suggestions include free sanitary products at clinics (including internal sponges, which can be worn during sex) and greater promotion of services like PrEP, which some only learn about if they disclose that they are a sex worker. **An increase in sex worker-specific resources would be appreciated** such as leaflets or flyers at GP practices that contain contact details of organisations that say they are 'sex-worker-friendly'. A sexual health clinic in Brighton offers sex workers a 'Red Umbrella Card' that discreetly identifies them as a sex worker, something which would be beneficial to sex workers in East Sussex to allow them to access services discreetly.

"Some of the questions they ask at the clinic are not geared towards sex workers, such as 'how many sexual partners have you had'. I would prefer they ask how many in the last six months or since your last clinic appointment." (Sex worker)

Not all sex workers are comfortable disclosing their status as a sex worker

The decision to disclose sex worker status to healthcare providers varies widely. While some feel comfortable sharing this information with their GP or sexual health clinic, others are hesitant due to **stigma, discomfort with male GPs, or concerns about having this on their medical record**. **Fear of being treated differently** also discourages disclosure in sexual health clinics, where some feel frequent visits might attract unwanted attention. For many, non-disclosure serves as a means of self-preservation, avoiding intrusive questions and potential triggers related to mental health. One sex worker highlighted the difficulty of disclosure, noting:

"It's hard to disclose without then going into the reasons why you've done it and the reasons why these things are affecting your mental health without triggering other things, it's a lot." (Sex worker)

The idea of specialised sex worker clinics received mixed reactions from the sample. While some value the idea of specific spaces for sex workers within general sexual health clinics, others fear being seen at such locations. Overall, many believe **improved training and tailored resources** could help create a more inclusive and supportive environment, reducing the stigma that sex workers can feel when accessing support.

"There should be specific resources for people who are afraid to tell their GPs or have that on their record. But I do think that in general, they would benefit from more training and awareness because if they had those things in place, people wouldn't feel uneasy about approaching them." (Sex worker)

6.3 Mental health support

There is a lack of mental health support for sex workers in East Sussex

Participants emphasised the need for mental health support for sex workers, particularly services and support that address the **unique challenges associated with their work**. Many described existing mental health support in East Sussex as inadequate, with only a small number reporting that they had accessed mental health services despite recognising mental health issues as a significant risk to their health and their work.

Those who had sought support did so through private services due to long waiting lists in public services. Several sex workers within this cohort admitted that they were **unsure where to seek mental health support**. Services within East Sussex that do offer mental health support, such as Streetlight UK and Oasis, were not well known amongst this sample.

There is a need for tailored mental health support for sex workers

For many, there is a need for resources specifically designed for sex workers to acknowledge the **nuanced aspects of their experiences**. Some shared that when they did access mental health services, they felt judged or uncomfortable discussing their work, while others

reported that professionals often blamed their mental health issues on their occupation, which they felt was not the root cause. These insights highlight the barriers sex workers face in accessing effective mental health care and the importance of tailored, non-judgmental support.

6.4 Housing and financial support

“It would be good to have something sex worker specific where you know you definitely can go where people are trained. You’d know that it was a safe space.”
(Sex worker)

There is a lack of awareness about housing and financial support in East Sussex

Sex workers in East Sussex face significant challenges related to housing and financial support. Many encounter difficulties with banks, as they **cannot disclose** their occupation without fear of **rejection or discrimination**. Some have been denied banking services after revealing their work, leaving them unable to obtain mortgages and, in some cases, struggling to rent due to a lack of income verification. There is minimal support available from banks in these situations, and most sex workers are **unsure where to seek assistance**, with many fearing their accounts might be frozen. Despite it being common for sex workers to identify that they had money/debt problems, the majority had not accessed support for this. Most sex workers within this sample **did not know where to turn to** for financial advice or housing support. In the absence of clear guidance, they often rely on internet searches to find services, typically only when they urgently need help.

6.5 Safety information and advice

Sex workers use services where available to reduce their risk of harm

Sex worker-specific services that operate in East Sussex offer safety information and advice for sex workers – these are [OASIS SWOP](#) service, [National Ugly Mugs](#), [Streetlight UK](#), and [Client Eye](#). Most sex workers spoken to had not used OASIS or Streetlight UK, however, most were familiar with National Ugly Mugs and Client Eye. Both of these services allow sex workers to report clients for harassment, violence, or issues with payment (i.e. underpaying or not paying at all). This also enables sex workers to screen clients’ numbers before meeting them in person to flag any of this behaviour. Client Eye was reported to be more widely used in East Sussex than National Ugly Mugs. Some of the sample interviewed suggested having a more open Client Eye service to allow sex workers to verify clients’ identities before meeting them.

Few sex workers within the sample had received support from Streetlight UK but one had and described their support as ‘terrific’ – contacting her frequently to check in on her. She also required support for her mental health and drug addiction as a result of a traumatic experience with a client but was unable to find the right support in East Sussex for this – she was unaware of the OASIS service but has since been made aware as a result of her involvement in this project.

The police are not seen as a viable option for support for many sex workers

Maintaining anonymity is crucial for most sex workers and often the Police cannot guarantee this. **Negative experiences** with the police, either personally or via anecdotal stories from others, further deter many within this from reporting incidents or seeking help. Those who had gone to the police reported that **no sex worker-specific support was offered**. For those who identified that they had experience of abusive or violent behaviour towards them, the majority (80%) had not accessed support for this.

"I have a general distrust of police. For myself, sex assault is an expected part of the job, it will most likely happen at some point, and I wouldn't go to the police. I've had bad experiences with them in the past and I see no plans for them with improvements." (Sex worker)

6.6 Alcohol and substance use support

OASIS provides specialist addiction support locally, with the SWOP project specifically targeting sex workers. However, awareness of this offering was very low amongst the sex worker sample and for those who identified that they had alcohol or substance use issues (n=2), none had accessed support for this. Again, the existence of this service was highlighted to participants where relevant in the course of discussions.

6.7 Specific support for male and trans sex workers

Insight from interviews highlighted the unique challenges trans sex workers face in accessing support. **Trans-specific sexual health support is notably lacking in East Sussex** - some trans workers need to independently purchase and source medication or travel to London for free hormone testing due to issues with local GPs. A trans sex worker we spoke to shared that they avoid disclosing their occupation to their GP out of **fear of being treated differently or risking access to vital hormone treatments**.

Support from organisations like OASIS has been beneficial for some, offering safety advice, emotional support, and an understanding of issues like the fetishisation of trans individuals. However, **interactions with the police are generally viewed as unrealistic or unsafe**, with concerns about a lack of sympathy or understanding, potential mistreatment, and fears of being placed in a male jail cell if ever charged. Broader concerns, such as reports of institutionalised racism within law enforcement, also contribute to a general mistrust, even for those not directly affected by it. **Facilities in Brighton for trans sex workers are reportedly better**. For example, [Clinic T](#) offers support specifically for trans people and a sexual health clinic offers an all-day walk-in service for people under 25 years.

"I don't think they'd be very sympathetic or understanding towards my concerns and I don't think I'd be treated very well. Me being trans, I always worry that one day, if I ever get charged for anything, that I end up in a male jail cell. So I don't want any interactions with the police. There have also been reports in the media about institutionalised racism, which I don't think would affect me, but it doesn't really paint a very good picture." (Sex worker)

“Often when you look for support it’s for male sex workers or female sex workers and I don’t really fit into those categories” (Sex worker)

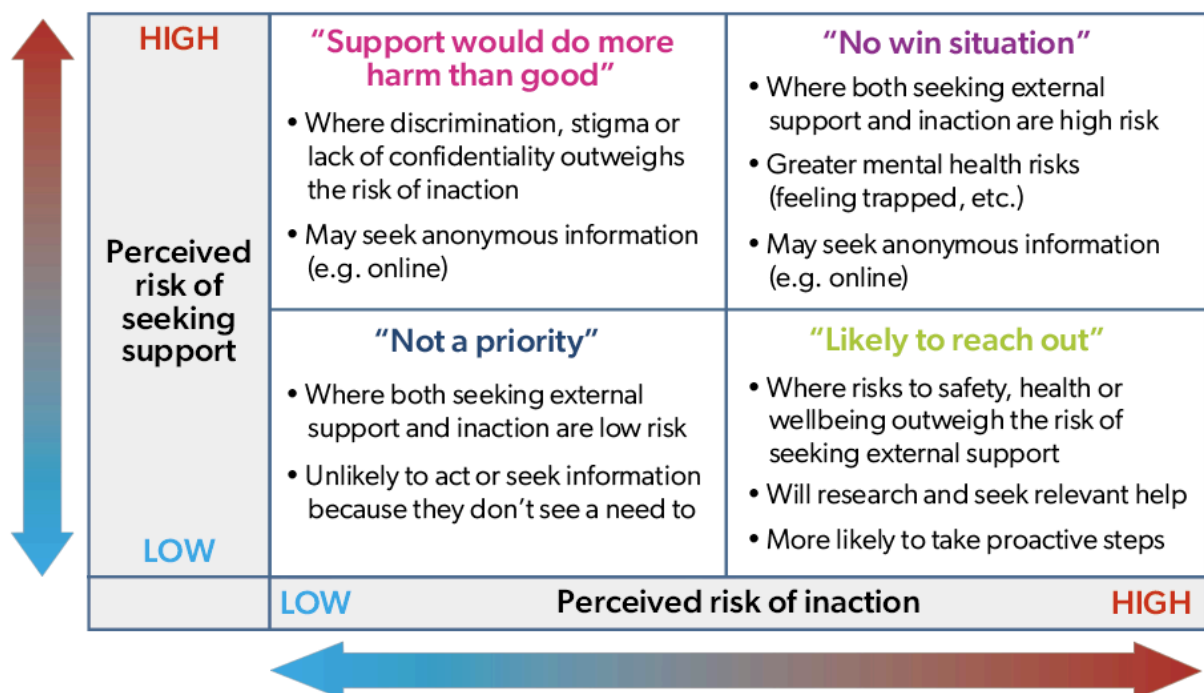
7. Behavioural analysis: Barriers and enablers to seeking and accessing support

An overarching theme which was an important part of how sex workers made decisions on help seeking was around **balancing the risk of engaging with services with the risk of not engaging**. Sex workers are subject to a unique mix of health and wellbeing risks, with some being inherent to the work and others a result of stigma or client behaviour. Participants were generally very conscious and aware of the risks involved in every area of their work and tended to be motivated to mitigate or reduce these as much as possible.

The impact of discrimination, stigma and associated concerns around privacy meant that sex workers often felt that seeking external support came with its own set of risks. This is an important factor to consider for services seeking to engage positively with sex workers. Most stakeholder organisations recognised that the sex workers they supported often preferred to wait until they had established a trusting relationship with practitioners before fully engaging. A trusted contact can serve as a critical source of advice and signposting on a variety of support needs, often over a long period of time.

The matrix below illustrates how the level of perceived risk influences whether sex workers are likely to engage with external support.

Figure 9 Help seeking decision matrix



7.1 Barriers to help-seeking

Insight from sex workers and stakeholders enabled us to identify a wide range of barriers which can add friction to help-seeking behaviours, in some cases discouraging or preventing it altogether.

Social, legal and policy barriers

Discrimination against sex workers

Sex workers who have experienced (or expect to experience) discrimination from services are far less likely to seek support. This is most acute where support services hold some degree of power (e.g. NHS, police, local authority) due to the greater potential to negatively impact sex workers.

“The legality of sex work can be a barrier to people getting in touch with a service or disclosing that they sex work” (Stakeholder)

Competition for clients between sex workers

This was highlighted as a barrier to peer support initiatives which may otherwise provide useful health, wellbeing and safety information. After one respondent attempted to set up a support group, she was unsuccessful after some attendees were concerned about losing clients to others.

Criminal/sexual exploitation

Sex workers who are victims of trafficking/exploitation are likely to have extremely limited access to support. Often their first contact with any service is with the police (or police are present). Sex workers who have been the victim of this type of crime may be reluctant to report it due to the risks of reprisals from the perpetrator(s).

Additional admin burden associated with disclosing sex worker status

In some cases, sex workers and stakeholders reported that the pathway to accessing services was longer or more complex for someone who discloses that they are a sex worker than it would be if they do not. Examples included:

- SH.UK home testing has a streamlined process for non-sex workers, but this does not apply for those who indicate that they are a sex worker – as safeguarding questions triggered by divulging sex work can feel intrusive and create more lengthy and cumbersome journeys through services, including online.
- Sex workers who access in-person services may expect to be asked more questions, more personal questions, or fill out extra forms.
- Some services rely on voluntary disclosure to offer support – leading to missed opportunities for signposting.

Legal, contractual or policy issues

Sex workers (or sex work in general) may be prohibited from accessing some services by laws, organisational policies or contracts. This is a barrier to disclosing their status as a sex worker, particularly where there is concern over whether this information would remain confidential. Common examples were:

- Financial institutions (e.g. opening a bank account) may not permit sex workers to open accounts or use some services
- Accommodation or housing (including private lets, student halls, temporary housing) may have contracts or agreements which prohibit sex work
- Some fields of employment may prohibit current or former sex workers
- Some university courses and fields of study may prohibit current or former sex workers

"The money thing is huge if you have on your tax forms that you are a sex worker, we get discriminated against completely. All the girls I know that make loads of money online can't get mortgages because they are sex workers." (Sex worker)

"We make enough money to pay our bills and live comfortably. But you can't get a mortgage if you're a sex worker. If a bank finds out you're a sex worker or your payments are through sex work a lot of them will freeze your bank accounts. You can't use PayPal for anything sex worker related." (Sex worker)

Risk of immigration action/deportation

For sex workers who were not UK residents, accessing services or disclosing their sex work or immigration status may carry a risk of action from UK Border Force. Locally, stakeholders confirmed that immigration officers had taken part in joint operations with police and organisations who support sex workers, which is likely to increase the sense of risk associated with disclosing information for other sex workers who are not in the UK legally.

Whilst local police operations to tackle sex work focus on identifying and prosecuting those exploiting sex workers (e.g. pimps, brothel madams etc.) and the police confirmed they are not interested in prosecuting sex workers themselves, engagement with the police is still considered risky due to the close working relationship between the police and immigration services. In East Sussex, police sting operations are scheduled approximately every six weeks, and involve a small team of police trawling online platforms to gather intel around potential brothels, trafficking, and exploitation situations. The police will then send a plain clothes officer to investigate, and catch/prosecute those exploiting others where possible. Whilst the police do not focus on prosecuting sex workers themselves, a standard part of these operations has become that the police are accompanied by immigration services. Insights from stakeholders highlighted that this became the typical system after one incident where immigration services became involved. A consequence of this partnership is that those working here illegally but who are not exploiting others (either because they are being exploited, or because they are working only for their own purposes) are now less likely to make themselves known to services for fear of being prosecuted or deported for illegal activities they may be engaging in beyond sex work (e.g. working illegally in the country, not declaring taxes etc.)

Reduced right of access to health services

Linked to the above, non-UK resident sex workers may have less access to public services such as the NHS, or expect not to have this right of access. This makes them less likely to seek out help or support in order to preserve their anonymity.

Psychological/attitudinal barriers

Risk of engaging with support perceived as greater than risk of inaction

As an overarching barrier, sex workers were consistently less likely to seek support when they felt that the support organisation carried a risk of stigma/discrimination or when they lacked confidence that they would be seen confidentially:

- Sex workers are less likely to report being the victim of a crime if they have experienced discrimination from police (e.g. victim-blaming) or know another sex worker who has had a similar experience
- Sex workers with children may be wary of engaging with local authority support due to concerns about a report being made to children's services
- Sex workers in smaller towns and villages may seek out services further afield, or opt for remote/online services, to preserve their anonymity.

"Stigma and judgement – how is this news going to be received, how do I disclose this, how will this affect my kids, how will they think of me as a mother? This comes from past experiences, from services not being trauma-informed - e.g. three strikes and you're out - and not understanding why a 9am appointment is not convenient."
(Stakeholder)

Stigma around sex work

Stigmatising experiences were prevalent throughout the sample. Feelings of stigma caused many sex workers to feel less comfortable engaging with services, or disclosing their sex work when engaging. Sex workers who had experienced stigma were more likely to be concerned that unfamiliar services would be judgmental, nosy or have poor confidentiality practices.

"[My GP was] very helpful [about my mental health]. I didn't disclose that I'm a sex worker though as I'd rather avoid the stigma and try to keep my work away from home." (Sex worker)

Low awareness of available support

Respondents were often unfamiliar with the range of support available in East Sussex. In particular, many were unaware of specialist organisations such as [YADA](#), Oasis or Streetlight), or that other organisations with a more general audience offered support to sex workers.

"An interesting conversation I had with a lady who did disclose as a sex worker – she lived in Nottingham, she said there was a really supportive online community such as agencies etc. and it felt much more supportive. Down here, it was less organised, there were more people trafficked." (Stakeholder)

Low perceived risk to personal safety

Some respondents (especially the small number of cis males who participated) felt less at risk of assault, sexual assault, or stalking from clients, making them less likely to use screening services or seek out information on how to mitigate safety risks.

"We [men] only have 50% of the reasons to wear condoms. There's only one reason, that's STI and most of them are fixable. Most people would rather treat an STI than have protected sex." (Sex worker)

Low perceived risk to sexual health

Although respondents were generally aware of the sexual health risks inherent to in-person sex work, not all were fully aware of some of the risks:

- Some considered unprotected oral sex to be less risky than other sex acts
- One male respondent felt most STIs he may be exposed to were either preventable (e.g. HIV with PrEP) or treatable
- Some respondents mentioned using anti-bacterial treatments to prevent STIs, although viral STIs are also common

Some cis female sex workers being unaware of PrEP

Few cis female respondents had used PrEP before, and some indicated that they were also unsure what this medication was for.

Sexual health products offered via services considered to be low quality/not fit for purpose

This was a specific example from a cis male sex worker who saw exclusively male clients. He felt that the lube and condoms offered for free via clinics were unsuitable for anal sex and preferred to buy his own online through commercial retailers.

Discomfort with some forms of sexual health screening

Some respondents mentioned difficulty or discomfort using finger prick blood tests for sexual health screening, making them more reluctant to do so regularly. Some of these respondents preferred having blood tests done in person at a clinic.

Physical/environmental barriers

Transient/touring business models

Sex workers who operate an "on tour" business model (including international and UK-based sex workers) may be less familiar with the local area and therefore less aware of what support is available to them. It can also be harder for local practitioners to develop the trusting relationships which are often key to positive engagement.

"It's particularly hard to reach sex workers who don't identify as sex workers (e.g. survival sex/sex for rent)." (Stakeholder)

Online sexual health testing barriers

Whilst no barriers to online sexual health testing were found within this sample – and, indeed, SH.UK was rated positively by participants – desk research identified that there are barriers to online sexual health testing which may impact use of online services. As we recognise the sample of sex workers in this work may not be representative of the whole population of sex workers in East Sussex, below we have listed identified barriers to online sexual health testing which are important to consider during development of any services to ensure potential unintended barriers are avoided, maximising attractiveness and accessibility of services.

Key barriers from the literature are as follows⁵:

- Lack of awareness of existing online sexual health support
- Lack of familiarity with the set-up of online sexual health services – e.g. using live chats, email, or text exchange
- Concerns about confidentiality and anonymity of online services – especially in relation to live chats, with users worried partners or parents may find out what they have been engaging around
- Concerns about the impersonal nature of online support, which may lack the capacity to provide reassurance and treat users with empathy
- Worries it will be difficult to understand communications/advice from staff online, particularly if they have concerns about spelling or reading
- Perceptions the online support will not be sufficient to meet needs and they will require an in-person appointment
- Belief online support will be automated and therefore be low quality
- Concerns about slow response times

7.2 Factors which enable help-seeking

A range of enabling factors were highlighted by both stakeholders and sex workers as ways of encouraging and facilitating positive engagement with support services. Often, these were centred around establishing trust and transparency, as well as highlighting where services had adapted well to the unique needs of sex workers.

As with the barriers listed above, a key theme of best practice here was around minimising or mitigating the risks around anonymity, stigma and discrimination which made sex workers reluctant to engage. Often, building strong relationships with individual practitioners had proven to be the most effective way to support sex workers, especially those in the lower-agency cohort and those with multiple complex support needs.

Offering holistic, long-term support

- This was the typical approach for the stakeholder organisations we engaged with. Often, practitioners build up relationships with the sex workers they support over longer periods of time, serving as the primary point of contact, advocate, and source of advice for a variety of support needs
- Having the support of a trusted professional with knowledge and experience of sex work and the legal and social challenges associated with it boosted sex workers' confidence and capability to engage with other services as and when they were needed.

⁵ McLeod J, Estcourt CS, MacDonald J, Gibbs J, Woode Owusu M, Mapp F, et al. (2025) Opening the digital doorway to sexual healthcare: Recommendations from a behaviour change wheel analysis of barriers and facilitators to seeking online sexual health information and support among underserved populations. PLoS ONE 20(1): e0315049. <https://doi.org/10.1371/journal.pone.0315049>

Making positive contacts count

- Where possible, a “no wrong door” approach improved uptake. In cases where staff were well informed about other services which may be useful or relevant to sex workers, they were often able to signpost. This helped to boost awareness and trust in support services. However, this was sometimes thought to occur on an ad hoc basis at times in non-specialist services and could be dependent on individual practitioners’ knowledge.

Offering outreach work

- Some stakeholder organisations mentioned previously including outreach as part of their offer. This sometimes took place in person, but was more frequently done online via the various sex work and classified advertising websites used by sex workers.
- Practitioners felt that this was a good option to boost awareness of their support offer while also allowing sex workers to choose whether or not they engaged.

Clear communication of policies around sex work

- Sex worker respondents tended to be very positive about support organisations who were openly sex worker friendly, especially when they were able to offer clear information on their policies around sex work and confidentiality.
- Being able to check that a service was sex worker friendly before engaging helps to reduce the perceived risk of disclosing sex work, and preserves sex workers’ ability to make an informed choice about whether to engage.

Ensuring services are well adapted to sex workers’ needs

- Confidentiality measures were a key requirement for many sex worker respondents, and services which were able to give clear assurances about their approach to privacy and anonymity were considered less risky to engage with.
- Time flexibility was also a positive, with respondents highlighting the use of a drop-in model in place of booked appointments, and flexibility around opening hours as facilitating access. Stakeholders who worked with the lower-agency cohort highlighted a tendency to miss appointments, which necessitates a flexible and forgiving approach to scheduling.

Higher perceived risks to sexual health and personal safety were a strong motivator to engage

- Sex workers were typically well aware of which sex acts posed the highest risk to their sexual health and were motivated to take protective actions before/during/after. This meant that riskier sex could serve as a driver to engage with services (particularly clinics such as Avenue House) presenting opportunities for other support and signposting.
- As this was one of the key risk factors, sex workers tended to be acutely aware of risks from clients and were often highly motivated to use services offered by organisations such as Client Eye and National Ugly Mugs. At times, this type of online service also served as a more general information channel for health and wellbeing advice.

7.3 Barriers and enablers to help-seeking summary infographic



8. Learnings from examples of good practice

Through the course of this project we identified, and spoke with a number of, stakeholder organisations supporting sex workers in some way. Within these, many provide a good example of dedicated initiatives/services/programmes that specifically support sex workers' safety, health & wellbeing. These include:

- National Ugly Mugs
- The Red Umbrella Card
- OASIS (Brighton & Hove)
- Basis Sex Work Project (Yorkshire)
- Streetlight UK (Sussex, Surrey, and London)
- Doncaster Sexual Health Outreach
- Leeds Sexual Health Clinic
- The G3 Priority Clinic (Glasgow)
- Open Doors (East London)
- The Esther Project (West Sussex)
- A Way Out (Stockton-on-Tees)
- NUMbrella Lane (Glasgow)

(See Appendix 4 for an overview of each)

Across these services/programmes there are common features and practices which are useful to highlight and reflect on for this project which are as follows:

- Discretion and confidentiality are vitally important for encouraging sex workers to come forward for support. A good example of putting this into practice is use of the Red Umbrella Card at a number of clinics such as Leeds Sexual Health Clinic and Brighton Sexual Health Clinic. The card can be shown at reception, discreetly identifying them as a sex worker without them having to disclose this, helping them access fast-tracked/flexible and specialised sexual health services for their particular needs. Other services, such as the Terrence Higgins Trust, have code words or phrases that people can use to do this.
- Offering a friendly, welcoming, and non-judgmental environment is important for opening up conversations and building trust and relationships. Engaging with professionals can feel intimidating for some sex workers, especially those who feel less confident about disclosing their status as a sex worker. It is important for services to acknowledge this barrier to accessing services and reassure sex workers that support is non-judgemental and sex worker friendly. Having suitably experienced and trained staff is key.
- Linked to the above, access to support must be easy/convenient, comfortable and safe. Where there is a lack of sex-worker specific services, having dedicated appointments for sex workers allows for easy access to support when needed. Clinics and services that sex workers engage with most should be safe spaces and it is important to ensure support takes place in a space where sex workers feel comfortable, i.e. at home, in a coffee shop, or at a clinic. It is important to be flexible about where sex workers can be supported. Outreach work is particularly important here as it allows support workers to access more transient or migrant sex workers who are known to not readily engage with mainstream support.

- Partnership working is important for facilitating all of the above and ensuring sex workers are able to access other areas of support such as legal, housing, financial support. Building trust and confidence is key to encouraging sex workers to engage with support services. Working and collaborating alongside already trusted services can help to build a foundation of trust. Communication between services can foster a more holistic approach to care and support for sex workers, addressing a range of co-existing needs such as substance use, housing, financial stability, and mental health. Offering training to partners to help build understanding and knowledge about how to engage, work with, and support sex workers also plays a key part.
- Other
 - Signposting to/piggybacking on wider, more holistic support, or on services providing free condoms and STI testing, is a good way to get sex workers engaged
 - Having dedicated appointments for sex workers at local sexual health clinics allows for quick and easy access for those who lead more unpredictable lives

9. Conclusions and Recommendations

9.1 Conclusions

Sex work is wide ranging/multifaceted

The modern sex work industry is complex and includes a wide variety of services and business models. Primary insight illustrates this complexity in East Sussex:

- Digital platforms are the core marketplace for most sex work services, with workers typically maintaining at least one detailed client-facing profile online.
- Sex services themselves are varied and include online (e.g. OnlyFans, camming, sexting) and offline (e.g. escorting, erotic massage, kink work) options.
- Often, sex workers offer both online and offline services to help diversify their income and client base.
- More informal sex work (e.g. survival sex, exchanging sex for goods/services) is also known to take place, but its ad-hoc nature makes this subset of sex work far harder for support services to detect without a disclosure from those involved.

The move to the digital marketplace means that sex work is geographically fragmented. There are no longer on-street “hotspots” and sex work takes place in a variety of locations including in homes, hotels, and short-term lets, as well as brothels. A consequence of this is that the sex workers in East Sussex tend to be isolated – both from each other and from support services.

Sex workers are a diverse population

Sex workers themselves are a diverse population. Although insights from stakeholders and participants suggests the profile locally is predominantly cis females⁶, there are sex workers of different genders, sexualities, ethnicities, and backgrounds operating in the authority. Many

⁶NB: as some of the local services included in this study are female-focussed, and their insights are based on their own experiences with the local sex industry, it is recognised that data around male sex workers may be ‘hidden’ and/or not as prominent within this particular study due to the gendered focus of some participants

people from all walks of life are sex working and reasons for getting into sex work vary widely – each individual has their own story. This includes those who have entered into sex work out of “necessity” (i.e. because they feel they have no other option or because of exploitation) as well as those who enjoy the work and see many benefits to sex working.

As such, the support sex workers need is not one-size-fits-all – the support required is as diverse as they are, and ranges from sexual health to mental health, housing, finances, and social support. What is clear is that there needs to be trusted support available for sex workers to call on if and when they need it – and they need to have confidence this support will treat them with respect and be able to manage the complexities sex working can bring (e.g. involvement in illegal activity, stigma etc.).

Suitable/specific support is available but not necessarily visible to sex workers

Locally there are number of organisations doing good work - including OASIS, Streetlight, and the local sexual health service - who are viewed very positively by those that have used them. The key issue is that, other than for the local sexual health service, awareness of the support offer locally is very low. Many sex workers had never heard of the sex-worker specific services available and were unaware of the variety of issues they could help with. This means that when a need occurs many sex workers feel isolated and unsure who to go to as they fear the repercussions of admitting to being a sex worker when going to non-specific support services (e.g. Citizen’s Advice). There are particular fears around organisations’ relationships with the police, particularly for sex workers who may be engaging in or aligned with criminal activity (e.g. sex working alongside another person, involvement with drugs etc.). As a result, many sex workers in need of support do not seek out or access help as they are not confident services can be trusted, and judge the level of risk of accessing services as greater than what they would gain from the support.

As such, to better support local sex workers, **the focus should be on building awareness of local services that are already doing good work and that are already trusted.** The good reputation of local services amongst those who have used them is invaluable, and something that can only be achieved over many years. Leveraging this will reach and help more of this population in a way that would be otherwise unachievable as the credibility of these organisations is their greatest asset. Work should therefore be done to raise the profile of the current local support to ensure that all sex workers – including those who do not yet see a need to engage with services, or may not call themselves sex workers – are aware of them.

To reach and engage with this diverse population, therefore, information and signposting should be funnelled through the locations they are already known to be going to – specifically, sexual health services, where sex workers are already going for regular STI testing and contraceptive needs, and who are in a unique position to reach almost all of this population through their online offerings, clinics, and outreach programmes. Utilising the reach of sexual health services will support other local organisations (including OASIS and Streetlight) to maximise their own reach and potential, and engage with as many of this audience as possible.

There are opportunities for improvement

In addition to the above, work should also be done to plug some of the specific gaps identified in support – including for sex-worker specific mental health support, and trans-specific support, both of which were highlighting as areas for improvement. Additionally, whilst there is positive feedback about the local sexual health support, there are lessons to be learnt from others to improve the offer around increased flexibility and tailored support, specifically:

- Improving discretion and confidentiality
- Offering a friendly, welcoming and non-judgmental environment
- Ensuring an easy, convenient, comfortable and safe access
- Incorporating partnership work to deliver an accessible, holistic support offer

9.2 Recommendations

Based on the insights gathered, a number of actions have the potential to better support sex workers in East Sussex to achieve and maintain good health and wellbeing. Below, these actions are split into categories based on the gaps they are intended to address: actions to raise awareness and visibility of support; actions to improve access and enable help-seeking behaviours; actions to fill gaps in current support provision; and other actions to improve attitudes and awareness of support for sex workers locally.

1. To raise awareness and visibility of support:

- **Utilise the wide reach of sexual health services and maximise their value by using these as a one-stop-shop for information and signposting.** Ensure that information about the whole range of local support services is available and given out to all patients/attendees, to normalise attitudes around accessing support as a sex worker and ensure that sex workers who have not identified themselves as such are not missed when information is given out.
- **Engage in proactive/outreach work to make it clear to sex workers that there are services/organisations for them.** This is also effective for reaching more transient sex workers and those less known to services.

2. To improve access and enable help-seeking behaviours:

- **Ensure staff/frontline workers have the skills and knowledge necessary to support sex workers in a way that avoids discrimination and stigma, and recognises the specific challenges they have.** This could include sex workers-focussed brief advice and intervention training for sexual health staff, and staff in other local social/community support services (such as CAB, housing associations etc.), to ensure there is a 'no wrong door' approach to finding and accessing help:
 - To ensure all staff know how avoid discrimination or accidental stigma in discussions
 - Improve understanding of the specific challenges sex workers may face, and the associated support needs
 - Highlight the three cohorts of risk/agency that were identified so that support can be tailored accordingly
 - Know how to identify when sex workers may need support for a variety of health and wellbeing related issues

- Have an understanding of the signposting options available in East Sussex, and how to refer/signpost to these for different health and wellbeing issues including how to accompany sex workers during the signposting process to create a seamless and trusted transition between services
- **Incorporate the red umbrella card system into sexual health clinics and potentially other services**, where sex workers can show the card discreetly at reception to identify themselves as a sex worker without having to disclose this information, allowing them access to specialised support.
 - As part of this, to build trusted relationships and links, encourage support services to have named staff member(s) identified to be able to support sex workers, and have other staff/colleagues aware of who these named staff are to signpost sex workers to them when appropriate.
- **Look to increase flexibility of services for sex workers**, offering drop-in appointments, wider availability of appointments, and flexible location options.
- **Implement partnership working to support/enable an effective holistic offer** – ensure services are aware of and communicating with each other. This is particularly important for specialised support which is not offered specifically in East Sussex – e.g. Trans-support.
- **Avoid unintended barriers to engaging with online sexual health services (as services are developed) and remove barriers where they already exist** – including clearly communicating the accessibility, quality, and confidentiality of online support to maximise desire to engage with this model.

3. To fill the gaps in current support provision:

- Consider opportunities to **build in better access to relevant/targeted mental health/wellbeing and support, and financial advice**, alongside the sexual health offer.
- **Invest in trans-specific support for sex workers through existing brands/ organisations** (e.g. OASIS), or **utilise links/ partnerships with trans-specific support elsewhere** (e.g. Clinic-T in Brighton)

4. Other:

- **Create a positioning statement which clearly sets out ESCC's approach to supporting sex workers fairly and confidentially.** This statement should be publicly available so that sex workers can find it independently or be signposted to it. Having a clear positioning statement helps to ensure sex workers can make an informed decision about whether to engage with ESCC services, adding to their sense of agency and reducing the sense of risk. An example of this was shared by the Terrence Higgins Trust, and can be viewed [on their website](#).
- **Create a toolkit for local organisations** which pulls together some key signposting information, the positioning statement, and a profile of the local sex work landscape (summarising what is known about sex workers in East Sussex, the type of services they offer, where etc.) in a light touch, digestible format.

Appendix 1 – Glossary

Table A1: Glossary

Term	Definition
AdultWork	An online platform that connects individuals offering adult services, such as escorts, webcam models, and phone sex operators, with clients
BDSM	Bondage, discipline, dominance, submission, sadism and masochism – sexual activity involving such practices as the use of physical restraints, the granting and relinquishing of control, and the infliction of pain
Blood play	Technical term: Hematolagnia - an interest in using blood or blood-like images in sexual play.
Brothel	A premise occupied by two or more sex workers offering their services
Camming	Performing sexual activities in front of a webcam for paying clients.
Cisgender (Cis)	A person whose gender identity is the same as the gender identity they were assigned at birth
Client Eye	An online safety tool for sex workers to share and check for alerts about dangerous clients and time wasters
Cruising	Driving or walking around a locality in search of a sex partner, usually of the anonymous, casual, or one-time variety
Escorting	Offering companionship or entertainment in exchange for money
Fetish	Sexual excitement in response to an object or body part not typically perceived to be sexual
Girlfriend experience (GFE)	A service provided by a sex worker that includes more personal activity, e.g. kissing, talking
Grindr	Dating and social networking app for LGBTQ+ people
Hot wife	A married woman who has sexual relationships outside of her marriage, with the full knowledge and consent of her husband, who himself doesn't have sexual relationships with others
Incalls	Clients visit sex workers in a premise of the sex worker's own choosing – often their own home, a brothel, or a hotel room booked by the sex worker
Kink	An unconventional sexual preference or behaviour
MSM	Initialism for 'men who have sex with men'

Non-binary	A gender identity that falls outside of the male/female gender binary
NUM	National Ugly Mugs. A UK-wide charity working with sex workers to do research, design and deliver safety tools, and to provide support services to people in adult industries
On-street sex work	Involves sex workers soliciting for customers in public areas
OnlyFans	User-generated content subscription service popular with people making sexually explicit content
Outcalls	Sex workers visit clients in a premise of the client's own choosing – often the client's home or a hotel room booked by the client
Parlours/Saunas	A place where people pay to have sex with a sex worker, often disguised as a massage parlour or sauna
Phone sex	A sexually explicit telephone conversation
Pimping	Someone having control over sex workers and the money they earn
PrEP	A drug taken by HIV-negative people before and after sex that reduces the risk of contracting HIV
SAAFE	An online support and advice forum for sex workers
Sex trafficking	The act of illegally transporting people from one country or area to another for the purpose of sexual exploitation
Sex work	The exchange of sexual services for money, goods, or other compensation
Sexting	Sharing sexual messages and/or nude images and videos to another person through SMS
Sexual exploitation	Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another person
Sharps	Technical term: Piquerism - A sexual interest in penetrating the skin of another person with a sharp object
SH.UK	A free online sexual health service offering STI testing, treatment, and contraception across the UK
Soliciting	Trying to get clients

STIs	Sexually Transmitted Infections – passed on during sex or through sexual contact
Submissive	A sexual dynamic where one partner, the submissive, allows their partner, the dominant, to take control
Survival sex	Engaging in sexual exchanges to meet a survival need such as food, accommodation, or drugs
Swinging	Engaging in consensual sex with people or couples outside of an established relationship
Transactional sex	Sexual encounters driven by an exchange of material benefits or goods such as gifts
Transgender (Trans)	A person whose gender identity is different from the gender they were assigned at birth
Transient sex work	A form of sex work where individuals do not have a fixed location or regular clientele, and they move from place to place engaging in sexual activities for money

Appendix 2 – Sample

Table A2: Target audience interview sample

Gender	
Female	8
Trans-Female	2
Male	1
Age	
18-24	2
25-34	6
35-44	2
45-54	1
Sexuality	
Bisexual	5
Heterosexual/Straight	3
Gay	1
Lesbian	1
Pansexual	1
Ethnicity	
White British	8
Other white	2
Mixed/multiple ethnic group	1
Working location	
Mostly East Sussex	6
Mostly outside of East Sussex	4
Exclusively East Sussex	1
Total Sample	11

Table A3: Target audience survey sample

Gender	
Female	15
Male	6
Trans-Female	3
Age	
18-24	4
25-34	9
35-44	8
45-54	3
Sexuality	
Bisexual	11
Heterosexual/Straight	7
Gay	3
Lesbian	2
Pansexual	1
Ethnicity	
White British	19
Other white	4
Mixed/multiple ethnic group	1
Working location	
Mostly East Sussex	13
Mostly outside of East Sussex	8
Exclusively East Sussex	3
Total Sample	24

Table A4: Stakeholder interview sample

Organisation Name	Organisation Type	Locality
A Way Out	Charity	Stockton-on-Tees
Basis Yorkshire	Charity	Yorkshire
Beyond the Streets	Charity	Nationwide
English Collective of Prostitutes	Grassroots	Nationwide
East Sussex County Council	Council	East Sussex
Hastings Council	Council	East Sussex
National Ugly Mugs (NUM)	Charity	Nationwide
NHS East Sussex	NHS	East Sussex
Oasis SWOP	Charity	East Sussex
Open Doors Hackney	NHS	East London
Street Light UK	Charity	Sussex
Sussex Police	Police	Sussex
Terrence Higgins Trust	Charity	Nationwide
YADA	Charity	West Sussex
Total Sample	14 organisations* <i>*19 individuals were interviewed across the 14 organisations, as in some cases more than one person was interviewed per organisation</i>	

Appendix 3 – Current Service Provision

Table A5: Current Service Provision

Organisation/ Service	Sex- worker specific (Y/N)	Support on offer	How to access	Feedback
OASIS - SWOP Sex Workers' Outreach Project - A specialist service for women who work in the sex industry in Sussex	Y	Brief advice and information. Outreach evening services. Regular 1-1 support with a key worker. Safety, sexual health, law and rights, health and wellbeing, migrant sex workers, trans sex workers. Adder Sex Worker Service – a dedicated service for women in Hastings who use Opiates and/or crack cocaine and are sex working.	Remote, outreach, or face-to-face support	Few sex workers knew of this service. One trans sex worker in our sample had some support from OASIS – safety, emotional support, and an understanding on trans issues such as the fetishisation of trans people. The work being done by SWOP is viewed very positively by those who are aware of it, but it is not well known.
National Ugly Mugs (NUM) - Nationwide	Y	Charity working with sex workers to do research, design and deliver safety tools and provide support services to people in adult industries. Sex workers can report incidents through NUM, receive alerts, and check clients' details before meeting them, and support to have unwanted online content removed.	Online	Most sex workers had heard of NUM and many had used it to check details of clients before meeting them in person and found this to be useful. Any interactions with NUM were reported as having been positive.
Streetlight UK - A service focusing on supporting women to leave the sex industry	Y	Outreach support. Joint police operations – to engage with victims of trafficking. 1-1 support – online, by phone, or in person. Send out texts with information to sex workers.	Online, through a police operation, outreach, self-referral	Most sex workers we engaged with hadn't heard of Streetlight, and for those who had, no one had engaged with them. One participant had received a message from them offering support/counselling and check-in every few months. This is well-received even if support isn't needed. One participant had experience with phone and text support from Streetlight described them as 'terrific'.
Client Eye	Y	Allows sex workers to check clients' phone numbers for reports of inappropriate behaviour prior to meeting them	Online	Most sex workers use Client Eye and find this to be a very useful tool for checking

				up on clients before agreeing to meet them.
Eastbourne Sexual Health Clinic – Avenue House	N	<p>In person sexual health clinic – offer drop-in appointments once a week (1pm-7pm).</p> <p>For all sexual health needs - STI/HIV testing, access to PrEP and PEP, contraception, free condoms, pregnancy advice, abortion support, cervical screening.</p>	In-person	<p>Anyone who had used this clinic was mostly positive about their experiences.</p> <p>Having a drop-in clinic works well for sex workers due to its flexibility, however some feedback suggested it would be even more beneficial if the drop-in clinic was open for longer.</p> <p>More sex worker-specific training would be beneficial for the staff.</p>
Hasting Sexual Health Clinic – Station Plaza	N	<p>For all sexual health needs – STI/HIV testing, access to PrEP and PEP, contraception, free condoms, pregnancy advice, abortion support, cervical screening.</p>	In person	<p>There was little feedback from sex workers about this clinic. Most tended to use Avenue House</p>
SH.UK Online Sexual Health Clinic	N	<p>For all sexual health needs – including STI/HIV testing, PrEP, contraception and condoms.</p> <p>Allows sex workers to order tests/kits to their home without a face-to-face appointment.</p> <p>Previously sex workers were not able to use this service as they were signposted to in-person clinics if they identified as a sex worker. This barrier has since been removed.</p> <p>As a sex worker, individuals are able to request an unlimited number of tests compared to those who do not specify that they are a sex worker.</p>	Online	<p>Most sex workers use this service and find it very beneficial.</p> <p>The flexibility of being able to order everything online or do any phone consultations over the phone suits many sex workers' lifestyles and is appealing to those who are less open about their role as a sex worker.</p> <p>Some aren't aware that they can order free condoms from SH.UK</p>
OASIS - Women's Drug and Alcohol Support Service	N	<p>Offers group support, 1-1 support, peer support.</p> <p>Support includes relationship support, triggers and relapse prevention, harm minimisation.</p> <p>EMPOWER is a specialist service working with women in Hastings who use Opiates and/or Crack Cocaine.</p> <p>SWOP part of OASIS – see first row of table.</p>	In-person, peer referral or self-referral	<p>Few sex workers had heard of this service.</p>
Dean Street Sexual Health Clinic (London)	N	<p>For all sexual health needs – STI/HIV testing, access to PrEP and PEP, contraception, vaccinations, free condoms, pregnancy advice, chemo support (reducing, stopping, relapse prevention, and risk reduction).</p>	In person	<p>Some sex workers in East Sussex prefer going to the Dean Street clinic for their sexual health needs due to their positive attitude towards sex workers.</p>

		Dean Street offer specific trans and non-binary (see <i>glossary</i>) sexual health support and a gay and bisexual '21 & under' walk-in support service for men aged 21 and under.		They also offer sex workers priority bookings and free condoms.
Clinic T (Brighton)	N	Sexual health support for people who identify as trans, non-binary or gender questioning. Screening and testing, vaccinations, PrEP and PEP, smear test, contraception and signposting to local support organisations.	In-person	Only one sex worker spoke about this clinic and they had made an appointment but had not yet attended.
Terrence Higgins Trust - HIV and sexual health service (Nationwide)	N	Support people living with HIV, provide testing services for HIV and STIs, support service users to achieve good sexual health.	Helpline, in-person	No feedback from sex workers within this sample
GP practices	N	General health support and advice.	In-person, phone	Mixed responses from sex workers regarding their GP – some are very open about their status as a sex worker and others prefer to not disclose this.
Sussex Police	N	Undertake operations/raids approx. every 6 weeks where online platforms are trawled and plain clothes officers are sent to target brothels and expose exploitation. Streetlight accompany police on operations/raids. Sussex Police say they do not prosecute sex workers, only those running brothels/exploiting others, but sex workers can be deported for illegal residency through immigration services who accompany the police.	Through a police raid, outreach	Most sex workers distrustful of police. Due to increased likelihood of deportation if here illegally, many sex workers do not want to identify themselves to the police.

Appendix 4 – Good Practice Examples

Basis Sex Work Project (Yorkshire)

This project supports women (including cisgender, transgender, and non-binary women) working in the sex industry who live or work in Leeds. It is free and confidential. Basis provide a number of support services for both street-based and indoor/online sex workers.

Services for street-based and survival sex workers include:

- Sexual health services – including sexual health supplies and STI testing.
- Personal health support – safety advice, i.e. reporting incidents to the police.
- Health and wellbeing support – support accessing healthcare and communicating with healthcare professionals, along with attending appointments.
- Legal advice - relating to sex work and sex workers rights.
- Housing - advice on housing such as Housing First programmes which allows for fast-track access to housing services.
- Moving away from sex work – the ATHENA Project provides intensive support to women in sex work, and those who are interested in making changes such as leaving sex work.
- Employment, Education and Training – support to accessing education, training, or alternative employment (this is funded).

Outreach services are also provided which entail meeting at the sex worker's home or a place that feels comfortable and convenient for them. Street outreach is also provided where street sex work is in Leeds, along with prison visits, and drop-in sessions.

Services for indoor and online sex workers include:

- Sexual health and safer sex practices – free sexual health supplies and STI testing.
- Support women to report violence.
- Sex Work Liaison Officer & Support around Sexual & Domestic Violence.
- Health and wellbeing support - support accessing healthcare and communicating with healthcare professionals, along with attending appointments.
- New Futures – support around leaving sex work and making lifestyle changes
- Migrant sex workers – this includes translation services, referrals to services working with migrant people, asylum seekers and refugees, and immigration advice. Along with support and information for victims of trafficking
- Laws and Rights
- Student sex workers support – support for students who wish to stay in or leave sex work

Basis also regularly attend saunas in Leeds to offer health testing, information about contraception and/or support with safety or other issues including sexual or domestic violence.

Doncaster Sexual Health Outreach

Solutions4Health, a sexual health provider based in Doncaster, saw an increase in sex worker engagement after employing an outreach sexual health nurse. Sex workers were identified as a specific hard-to-reach group, therefore increasing their chance of poor sexual health outcomes. After seeking advice from other agencies involved in supporting sex workers – such as the drug and alcohol team and housing organisation – an outreach post was created to work with these groups in order to engage with sex workers.

Initially, the outreach sexual health nurse worked alongside these services in their settings, but has since started offering a drop-in service for sex workers at the city's sexual health clinic. The aim was to build trust and confidence with the sex workers accessing the other services, therefore working alongside these already trusted services initially was seen to be an important step. The sexual health team were then able to provide sex workers with other services such as contraception.

The Esther Project – West Sussex

A service offering specialist support to women in the sex industry.

Support includes:

- 1-1 tailored support and advice, including extensive exit support.
- Counselling, support, and advocacy to access other specialist services related to housing, healthcare, employability, and benefits.
- Safety advice for women in the sex industry.
- Wellbeing sessions offered at drop-ins on safety, barriers and enablers to change, and self-esteem.

The G3 Priority Clinic (Glasgow)

The G3 Priority Clinic is based at the Sandyford - a specialist sexual health service based in Glasgow. The G3 Priority Clinic is advertised as a discreet sexual health service for people involved in the commercial sex industry (e.g. those selling sex online; in flats or escorting; online)

Services include:

- HIV and STI testing.
- Cervical screening .
- Contraception, along with free condoms, pregnancy testing and abortion referral
- Sex work-specific support - risk-reducing advice, emotional and social support, and referrals to other health-related services including gynaecology.
- Interpreters for those whose first language is not English

The clinic makes it clear/explicit on their website that the service is confidential and non-judgemental and that patients do not need to use their real name.

Leeds Sexual Health Clinic

There are two dedicated appointment slots for sex workers at Leeds Sexual Health Clinic every day, allowing for quick and easy access to appointments and services.

Leeds also currently operate a 'Red Umbrella Card' system allowing sex workers to discreetly disclose themselves as a sex worker and access services for their particular needs.

National Ugly Mugs (NUM)

NUM is a UK-wide charity working with sex workers to do research, design and deliver safety tools, and to provide support services to people in adult industries.

They have developed a system to allow sex workers to report harm to NUM and are subsequently offered support from the Case Work Team (CWT) who engage in brief interventions, triaging, and in-depth support from the time of reporting harm through to court if this is the chosen route.

NUM alert reports of harm/violence to other sex workers. These alerts form part of NUM's violence prevention work, by flagging information about those who victimise sex workers in order to warn others on time. NUM state that *"this system of reporting and alerting works because sex workers have been using it for generations, the world over, sharing information about dangerous individuals. NUM has just digitised this and built supports around it"*.

NUMbrella Lane (Glasgow)

A space for sex workers in Glasgow where they are supported with their mental health and wellbeing.

Service offer includes:

- Sex workers can access free safe sex supplies, a food bank, and a swap meet.
- Regular drop-ins.
- A space where service users can meet, chat, and support other sex workers.
- Support with referrals to specialist services.
- Weekly arts and crafts sessions.
- Events and outdoor activities such as ballet performances, trips to the beach, and an alpaca farm.

OASIS (Brighton & Hove)

Oasis Project supports women, children and families who have been affected by alcohol/drugs in Brighton and Hove and in East Sussex.

They have been supporting sex workers for over 20 years. Their Sex Worker's Outreach Project (SWOP) offers free, confidential and non-judgemental information and support for sex workers (including migrant and transgender sex workers). This includes:

- Friendly female staff offering brief advice/intervention, and 1:1 support over the phone, online, and/or face-to-face (home visits or meetings on project premises and cafes) about safety and health and wellbeing.
- Free condoms and lube, chlamydia and gonorrhoea self-testing, & pregnancy testing
- Support to refer to mental health and other wellbeing services.
- Support workers can accompany women to appointments and advocate for them on their behalf.
- Information and guidance on the law and sex workers' rights.
- Initiatives to support women to make changes if they wish, such as exiting sex work, reducing substance use, and accessing stable housing.

Open Doors (East London)

Based in Homerton Hospital, Open Doors is sexual health service for all sex workers (both on and off street) of all genders wherever they feel most comfortable including flats, saunas, massage parlours, hotels, and individuals' own homes.

The service provides:

- A safe space for service users to shower, pick up clean clothes, have a meal, and seek advice.
- Sexual health support such as vaccines, screening and testing, prescriptions from a prescriber who visits once a month.
- Fast track access to a range of other health and social services – arranging GP or hospital appointments on their behalf
- A drop-in specialist support service for sex workers who have experienced violence and rape – assisting women through the prosecution process with the help of an Independent Sexual Violence Advisor
- Outreach workers work where sex workers are 'on the beat' and can provide them with resources e.g. condoms, hot drinks, food.
- Confidence building exercises to support sex workers to engage with professionals, prepare for interviews and meetings with services – attend appointments with them or help them through phone calls with professional services.
- A unique service which engages with the male partners of female sex workers. Through the use of a Male Partners Coordinator, Open Doors is equipped to address and treat the needs of male partners, who can often experience addiction problems, homelessness and poor health, similarly to their female partners. Working with male partners has increased the retention and engagement rate of the female sex worker clientele of Open Doors.

The Red Umbrella Card

The Red Umbrella Project was founded in 2010 by writer and activist Audacia Ray. As a former sex worker, she witnessed first-hand the discrimination against sex workers by police and society. It is now used by services to allow sex workers to identify themselves and access services discreetly.

The Red Umbrella Card is being used at a number of clinics such as Leeds Sexual Health Clinic and Brighton Sexual Health Clinic. Using this card, sex workers are able to access fast-tracked/flexible and specialised sexual health services for their particular needs. The card can be shown at reception, discreetly identifying them as a sex worker.

Streetlight UK (Sussex, Surrey, and London)

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.

The core support they deliver is through outreach engaging with sex workers and connecting them to other local services where appropriate. The development and strengthening of partnerships has embedded their service into the community and local services.

They also offer a range of training to support people and professionals to better engage with and support women in prostitution and victims of sexual exploitation. It gives detailed background knowledge around the topic of prostitution and sexual exploitation and gives practical tips for how to work with, engage and support the women in an effective and informed manner.

- Outreach workers in London go out every week into on-street prostitution areas in the city.
- All support is individualised and trauma-informed – support and care plans are created with the service user.
- They provide breakfast clubs.
- Partner with the police on operations visiting properties where there are suspected victims – they offer them food, clothes, and care packages.
- Streetlight have an online programme to reach directly out to women online – 80% of their referrals are self-referrals through direct outreach.
- Support can be offered in a number of ways to suit the women, from text and phone support to meet-ups and 1-1 support.
- Have a strong focus on exit provision – Streetlight work closely with other agencies to support women to exit the sex industry.
- Support to report crimes against them to the police.

Terrence Higgins Trust (THT) - Nationwide

The UK's leading HIV and sexual health charity, supporting people living with HIV and helping people to achieve good sexual health across the UK.

Their work includes:

- Campaigns around improving sexual health and sexual health services in the UK.
- Community projects for, and by, those living with HIV.
- Providing information about sexual health and how to maintain good sexual health to the public.
- Offering training on HIV and sexual health topics.

In relation to sex work, THT have a clear positioning statement on their website underlining that they welcome people working in the sex industry and will provide HIV, sexual health, and wellbeing support to them. This statement also outlines their position on the decriminalisation of sex work, their relationship with the police, and their belief in co-production with sex workers around issues that affect them. This is considered to be a best practice example of a positioning statement. It can be viewed [here](#).

A Way Out – Stockton-on-Tees

A women's support organisation with the aim of reducing harm to women.

Their support offer includes:

- Working with a local supported accommodation where a high number of women are housed and provide weekly drop-ins – delivering sessions on safety, offering food and hot drinks, sexual health advice, condoms, and leaflets with emergency contact numbers.
- Does not have a 'three strikes and you're out' rule to support – if a client doesn't show up for appointments, support workers will explore the reasons why - "[when someone doesn't turn up, that's when we turn up, not step back](#)".
- Support is offered at a time and location convenient for the client, e.g. own home, coffee shop, library.



Research



Campaigns & Interventions



Evaluation



Digital



Training

Social Marketing Gateway
Suite 106
109 Hope Street
Glasgow
G2 6LL



socialmarketinggateway.co.uk



gateway@smgateway.co.uk



0141 387 7294