



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



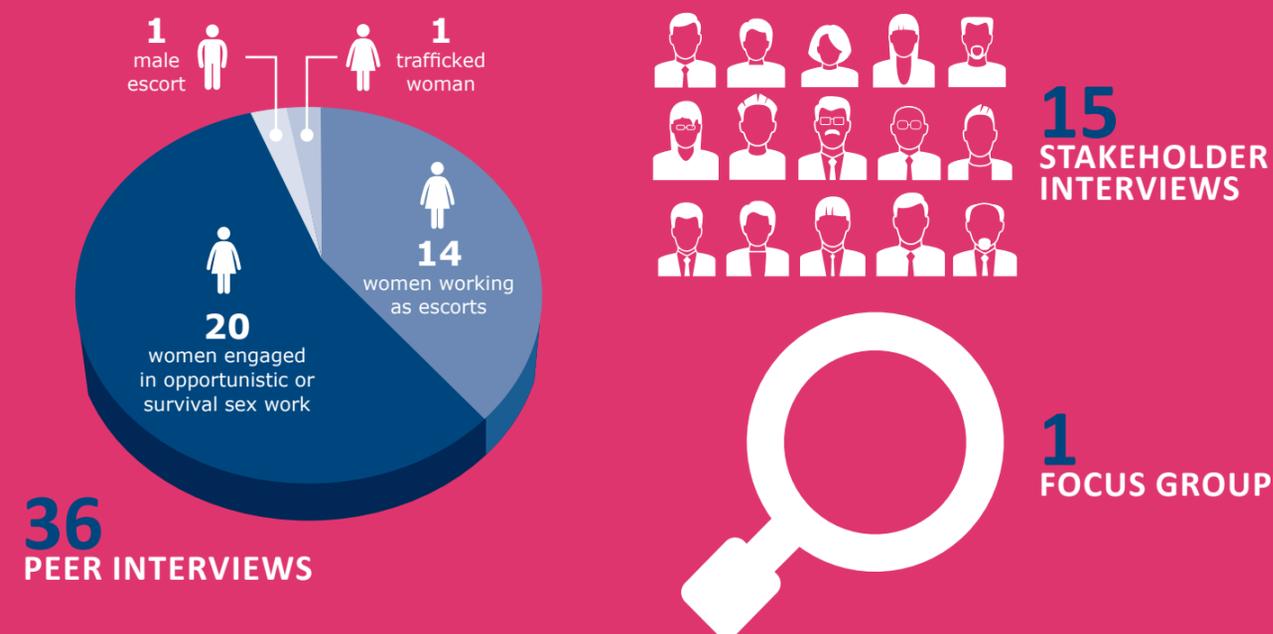
## Summary Report

## PROJECT OVERVIEW

In April 2011, the GAP project, in partnership with Northumbria University, received funding from the Northern Rock Foundation to produce a robust evidence base regarding the lives and experiences of sex workers in Tyne and Wear. This research revisits a previous piece of peer research on sex work in Tyne and Wear called *'Hidden for Survival'*, which had a significant impact on policy and practice locally. Specifically, the PEER project sought to:

- Document the **lives and experiences** of women selling sex in Tyne and Wear
- Explore the women's experiences of **service provision** in Tyne and Wear
- Consult stakeholders about their knowledge and involvement in **strategic decision making** and service provision in the context of sex work, and
- Produce a number of **targeted policy and practice recommendations** in relation to sex work.

36 peer-led interviews were completed with 14 women working as escorts, 20 women engaged in opportunistic or survival sex work and one woman who had been trafficked. One interview was also completed with a male escort. In addition, 15 stakeholder interviews and one focus group were jointly undertaken by peer researchers and the academic research team. This report details findings from the interviews with women engaged in opportunistic/survival sex work, escort work and the stakeholder group. For findings relating to the male escort and trafficked participant, please see the full report, available from the Cyrenians website – [www.thecyrenians.org](http://www.thecyrenians.org).



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### The Opportunistic/Survival Sex Work Group

The majority of women in this group were from Newcastle and Sunderland and were in their twenties and thirties. In addition to opportunistic sex work, one quarter of the sample ( $n=5$ ) had worked as escorts or engaged in pornography. Six women regarded sex work as their main source of income, although incomes were typically supplemented by benefits and in one case, offending. Levels of engagement in sex work varied according to the women's access to benefits and how 'desperate' they were for money. Income was primarily spent on drugs and alcohol. Few of the women had experience of formal employment. Linked to this, just seven women had any qualifications.

Almost half of the women ( $n=7$ ) began engaging in survival sex work before the age of 17. In the majority of cases ( $n=16$ ), entry was felt to have been precipitated by a significant life event. These included sexual or physical abuse as children, addiction and/or homelessness: **'If I didn't get abused, I don't think I'd have went on that path'** (Participant 24), **'Well when I got raped I just felt like men could just use us like that. And that's how I think I found sex work'** (Participant 35); **'I done the sex work to get the money to do drugs'** (Participant 17); **'At times, I would just end up sleeping with someone just to have that bed to stay in for the night'** (Participant 22).

Almost half of the sample ( $n=9$ ) had been involved in sex work for five years or more. The majority of women (9 of 14) worked for themselves. Those women who worked for someone else (primarily partners) reported receiving little payment for sex work. Women sought business through friends, 'word of mouth', 'going out on the streets' and advertising services in telephone boxes, free papers and over the internet. A number of women were also approached for services while begging on the streets. Women reported to do business from flats, cars, alleyways and the backrooms of shops. Prices were based on services rather than time and varied significantly across the sample based on how much clients were willing to pay and how 'desperate' the women were for business: **'Truthfully, when I've been proper down and had nothing at all, I've lowered myself to the standards of like, tenners and twenties'** (Participant 38); **'Well, it just depends on how much money I need that day really'** (Participant 12). None of the women reported to 'enjoy' sex work and typically described their experiences as 'disgusting', 'horrible', 'horrific' and 'degrading'. Just two benefits of engaging in sex work were identified by the women; money and survival. The downsides identified included threats to personal safety, the risks of contracting sexually transmitted infections and stigma. One participant said: **'Just frightening...there's loads of things really...like what, what could happen to me at the end of it'** (Participant 11).

Health and safety at work was a significant issue for the women. Two thirds of those who answered the question ( $n=10$ ) outlined strategies aimed at harm minimisation, including working in groups, informing people of their whereabouts, staying in public places, always carrying a mobile phone, trying to remember clients' car registration plates and not engaging with clients they do not feel comfortable with. Nonetheless, one third of the sample ( $n=5$ ) felt the way they work makes them unsafe due to the inherently opportunistic nature of working practices, as well as being under the influence of drugs and alcohol when working. Others reported that despite the adoption of strategies, they never feel safe when working: **'I'm jeopardising my safety and my health every time I do it'** (Participant 21); **'It's a very dangerous thing but it's easy money, I'll do it but obviously I'm scared from the start to finish really...you don't know what these people are like...what you're letting yourself in for'** (Participant 15).

Almost all of the women ( $n=14$ ) reported positive or neutral relationships with regular clients and preferred seeing them, linked to issues of safety, respect, friendship and higher payment for services. Two thirds of the sample ( $n=10$ ), however, reported violent experiences with clients: **'He karate kicked us and I ended up on the settee and my mate had to get a knife to get us out of the house'** (Participant 13); **'I've been dragged through a gutter like, this one time a bloke in a car pulled over. He started getting very aggressive and he had the window open...and he tried to drag us into the car. I was absolutely terrified'** (Participant 38); **'Aye, he strangled us, locked us in the house and wouldn't let us out'** (Participant 25); **'One of them put a pillow over my face'** (Participant 12). Incidents were generally not reported to the police due to the fear of judgement and the women's concerns over criminalisation.

Only two women reported that involvement in sex work had negatively affected their physical health and all 18 women who answered the question were registered with a GP. Similarly, few women ( $n=5$ ) reported negative impacts on sexual health. High levels of condom use ( $n=13$ ) and accessing GUM ( $n=16$ ) were reported. All 18 women who answered the question, however, said they had experienced mental health difficulties and 15 of 16 women stated that involvement in sex work had impacted negatively on their emotional wellbeing: **'Heavily...I don't find myself attractive at all, I hardly smile much, I'm always thinking dirty about myself...I don't think I'll ever deal with it; it's gonna be with us for the rest of my life'** (Participant 38); **'Feeling like you're worthless...even if you've got family and they're dead supportive, they cannot stop you from feeling as low as you are'** (Participant 21).

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The women also reported that sex work had impacted negatively on relationships with partners: **'I was in a relationship at the time. I felt dirty. I felt ashamed and I couldn't look him in the face for ages'** (Participant 31); **'I don't even enjoy having sex with my boyfriend...there's just no feeling. I do it because he probably wants it'** (Participant 21); and **'I'm absolutely disgusted if I thought somebody fancied me. It would make my stomach turn'** (Participant 18). Low levels of disclosure were reported in relation to all services due to fear of judgement and 12 of 14 women reported to have felt judged by a service provider in the past.

Nearly two thirds of those who answered the question ( $n=9$ ) described their childhoods in negative terms and a further four described them in neutral terms, while three quarters ( $n=9$ ) reported experiencing a significant (negative) life event as a child. There were high incidences of physical and sexual abuse as children, familial addiction and domestic violence: **'Me mam was always away with different boyfriends...I'll never forget, I was about six years old and she left us with me uncle...she took us to the park and I was begging her, saying "Mammy please..." cos I hated him... he just went to us "get up them fucking stairs now" and he battered me black and blue til I pissed meself'** (Participant 25); **'One of me first memories was of him hurting us. I was only a bairn. I can remember telling him to stop'** (Participant 17); **'I was raped when I was younger on the settee and he cut my hair off and set us alight...that was at the age of 13'** (Participant 38).

In adulthood, the women reported to have poor social networks. Only five women said they had friends and just three reported to be in contact with their family. As adults, almost all of the women (13 of 15) had experienced domestic violence: **'In like, every relationship I've had...including the one I'm in'** (Participant 21); **'he asked us to have sex with him and stuff...even though I said 'no', he's went ahead with it anyway and I've done it just to keep him happy when I'm lying there pretending I'm liking it'** (Participant 38). In two cases, domestic violence was a feature of current relationships. Ten of 12 women had had contact with social services and the qualitative data indicated that in almost all of these cases, the women had lost custody of their children: **'I actually went to social services for help and the next thing I know they whipped my kids away from us... 'I lost me kids and everything through it all. I haven't dealt with it, I still haven't, I don't think I'll ever deal with it'** (Participant 11); **'It was when I had my daughter. I was still using one bag of heroin, and like they didn't like give us a chance to sort myself out. I hated them for like doing that. It was just heart-breaking'** (Participant 13).

All but one of the women ( $n=15$ ) had experienced problematic drug use, describing drug addiction as a coping mechanism for significant life events: **'yeah, I think like it blocks things out'** (Participant 13). More positively, nine of 11 women were accessing drug treatment and reported this to be helpful. All but two of the women ( $n=18$ ) had experienced housing difficulties and seven were living in supported accommodation at the point of interview. Several women reported finding it difficult to tackle addiction problems while living in supported accommodation: **'Because of the hostel and I can't get away from it. I did get away from it and now I'm fucking stuck back there in there'** (Participant 21).

Six of 11 women reported limited knowledge on the legalities of sex work and seven of eight women perceived the police to have a negative perception of sex workers. All 15 women who answered the question reported having a criminal record (often linked to problems of addiction and homelessness) and 11 of 14 had been to prison. Just four of these women received help upon leaving prison: **'coming out of prison and then hitting reality again, it's like the first thing I did was went straight for a pack of heroin'** (Participant 11).

**'He karate kicked us and I ended up on the settee and my mate had to get a knife to get us out of the house'**

Participant 13

**'I actually went to social services for help and the next thing I know they whipped my kids away from us... 'I lost me kids and everything through it all... I don't think I'll ever deal with it'**

Participant 11

## The Escort Group

The majority of women who took part were originally from Newcastle and Sunderland (although some women were from other parts of Tyne and Wear and beyond) and were in their twenties and thirties. While two thirds of the sample ( $n=9$ ) had been involved in escorting only, five women had experience of escort agency management, pornography and working in massage parlours. In eight cases, escorting was the women's primary source of income, although two women also had 'day jobs'. All of the women except one ( $n=13$ ) had experience of other forms of employment – most commonly in retail, customer services and care work positions. There were high levels of literacy, numeracy and educational attainment among the group.

The most common entry route into escorting was through friends ( $n=8$ ): **'It was my friend actually. My friend's done it...she thought it was good and she was getting loads of money'** (Participant 2). The length of time that the women had been engaged in escorting ranged from less than a year ( $n=5$ ), to five years or more ( $n=4$ ). Only one woman began escorting aged 17 or under; the majority ( $n=7$ ) began over the age of 18 (mainly in their twenties). Over one third of the sample ( $n=5$ ) cited a life event which they believe precipitated their entrance into escorting; most notably, physical and sexual abuse.

Over two thirds of the sample ( $n=10$ ) worked for an escort agency and suggested that this was a safer method than working independently: **'the more security you've got as well... you don't get persistent callers directly'** (Participant 6). Good relationships were reported with agency managers, who were typically described as experienced, reliable, friendly and professional. Almost half of the sample ( $n=6$ ) managed their escort work as a business and five kept accounts and paid taxes on their earnings: **'it's a job, it's a legal job, I pay my tax, get my credits back'** (Participant 8). Clients were reported to pay based on time booked, rather than services and payments for services were considerably higher than amongst the survival/opportunistic group.

Ten women described their method of work as safe and two discussed their safety at work in neutral terms. The women identified a number of safety measures adopted when meeting clients, including assessing the environment and informing people of their whereabouts. All 13 women who answered the question had a working name; preferring this for purposes of anonymity and privacy. Nine women discussed positive relationships with regular clients, but five had also experienced violent clients. Notably, just one woman had reported the incident to the police.

The escort group generally had a positive outlook towards their work; 12 stated they enjoyed their work: **'I just think it is really enjoyable and sometimes you can have a lot of fun without realising it is just a job'** (Participant 10). In addition, all 14 were able to identify benefits, including flexible working hours, good financial rewards and the work being varied: **'I can work when I want. Flexible times to suit my children'** (Participant 1). 11 women said they would like to continue doing escort work. Nonetheless, nearly all of the women ( $n=12$ ) could identify problems associated with escorting, such as: **'Keeping it all a secret'** (Participant, 7); **'Living two lives'** (Participant 3); **'Getting a client that doesn't appreciate you'** (Participant 14); and gaining a **'reputation'** (Participant 10). Linked to this, six women suggested that escorting had impacted negatively on their emotional wellbeing: **'I think it can make you more detached from building relationships with potential partners; numbs your soul a little bit.'** (Participant 13); **'it was a really lonely experience, horrible experience...'** (Participant 8).

None of the women ( $n=11$ ) indicated that escorting had impacted negatively on their sexual health (reporting high levels of consistent condom use and accessing GUM) or physical health. All 13 women who answered the question were registered with a GP, but only four women had disclosed their involvement in escorting due to fear of judgement. One quarter of those who answered the question (3 of 12) reported to have felt judged by a service provider following disclosure: **'Well, two different occasions; one woman was very good, and the second woman I saw, I felt really judged by her, I didn't really like her'** (Participant 13). Half of those who answered the question ( $n=5$ ) felt the police had a negative perception of sex workers and of just three women who had contacted the police in relation to their work, two reported poor experiences and one reported a very poor experience: **'Diabolical. Really bad. Frogmarched out. Terrible'** (Participant 7).

Mixed childhoods were reported among the group. Of 11 women, seven described their childhoods as positive, while four described them as negative, linked to experiences of abuse and going into care. In adulthood, the women reported positive social networks. All 12 women who answered the question stated they had friends, nine of 11 women stated they were in touch with their families and five of eight women said they were close to their families. However, seven women suspected that their families would react negatively to their involvement in escorting: **'Disown me...They think I'm a full time carer for my disabled son'** (Participant 1). Six of 12 women had dependent children and in five cases, some or all of the children lived with them. Few women expressed concerns about being

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a mother and escorting: **'So long as it is out of the house work-wise and the kids aren't there then that's fine'** (Participant 7). In fact, several escorts reflected on the benefits of being able to work flexibly and making considerable sums of money to spend on their children.

Only one case of problematic drug use was reported, one woman had experienced housing problems and just three had a criminal record. However, half of the sample ( $n=7$ ) had experienced mental health difficulties and eight women reported to be victims of domestic violence. One of the peer researchers reflected on this theme in the data: **'I have learnt that many are in this industry for all different reasons and come from all back grounds. It's interesting for me because I've come to realise that many escorts have a background of physical sexual or mental abuse and escorting has been like a counselling for them'**.

**'I just think it is really enjoyable and sometimes you can have a lot of fun without realising it is just a job'**

Participant 10

**'It's a job, it's a legal job, I pay my tax, get my credits back'**

Participant 8

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

Participant 13

## The Stakeholder Group

Mixed levels of knowledge and awareness were demonstrated by stakeholders about local sex work related issues. While most were aware of the 'hidden' nature of local sex markets and the types of issues that women (and men) engaged in opportunistic sex work may face, knowledge of the local escort market was particularly limited. Broadly speaking, operational stakeholders had greater levels of awareness than strategic stakeholders.

The extent to which sex work features in the work of stakeholders varied significantly across services. At the strategic level, the majority of stakeholders reported that issues around sex work rarely featured in discussions, although there were exceptions. At the operational level, stakeholders were more likely to have had greater levels of exposure to sex work related issues, but again, experiences were wide-ranging. Some stakeholders acknowledged the likelihood of low levels of disclosure due to fear of judgement, concerns over the legalities of sex work and chaotic lifestyles. They stressed the importance of specialist services such as the GAP project in supporting women to engage.

Operational stakeholders reported that service users are not routinely asked whether or not they are involved in sex work when accessing their services; just one stakeholder from a sexual health service reported that involvement in sex work is a standard question on their registration form. In all other cases, stakeholders discussed the importance of building trusting relationships with clients before engaging in discussions about sex work.

All stakeholders emphasised that if a service user disclosed their involvement in sex work, they would be supported in a non-judgemental way and offered a referral to the GAP project. More broadly, stakeholders reported adopting a holistic, multi-agency approach to meeting the needs of service users.

There were mixed responses from stakeholders about the extent to which they think staff within different services have the knowledge, skills and confidence to engage in discussions about sex work with service users. The majority suggested that further training for staff would be useful, but highlighted that sex work is one of many competing priorities within their organisations and that they are operating in a context of decreasing resources.

Few services reported to have undertaken any specific activities to actively engage with sex workers or to have specific policies and procedures linked to sex work, although all stakeholders supported the idea of a local sex work strategy.

## RECOMMENDATIONS

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

The **provision of training** on local sex markets and sex work related issues would be beneficial to frontline practitioners within services, as well as strategic decision-makers where sex work related issues would fall within their areas of responsibility. Where organisations have large numbers of staff, those who are most likely to encounter sex work related issues are advised to complete the training and disseminate the information to their colleagues. In addition, GAP may like to pursue the development of a condensed training programme to improve accessibility, if additional resources could be secured to support this.

Organisations are advised to appoint **Dedicated Liaison Officers (DLOs)** within their services, with specific responsibility for: developing knowledge of local sex markets and sex work related issues, awareness raising within the context of their service, promoting service provision that reflects needs and removes barriers to engagement and providing high quality support to service users who disclose their involvement in sex work. This is particularly critical in relation to the police where there are low levels of disclosure and reporting of sex work related incidents.

While escort services are provided by the GAP project, this is not a funded programme of work. The escort findings indicated that issues around emotional impacts and stigma were prevalent amongst the women interviewed and that opportunities to access long term support around these would be welcomed. It is recommended that **specific funding be made available to ensure the development and sustainability of existing service provision.**

There should be **greater partnership working between criminal justice agencies (particularly prisons), homelessness services and women's projects.** While prison was a positive experience for some women, the limited support received both pre and post release resulted in many returning to chaotic lifestyles of sex work, homelessness, addiction and offending. It is vital that all of these services work with sex work projects to adopt a more co-ordinated and holistic approach to addressing the complex needs of sex workers.

**Greater partnership working between social services and specialist sex work projects is encouraged.** Nearly all of the women engaged in opportunistic sex work had been involved with social services and the qualitative data confirmed that in almost all cases, women had lost custody of their children. This should be investigated further through a partnership approach.

Stakeholders should explore the **development of a local sex work strategy** to help raise awareness of local-specific sex work issues, to provide leadership around local policy and practice developments, to enhance partnership working in relation to sex work and to ensure that sex workers engaging with services receive appropriate support. The inclusion of sex work into other specific strategic contexts (for example local policing strategies, local sexual health strategies amongst others) is also recommended, where appropriate.

Greater investigation within services of issues around **mental health and domestic violence** in relation to sex work is recommended. The prevalence of these themes within the quantitative dataset indicated higher levels of mental health difficulties and experiences of domestic violence among the sample than the general population, and therefore suggests the need for these issues to be explored in more detail. The findings of PEER also support those of Lewis (2011) that a specialist counselling service would be of use to some women working as escorts.

Stakeholders would support the establishment of **additional specialist sex work projects** across Tyne and Wear. Notable in the research was that many of the women who participated were from Sunderland and all of these women, as well as a number of stakeholders, highlighted the absence of specialist service provision in the area, as well as a lack of recognition of the specific needs of sex workers within mainstream service provision. To improve the accessibility of specialist support to women engaged in sex work beyond Newcastle, it is recommended that stakeholders in other areas look to replicate the GAP model.

A key theme in the data was the invaluable support provided by the GAP project to both women engaged in opportunistic/survival sex work and escorting. This was reinforced further by the stakeholder findings which highlighted their instrumental role in awareness raising, information sharing and facilitating women's engagement with services. **It is strongly recommended that funding for the GAP project be continued.**

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