



WOMEN & SEX WORK IN GREATER MANCHESTER: 2022 RESEARCH BRIEFING

In 2021, an independent research team undertook a small-scale research project looking at women and sex work in Greater Manchester. This included a review of existing academic and policy research, a survey/interviews with 151 women who sex work, and a survey/interviews with 56 professional stakeholders. This research reached more women who sex work than most previous studies. We also reached women we had not reached before, including those who had not previously heard of MASH (29%), those who had heard of us but not used our services (34%), and those who weren't sure (16%).

PREVALENCE AND COHORTS

WHO ARE SEX WORKERS?

There are approximately 105,000 sex workers in the UK. There are at least 3,000 sex workers in Greater Manchester (GM) and a reasonable estimate is 4,500. This is likely to be an underestimate due to the concentration of sex work in large cities and areas with high levels of deprivation (5 GM boroughs are in the top 20 most deprived). Women who sex work are resident and working in every GM borough. Most work in more than one location, and two thirds work in the city centre, travelling in from other parts of Manchester or GM boroughs. It is hard to get accurate figures about sex work because it is so often hidden and taboo. There are likely to be more people involved than we know.

Small scale surveys suggest that UK sex workers are:

- 67-72% women (higher than general population)
- 70-75% white British (lower than general population)
- 56-62% aged 18-35 (younger than general adult population)

- 14-17.5% identify as transgender, gender fluid, non-binary or agender (higher than in the general population)

This study suggests that women who sex work in GM are:

- 91% white British (higher than general population and sex workers nationally)
- 81% aged 20-34 (younger than general adult population)
- 21-31% are disabled or have a long-term health condition

WHERE AND HOW ARE WOMEN SEX WORKING?

There are different ways of describing women who sex work. Most often, women are grouped by where or how they sex work:

- **Survival sex work:** Undertaken to survive, often for food, accommodation, drugs or other basic needs rather than for money.

PREVALENCE AND COHORTS CONTINUED

- **Street sex work:** Undertaken in public places or other spaces not controlled by women, such as men’s cars.
- **Opportunistic sex work:** Undertaken when needed or when an opportunity arises, sometimes unplanned or semi-planned, for example after a night out.
- **Indoor sex work:** Work in massage parlours and saunas. Women usually work in groups and establishments are run like businesses.
- **Escort sex work:** Includes a range of contact and non-contact activities. Perceived by many as employment and sometimes officially recognised (e.g. through taxation).
- **Online sex work:** Includes activities that are non-contact and carried out entirely online, such as ‘web-camming’ and some face-to-face activities that are arranged or mediated online.

In addition, there are women and girls who are not sex working but who are instead sexually exploited, including those who have been trafficked or sold in modern slavery, and children who experience child sexual exploitation. These individuals have little or no control over their experiences and are very highly vulnerable. Some may not recognise their own exploitation (for example if they have been groomed or have a learning disability that makes them unable to consent to sex).

Women’s individual experiences of sex work vary very significantly, depending on many different factors, and particularly on the level of control they have over their own activity. Thinking about these different factors or aspects is useful for understanding how different women’s experiences of sex work can be. Some women with high levels of control over risk, place, privacy, company, medium, contact and pay can feel more positive about sex work. Women with low levels of control are likely to be much less positive.

Women who sex work may experience additional exclusion, discrimination or need due to their race, sex,

ASPECT	OPPOSING EXPERIENCES (These may be seen as opposites or the ends of a scale)	
Control	Higher control	Lower control
Risk	Higher risk	Lower risk
Place	Indoors	Outdoors
Privacy	Public	Private
Company	Alone	With others
Medium	Online	Face-to-face
Contact	Contact activities	Non-contact activities
Pay	Paid	Unpaid

gender identity, disability or other factors.

Our survey shows that most women who sex work in Manchester have been working for 1-5 years. Street work is most common (3-in-4 women), followed by sauna work. This is different from the biggest previous study of sex workers by National Ugly Mugs, which found 3-in-4 sex workers were off-street independents.

Online sex work appears to be on the increase, particularly amongst young people, including students: *“it’s seen as a quick and easy way to make money”*- Stakeholder.

Street sex work in GM was described by a stakeholder: the majority is undertaken by British women, aged late 20s – mid 40s who are entrenched in addiction. There is also a small cohort of Eastern European women who are not substance users but are working to provide money for their families.

COVID-19 had a big influence for most women (76%) during the period of the research, decreasing the amount of sex work that women could find, increasing fear of the virus and reducing the sense of safety on the streets.

WHY DO WOMEN SEX WORK?

We did not ask women what led them into sex work, but some of their comments in 1:1 interviews suggest that sex work is not a free choice for many. The reasons they gave included:



PREVALENCE AND COHORTS CONTINUED

- Because they were trafficked / groomed into it as a child / coerced by abusive partner
- For money for drugs / alcohol or in exchange for drugs / alcohol
- In exchange for other items, such as food or clothes for children
- Disrupted or difficult childhood, teenage years and early adulthood
 - growing up in care
 - having parents with substance misuse issues
 - a prior experience of being sexually abused
 - having experienced domestic violence or abuse
- To pay rent, household bills and often to support their children and families
- Due to lack of legal 'right to work' of recourse to public funds

“I got introduced to crack cocaine and the streets just followed after because I thought what am I going to do to feed my addiction”

INTERSECTIONAL NEEDS

WHAT SUPPORT NEEDS DO WOMEN WHO SEX WORK HAVE?

Women who sex work experience a range of intersectional needs that co-exist and are related to demographic factors, life experiences, class, citizenship status, substance addiction, homelessness, poverty and more. Our primary research suggests that the vast majority of women who sex work in GM have support needs (all but one surveyed). Women sex working in Greater Manchester have a wide range of needs, and on average need support with seven areas in their life. The most common self-identified needs are: sexual health (85%), general health (78%), needle exchange (64%), disability/long-term condition (32%), substance misuse (30%), hardship support – food, clothing, toiletries (26%), and safety (26%). Maslow’s Hierarchy – a well-known model for describing human needs, suggests that people must have their most ‘basic’ needs met (those at the bottom of the pyramid) before they can think about ‘higher level’ needs. The support needs most commonly identified by women who sex work in GM can all be categorised as being in the bottom two tiers of Maslow’s Hierarchy. This suggests that immediate ‘survival needs’ relating to health, housing, food and providing for children need to be addressed before the women could focus on longer term hopes and aspirations – such as education and employment.

PRACTICAL SUPPORT THAT WOULD HELP

34% of women said they need practical help such as transport to appointments. This compounds the other needs women identified, for example, many need help with substance use as well as practical help to access this type of support.

SAFETY AND SAFEGUARDING NEEDS

Sex work is often unsafe. Research shows:

- 63-80% of women sex workers had experienced violence
- Women sex workers are much more likely to experience violence than men

INTERSECTIONAL NEEDS CONTINUED

- Female sex workers are 12 times more likely to be murdered than other women
- In Manchester, there were 339 reports of violence/ crimes by sex workers to National Ugly Mugs (NUM) between 2012-2019 (likely to be an underestimate)

The types of harm reported to NUM in 2020:

- 41% were of physical violence including rape, attempted rape, sexual assault, and condom removal
- 24% were fraud and robbery
- 23% were stalking and harassment

Sex workers use a range of strategies to avoid, minimise and manage risk of harm e.g. a buddy system, using taxis/drivers, controlling the time/ place, changing locations, keeping a phone close, avoiding night work, seeing regulars, avoiding drugs and alcohol, sexual health screening, and carrying weapons such as tear spray.

HEALTH AND WELLBEING NEEDS

Sex work is associated with poorer health and wellbeing, and particularly with poor mental ill-health. The less control women have over their sex work activities, the more adversely their health and wellbeing seem to be affected. On-street sex workers have 'extreme unmet health needs'.

Trauma. Many women engaged in sex work have past experiences of trauma. Sex work itself is also often traumatising, especially when women have little or no control. "It's traumatising to have sex with people you're disgusted by". A study showed 84% of women had a significant life event that made it more likely they'd become involved in sex work.

Mental ill-health. Many sex workers experience poor mental health especially those with less autonomy. It is often untreated, under-treated or 'self-medicated' with alcohol or illegal drugs. Women experience concurrent mental health issues, including depression, anxiety, panic



attacks, paranoia, post-traumatic stress, personality disorder, fits and hallucinations, self-harm, and suicidal ideation and attempts. Women linked these primarily to trauma, loss, violence, and homelessness.

Substance misuse. Drug and alcohol problems are very common among women engaged in survival sex work. They are less common among those with more autonomy. Substance use is a common reason for entry to sex work. Drug use was often associated with living with past and ongoing trauma.

Sexual Health. All sex workers are at increased risk of experiencing HIV infection, chlamydia and gonorrhoea. Just a third of sex workers visited sexual health clinics regularly. On-street sex workers and those with multiple and complex needs appear to have the poorest sexual health.

Pain. Physical pain is an issue for many women sex workers due to violence or untreated health conditions/ injuries. Half of women (57%) reported physical pain due to violent clients. Some women 'self-medicate' pain with alcohol or illegal drugs.

ECONOMIC AND EMPLOYMENT NEEDS

Many sex workers begin sex work because they have financial needs they cannot meet. For all sex workers (but not for those being sexually exploited), sex work is an economic activity, whether it is undertaken to survive or



disrupt informal networks and peer support. *“Migrant sex workers face hostility and isolation as a result of the ‘anti trafficking’ narratives. This results in migrant sex workers and victims of trafficking being further isolated”.*

Homelessness. Many women engaged in survival sex are also homeless. These women have multiple and complex needs – such as addiction, mental illness and experiences of trauma. It is often difficult or impossible to separate out the different factors, causes and effects of homelessness and sex work.

Parenting. Women engaged in on-street sex working are often mothers but are less likely to have care of their children. Removal of children contributes to the trauma and mental ill-health that women experience.

INTERSECTIONAL NEEDS CONTINUED

as a business choice or something in between. Sex work is a technique for self-managing financial need.

Long-term financial difficulties keep some women in sex work for survival. The underlying reasons for long-term financial difficulties are complex and personal, and may include ill-health, disability, meeting care costs for someone else who is ill or disabled, immigration status, homelessness, losing a job, inability to get a job, debt, inability to get loans, or drug or alcohol use. All these experiences may be compounded by racism or other forms of discrimination.

OTHER SUPPORT NEEDS

Criminalisation. Policing practices that focus on law breaking, arrest and prosecution may harm sex workers, *“repressive policing of sex workers, their clients, and/or sex work venues disrupted sex workers’ work environments, support networks, safety and risk reduction strategies, and access to health services and justice”* .

Immigration and trafficking. Fears about immigration enforcement, and aggressive practices such as police raids, may prevent such women from accessing services, may embolden exploiters or enable exploitation, and may

SERVICES AND SUPPORT

WHAT HELP HAVE WOMEN WHO SEX WORK IN GM BEEN ABLE TO GET?

The figures from our primary research suggest that there are gaps between the support women who sex work need and what they have been able to get. Almost all (85%) need help with their sexual health, but only 24% get it. More than three quarters (78%) say they need help with their general health, but only 24% get it. Almost 1-in-3 say they need help with disability or long-term conditions but only half of them are able to get it (15%).

Although 30% said they needed help with drug or alcohol use, only 15% had been able to get it. 64% wanted help specifically with needle exchange, but only 21% had been able to get it.

Women who have accessed MASH reported overwhelmingly positive experiences; some said that MASH had literally changed or saved their lives by helping them to stop taking drugs, stop sex working, find permanent housing, or access counselling / therapy. Women talked about the value of day-to-day practical help at MASH such as the provision of food, clothes and bedding, condoms, needles, and support to access other services. Some women talked about the MASH drop-in experience and the range of activities and the social

SERVICES AND SUPPORT CONTINUED

aspect it offered. Having MASH presence on the street on an evening also provided the women with reassurance and a sense of safety.

“Their support saved me in many ways over the years and I will be forever grateful let’s put it this way without them I’d be dead by now or have a disease or something... Like my second family and one day I hope to give back for all they have done for me”.

Only 1-in-5 women surveyed (21%) had used MASH and those resident or working outside of Manchester city were less likely to have accessed MASH.

WHAT ARE THE GAPS AND BARRIERS TO ACCESSING SUPPORT?

Women report that concerns around confidentiality is the most significant barrier to accessing services (21%). Other barriers include services not being available locally (16%) or being inaccessible due to transport (9%); and women not knowing how to access services (15%) or what is available (12%). Some women also talked about language/cultural barriers, which compounded issues around stigma and lack of trust in services.

Although there are “in excess of 2000 organisations in Greater Manchester working to protect people from gender-based abuse”, research found that most women experienced problems getting the support they need to deal with their experiences of violence, particularly the long-term effects – e.g. 83% needed support with mental health but 69% did not get it or experienced significant

delays. Past research also shows that sex workers did not include ‘involving the police’ in their risk management strategies. The police note that although 80% of sex workers have experienced crime in the past five years, only 23% of these have reported it. Women – especially sex workers of colour and migrant workers – say they fear stigmatisation and criminalisation, and do not always trust the police.

Past research suggests there are problems with sex workers getting the support they need from other services, often because of judgement, discrimination or ‘conditional’ services which require them to give up sex work or substances before they can access support. One woman in this study reported being refused surgery for a painful condition because of ongoing drug use. Some sex workers have contact with children’s services relating to child protection concerns, and some have children removed – an experience which is “almost always devastating”.

“Some services in the city-region are not reaching Black, Asian and Minority Ethnic (BAME) women as well as they should... [and] some services are less accessible to people from sexual minorities, trans and gender-queer people, older people, disabled people, and those with learning difficulties”.

Almost all women sex workers report problems with accessing services and getting the healthcare they need. This is for a variety of reasons including: being unregistered; not knowing where to go; not disclosing sex work so that health professionals were unaware of some needs; life circumstances that made planning/keeping appointments difficult; not being able to afford treatment; stigma, conditionality; and commissioning oversight.

Women are further impacted by intersectionality such as race, gender identity, age or disability status. A person-centred, trauma-responsive approach is needed to address these, but currently, many local organisations provide services with a single focus, addressing only housing / homelessness or addiction or food poverty or mental health.

SERVICES AND SUPPORT CONTINUED

The Manchester Sex Work Forum brings together the key organisations working with sex workers in Manchester and there is a dedicated Sex Work Strategy in Manchester. There are less structured arrangements to support women who are sex working in the other Greater Manchester areas and there is not a GM-wide sex work strategy.

The majority of organisational stakeholders surveyed (67%) believe that there are gaps in services for women who sex work in GM. They suggest:

- Comprehensive, multidisciplinary services like MASH across Greater Manchester to support women with high support / multiple, complex needs
- Women-only drop-in services for sex workers across Greater Manchester
- Affordable, safe, accommodation with appropriate support for women who are sex working across the whole of GM
- Support for the enduring mental health needs of women who are sex working and who may have experienced trauma. These types of services would ideally be flexible to enable women to build up trust pre therapy and accessible to those who are not easily contacted by phone or letter and who may not have the resources to keep to appointments.
- Domestic violence / Domestic abuse outreach in all boroughs for women sleeping rough who may be exploited sexually
- Rape counselling accessible for women without a home or digitally excluded
- Faster access to sexual health and contraception, including perhaps the 'Dean Street model' of fast STI self-testing
- Support to access to dental health care
- Long term support to women who are sex working so that they can gain new skills and get into sustainable professions
- Social support and capacity building

"The main gap is the lack of whole person, person centred approaches to supporting people with multiple and complex needs. Statutory services are commissioned in silos, with universalist approaches which mitigate against long term positive outcomes."

WHAT WORKS FOR WOMEN WHO SEX WORK?

Approaches that take account of, and seek to address, trauma and stigma are vital. We also have robust new insight about what types and patterns of delivery work best. Most women who sex work specifically want face-to-face support via drop-ins (57%), outreach services (48%) or regular (weekly) sessions (38%).

Overwhelmingly, women want services that are available all days of the week including the weekend and evenings. 34% of women also said they needed practical help like transport to appointments. Trusted relationships are very important. Women who sex work want female support staff, someone they could trust and build a relationship with, and someone who will not judge them.

Very often, how support is provided is at least as important as what is offered:

"Sex workers report needing non-judgmental, sex worker friendly services. Some services that aim to support workers can add to the stigma they experience, and respondents requested that they 'Stop shaming us', citing the difficulties in discussing issues with support services that hold strong ideological positions against sex work"

Of high importance to women accessing MASH was:

- The women's only venue
- The staff and volunteers at MASH - how important the relationships they'd developed were
- That they felt cared for and listened to for the first time in their lives

HAPPINESS, ACHIEVEMENTS, HOPES AND DREAMS

Past research has focused almost exclusively on the problems and risks of sex work – i.e. “What’s wrong, not what’s strong”. We asked women who sex work in Greater Manchester about some positive aspects of their lives too. 34 women responded. Women found these questions emotive but several commented that they were grateful for being given the opportunity to answer them, rather than the research questions purely focussing on them as service users, ‘in need’ of support.

What makes women happy is unique and personal. Most responses were ‘ordinary pleasures’, including spending time with children and other family and friends, relaxing pastimes, creative activities and being useful. Often, women’s happiness relates to having basic needs met.

What makes women proud is most often their children (13/34). Other common themes include overcoming difficult circumstances; reducing or stopping drug use; securing housing; stopping sex work; creative achievements.

Women’s wishes for the future are detailed, usually very practical and sometimes poignant. The most common wish (16/34) is for better connection with their children, sometimes because they are living apart from them. Other common wishes included financial security; secure housing; becoming and/or staying drug-free; better health; finding a different job; better education; changing bad situations.

“I’m proud of who I am. I feel I am astute, getting over the negatives in life.”

 **To discuss this briefing in more detail, and partnership opportunities, please contact Annie Emery, CEO: annie@mash.org.uk**

Notes: The independent researchers were [Kerry Swain](#), [Julie Wrigley](#) and [Fiona Weir](#). These briefings have been prepared by Fiona Weir and MASH. Throughout these briefings, we define women as anyone identifying as a woman. You can find further information, including sources for all the points in this briefing, in the research report.

To read the full report including sources please visit www.mash.org.uk