



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 and/or interviews with 151 women who sex work, and a survey of 56 professional stakeholders.

PREVALENCE

There are at least 3,000 sex workers in Greater Manchester (GM) and a reasonable estimate is 4,500. 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.

HOW MANY WOMEN WHO SEX WORK EXPERIENCE PROBLEMS WITH THEIR MENTAL HEALTH?

Past research leads us to expect (84%+) women who sex work experience problems with their mental health. Our primary research shows that around 1-in-5 women who sex work in Greater Manchester say they need support with their mental health (19%). 1-in-4 say they would like counselling (24%). This is lower than expected and may reflect that women who sex work do not recognise or prioritise their mental health needs, and most remain undiagnosed. It is more than local and national levels

of mental ill-health. A few women report mental health conditions including depression or bipolar disorder, but most do not seem to have any formal diagnosis.

CONTEXT

All past research has found that sex work is associated with poor mental health. Here are some key findings:

Most sex workers have a wide range of negative ('adverse') experiences which may affect their mental health, both in the past and the present. This may include childhood abuse; childhood sexual exploitation; being 'in care'/'looked after' by a local authority; past and/or ongoing domestic abuse; past and/or ongoing violence and threats of violence; rape; sexual abuse; coercion; being victims of other crime; experiences within the criminal justice system; drug or alcohol dependency; homelessness; long term illness; untreated or under-treated health problems; disability; experiences of stigma, discrimination and exclusion. *"Most of the women... described untreated and often concurrent mental health issues, including depression, anxiety, panic*

CONTEXT CONTINUED

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, and often described their drug use as self-medication”.

Mental ill-health and trauma can be both the cause and the effect of sex work. A study showed 84% of women had significant life event that made it more likely they’d become involved in sex work. 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”*. Women appear to experience more mental ill-health the less control they have over their sex work, with those engaging in street work worst affected.

Trauma-informed approaches are vital because so many women who sex work have experiences of significant trauma. Sex workers may not always recognise their own mental health needs or experiences of trauma, which can make self-care more difficult and meeting needs even more challenging.

Women attempt to help themselves. Many women who sex work recognise the mental health impacts of sex work but are unable to reduce them. Some women ‘self medicate’ with drugs or alcohol. A few women seek private therapy if they can afford it.

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. 19% said they need mental health support but only 12% have been able to get it. Similarly, 24% needed counselling but only 13% have been able to get it. This means as many as half of women who need this help are not receiving it.

Past research also shows there are many possible reasons women who sex work cannot get health and wellbeing



support, including: not knowing where to go; being unregistered with any GP; not disclosing sex work (so that health professionals are unaware of some needs); life circumstances that make planning difficult; not being able to afford treatment; and – notably – stigma 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.

Women who have accessed MASH reported overwhelmingly positive experiences; some said that MASH had literally changed or saved their lives. However 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.



Women have achieved excellent outcomes with MASH's support:

“MASH alongside drug and mental health services have helped me to stop taking drugs and exit from sex working (as this was my goal) and to move forward with my life.

Support received to address past trauma has been the most beneficial as by doing this I have been in a better position to tackle all other chaotic areas of my life.”

SERVICES AND SUPPORT CONTINUED

WHAT SUPPORT DO WOMEN RECEIVE FROM MASH?

MASH provides one-to-one support for women who sex work who are experiencing mental ill-health, including referring women for a mental health assessment, accompanying them to attend appointments and advocating for them to help navigate complex systems. We also offer non time-limited counselling and alternative therapies to women in-house (enabling us to bypass lengthy waiting lists when needed) and provide talking therapies in a space women know is safe for them to be honest. Last year 126 women were supported with their mental health and 24 women accessed in-house counselling. Women tell us they value our support:

“I don’t need any other support because MASH help with everything... I would rather just work with one person instead of lots of different agencies...I don’t know where I’d be without them”.

MASH works hard to ensure our mental health and wellbeing support complements national and local plans, and we are already part of multi-agency health partnerships in Greater Manchester. Greater Manchester has a joined-up five-year mental health strategy, and MASH helps to ensure that strategy priorities can be achieved for women who sex work in our area, as well as for the general population. Our mental health support also contributes to the GM [drug and alcohol strategy](#) (because of the close links between mental health and addiction), and to the GM [commissioning strategy](#).

WHAT ARE THE BARRIERS TO ACCESSING SERVICES?

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. Services are often time limited and conditional, with long waiting lists, which can create additional barriers to access.

SERVICES AND SUPPORT CONTINUED

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, and someone they know 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”*

RECOMMENDATIONS – HOW COMMISSIONERS CAN USE THIS INSIGHT

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
- Women-only drop-in services for sex workers across Greater Manchester

In addition, we believe that hosting a dual diagnosis worker at MASH would significantly improve our ability to support women with both addiction and mental ill-health. We also believe that ensuring that the experiences of women who sex work and experience mental ill-health are shared with leaders and policy makers, will improve systems and services for women.

If we can secure adequate resources to expand our services to Greater Manchester and host a dual diagnosis worker, we will contribute to at least 4 of the objectives in the GM mental health strategy (p11-21): achieving the best care, every day; ensuring the best outcomes; providing individualised, seamless services (especially working in partnership to improve wellbeing and challenge stigma); and delivering sustainable services that add value including social value.

▶ **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