



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 PHYSICAL HEALTH PROBLEMS?

Almost all women surveyed who sex work in Greater Manchester say they have needed, or would like, help with their general or sexual health (99%). This compares with around 1-in-7 people with general health complaints in Manchester. Almost a third need help because of a disability or long-term illnesses (32%).

WHAT PHYSICAL HEALTH PROBLEMS DO WOMEN WHO SEX WORK EXPERIENCE?

The physical health problems most frequently reported by women who sex work in Greater Manchester are:

sexual health (85%) and general health (78%). Drug/alcohol use and mental health problems are also widespread (see separate briefings). Almost 1-in-3 women who sex work say they have problems with disability or long term illness, compared with 1-in-4 in the general population. 1-in-4 have problems with dental care, compared with 1-in-5 in the general Manchester population. 9% needed help with pregnancy or termination, and 13% say they need support to access condoms. Women also mention a variety of individual health problems, many of which are long-term.

CONTEXT

All past research has found that sex work has negative health impacts for the women engaging in it. Here are some key findings:

Most women who sex work have a wide variety of different health-related needs. Trauma, mental ill-health, drug and alcohol addiction and sexual health problems are the most common health-related problems. Some health needs are the result of poverty and/or homelessness – for example, not eating or sleeping enough. Ill-health may be a cause or ‘push factor’ into sex work, as well as or rather than an effect of it.

CONTEXT CONTINUED

Pain is a common and under-recognised health problem for most women who sex work. Pain may be long-term and related to untreated health problems and/or experiences of violence. Some women 'self-medicate' pain with alcohol or illegal drugs, and then need to do more sex work to pay for these.

Many women have complex, individual health needs that require personalised support. On-street sex workers, particularly, are likely to have 'extreme unmet health needs'.

Women struggle to manage their physical health. On the whole, women find it difficult to self-manage their own general health day-to-day, including their sexual health. Some women with long-term health problems see sex work as giving them flexibility to work when they feel well, in a way that other work generally does not.

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 large gaps between the healthcare women who sex work say they need and the help 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. 1-in-4 need dental care but only around 1-in-7 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%).

Past research 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. Sometimes, help is offered only



if they meet certain 'conditions': for example, one woman reported being refused surgery for a painful condition because of ongoing drug use. Problems with accessing services are likely to increase health problems, making needs harder to address.

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.



SERVICES AND SUPPORT CONTINUED

WHAT SUPPORT DO WOMEN RECEIVE FROM MASH?

MASH hosts a sexual health clinic led by a full-time, female sexual health nurse. Women can get contraception, STI tests, smear tests, pregnancy testing and support, and referrals following sexual assault. Sexual health support is available via outreach to areas where women are known to be working, including on-street and indoor sex work premises. Women who are experiencing other types of health issues can get advocacy and one-to-one support, helping them to access nurses, GPs, hospitals and dentists. We also directly provide first aid, administer naloxone and provide vaccinations for Hepatitis B and Covid-19. MASH also works with partners to provide in house clinical services such as a specialist hepatitis treatment clinic. Last year 373 women received sexual health support from MASH and 131 women received support with other aspects of their physical health.

MASH is part of multi-agency health partnerships in Greater Manchester. We work hard to ensure our health and wellbeing services complement NHS and local government strategies, particularly the emerging plans of the new integrated health and social care partnership. We have particular contributions to make to its commissioning strategy, primary care strategy and dental care 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.

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. Only emergency NHS services are offered at these times and in these ways, and especially services that are (increasingly) booked and provided online are not reaching many women who sex work.

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 GP and dentist at MASH on a regular basis would significantly improve our ability to support women with their physical health. We

also believe that ensuring that the experiences of women who sex work 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 widen our health offer, we will contribute to the priorities in various GM health strategies. For example, this work would help to ensure healthcare for sex workers meets the general medical standards set out in the [primary care strategy](#) (p16). We would be keen, with support from the Health and Social Care Partnership, to work with Local Care Organisations to ensure sex workers are included in their plans. There are also opportunities for targeted preventative dental support for sex workers.

▶ **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