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**Street Link**

# Street sex workers in Preston: An evidence – based study

Jo Cunningham

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# Contents

<b>Acknowledgements</b>	<b>3</b>
<b>Methodology</b>	<b>4</b>
<b>Introduction to the Streetlink Project</b>	<b>4</b>
<b>Routes In</b>	<b>7</b>
<b>Being In: Working patterns</b>	<b>9</b>
<b>Being In: Price List</b>	<b>11</b>
<b>Being In: Punters</b>	<b>12</b>
<b>Personal Safety</b>	<b>14</b>
<b>Coping Mechanisms and Emotional Survival</b>	<b>17</b>
<b>Drug Dependency</b>	<b>21</b>
<b>Health and Wellbeing</b>	<b>23</b>
<b>Housing</b>	<b>25</b>
<b>Routes Out</b>	<b>28</b>
<b>Conclusion</b>	<b>29</b>
<b>Recommendations</b>	<b>30</b>

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## Research and Methodology

Street sex workers have a unique range of emotional, physical social and health needs that are not always visible to mainstream agencies because of the nature of their lives. Sex workers are a particularly hard to reach group who face specific challenges in accessing services. Consequently they are a highly vulnerable group who are socially excluded on many different levels. The aim of this research project was to explore the experiences of street sex workers in Preston, to provide an evidence based assessment of their needs and consider the interface with services. The researcher attended the surgery weekly on twelve occasions and accompanied Streetlink workers on outreach sessions. Eight semi structured interviews were conducted with sex workers. The interviews took place in the surgery on New Hall Lane, adjacent to where the women work. All of the women were comfortable with the term 'street sex worker'. Participation was entirely voluntary, and interviewees were informed that they could change their mind and withdraw from the interview at any point if they wished. The women were given a £20.00 gift voucher to recognise that they were potentially losing earnings whilst they were being interviewed. The women ranged from 28 to 42 years of age, with most of them being in their thirties.

Interviews also took place with seven professionals related to the project, in an attempt to understand service specific issues and the interface with Streetlink.

The report has incorporated service user voices by using direct quotation where appropriate. The voices of street sex workers are more powerful than any writer's interpretation can ever be and it is hoped that a very real sense of their lives comes through. All names have been changed to protect the anonymity of the respondents.

## Introduction to the Streetlink project

Street sex workers are a vulnerable group of individuals, who face significant risks every day and night of their lives. Streetlink is a voluntary sector agency that provides a service to street sex workers in Preston; at the time of writing all of its service users are women. The service is premised upon core principles of acceptance and respect. Streetlink offers an outreach service four nights a week and workers go out onto the streets to make contact with the women and to provide a warm drink and condoms if required. Additionally, there is a drop in service on a Monday and Wednesday night, with the surgery open to provide a safe place for the women. The service provides support and advice where needed, a warm drink and snacks, and importantly a listening ear. More recently, Streetlink has developed an 'in-reach' service working to support street sex workers in prison and supporting the transition when women are released.

Streetlink is based in premises adjacent to the area of Preston where the women work. The location of this service is vital as it is close enough to the main working area to be accessible, whilst being just off the main working road so that women are not distracted by passing punters. For the women who use Streetlink, being able to sit down somewhere

warm, dry and safe is a key factor and the existence of the surgery provides important respite from the streets.

*“There’s always people here ... if you need to bend their ear you can talk to them, you can just drop in have a brew and if something’s really getting you down, you’re really fed up, pissed off, you might ... you know... be suicidal, but you can come in and have a chat”* Paula

It is important to the women that they are accepted as women who work on the streets, without judgement. Nonjudgmental acceptance of the fact that the women sell sex for a living underpins the service provided by Streetlink, differentiating it from other services, where the women either have to disguise what they do or sometimes face disapproval.

*“You can talk to them [at Streetlink] and you know you’ve got somebody to listen to your problems...you know if there’s something wrong, you know it’s going to get sorted...if you went somewhere else, they would look at you like you were scum really, they don’t want to know...cause you’re a [sex] worker...they just think it’s low really”* Karen

In addition to emotional support, the surgery offers a range of practical help in recognition of the fact that the women’s lives may be chaotic. The women are able to make use of the bathroom, hair straighteners, make up and body spray. Clothes and shoes left by volunteers, condoms and pregnancy tests are available if the women need them. Being able to take a bath is important for the women who do not have a stable home.

*“It’s good innit...it helps the girls because a lot of girls have nowhere to live and they don’t have clean clothes and nowhere to get a bath...it’s a good place, they help you with condoms. It’s like ..safe, really safe...they give you something to eat, so it does help”* Dawn

Until recently, professionals from voluntary sector drug services have attended the evening surgery to provide advice and support around the women’s drug use. This has ceased in recent months due to the reorganisation of drugs services locally. This was however appreciated by the women who found it helpful to have a drugs worker based at the surgery. Workers from Streetlink regularly liaise with a range of different agencies on behalf of the women, notably Housing, the Community Drugs Team; a range of private or voluntary sector housing organisations; voluntary sector drug/alcohol agencies; the benefits agency; doctors and other health providers, the police and children’s services.

Importantly, the service provides information that can help to keep the women safer on the streets, providing an 'Ugly Mugs' service so that women can record details of men who have been violent or abusive to them. This information is then shared with other sex workers and may be passed to the police. The women recognise the usefulness of this to help keep them safe and make more informed choices.

*" I find out what's going on...basically, you know, what's happened on the streets, if anything had gone wrong, if anybody had been attacked...it's always handy to know what's going on" Becky*

The Ugly Mugs service provided by Streetlink acts as a stepping stone between the women and the police, as sex workers are able to share details openly with Streetlink workers without fear of being prosecuted or stigmatised. Women are also supported to report assaults to the police where they wish to do so.

For the sex workers that use Streetlink, the service is a bedrock for them in so many different ways. Crucially, it is a service that is *specifically* for sex workers. Although being a 'sex worker' is only one part of the women's overall identity, the stigma surrounding this role means that few women are comfortable sharing this with other services. Consequently, they either do not use other services or do not reveal this part of their lives to other professionals. When they do, they are met with a range of responses.

*"What would be good is if you could work with Bickerstaff (Drugs team) and tell them you work with us girls, cos I think you understand more than them...my old worker from there asked me what do you do, how much do you get paid, where do they take you, and I used to hate that...I didn't get on with her anyway and it was nowt to do with her innit? I knew she were being nosey, it weren't to help, she was being sarcastic most of the time" Dawn*

The women's experiences of wider services will be discussed in more detail later in this report, however it is pertinent to note at this point that Streetlink occupies a unique position in relation to street sex workers in Preston because as an agency it is able to interact directly with the women in full knowledge of the work the women do, without prejudice or judgement. This is extremely important for the women, who struggle to identify themselves as sex workers to other agencies. Underpinning the service is an understanding and acceptance of the fact that the women's lives are frequently chaotic and transient. Consequently, if the women do not turn up for appointments or disappear for a period of time, they know that they can still go back to Streetlink at any point without consequence or recrimination.

## Routes in

Understanding why women enter sex work is important for a number of reasons. In particular this knowledge can inform the development of preventative strategies and ensure that services developed to help women exit sex work address the underpinning reasons why women sell sex in the first place. The motivations for entering sex work are at the same time complex and simplistic. They are simplistic because economic motivation tends to lie at the core of the decision. They are complex because the conditions surrounding that motivation are multi-layered on a structural, personal and cultural level.

The women interviewed in this study described varying routes into sex work, at different times in their lives. One of them describes graphically how she first sold sex at the age of 8:

*“When I first took money for oral sex it was in 1978...I knew the man, he lived across the road from my nana and I didn’t see it as sexual abuse because he never touched me...he used to hang around the cemetery and drink and play his guitar...I got 12 pence...to perform a sex act on him. I didn’t feel scared or anything because she [friend] was with me and it weren’t like he were forcing me...after it happened he bought us two ounce of toffees and we had the money as well so I went back to my nana’s happy with that. It became a regular thing...by the time I was four or five years older and a bit wiser and I knew what I was doing...I were about 12 then and I wanted more money, so I told him I wanted more money or I was going to tell my nana” Denise*

This childhood experience of sexual exploitation provided a route in for Denise, who learned early on that sex could be exchanged for cash. Although sexual exploitation during childhood was not identified by the other women in this project, other research has identified that this can be a powerful early experience of some women who later enter into sex work. Combined with other concomitant factors such as violence or abuse in the home, truancy, poor educational achievement, running away, living in care, and drug or alcohol use, child sexual exploitation makes young girls vulnerable to grooming and falling under the power of men who may masquerade as boyfriends, paving the way for young woman to enter prostitution.

However, it would be a mistake to assume that child sexual exploitation or early abuse is a commonly shared factor. None of the other women interviewed in this study identified childhood abuse or exploitation as being linked to their own particular route in. Many of the women talked of happy childhoods with parents who had provided well for them both physically and emotionally.

For one woman in the study, the idea of using sex work as a means to earn some money came to her whilst watching ‘Bands of Gold’ which was a TV drama based upon the sex industry in the 1990’s. This woman was the only sex worker in the study who did not have a drug addiction and who described her motivation as primarily economic, though she also

suggested a social component to what she did. For other women in this study, friends had introduced them to sex work or they knew of other women that did it to earn money:

*“A so-called friend really [got me into it]...I’d had an argument with me parents and moved out of their place then I moved in with me friend and she were working the street. She were bringing home loads of money and nice clothes you know and she had everything she needed and wanted, and she introduced me to it. At first cos I didn’t have a massive drug habit, the money were really good, but when you’ve got to spend it all on drugs it’s crap really” Paula*

Drug dependency was central to the women’s sex work in this study and was the single most common factor the women identified as being integral to the reason they initially entered sex work, and importantly, why they stayed in it. The following quotes are from women explaining in their own words how they entered sex work:

*“I got into it wi’ crack, smoking crack, I knew girls that did it you know, and just started doing it...I don’t like it, it’s dirty, it’s not meant to be just sleeping around like that...I need detox and rehab...I’ve been doing it for years, in and out...” Dawn*

*“You come out because you need the money for something desperately...you’re on drugs and it’s the last resort innit?” Julie*

*“It’s all based around drugs really...I tried everything else to support my habit, but there were nowt without getting arrested all the time...it seemed easy at first...but I remember the first time I done it, it was horrible, I hated it, but then I just had to think, well, it’s supporting me so you need to be able to switch off” Paula*

All of the women interviewed, with the exception of one, described a serious drug addiction to heroin or crack cocaine, with one of the women also having an alcohol addiction. Needing quick money to buy their next bag of heroin was the primary motivation. A key theme running through the interviews was that sex work was a less unwelcome alternative than constantly committing crime to fund addiction.

*“I didn’t want to commit serious crime to get the money for my drugs and this is the only way. People encouraged me to do it saying ‘you’re a bonny girl, you’ll make loads of money’, so...it seemed like the only way, the only other way is going to jail basically so that is why I turned to this”. Julie*

As noted, economic reasons underpin women’s motivations to access sex work, albeit economic reasons linked to drug dependency and a lack of available alternatives to fund addiction. The decision to enter sex work in these circumstances could then, be considered to be a *rational* decision on the part of the women – that is, rational when considered within the broader socio-economic context of the women’s lives.



One of the women interviewed acknowledged that in addition to financial reasons, she also had other reasons for 'going down the lane'. She became upset when talking about this and it was with some degree of embarrassment that she explained that she sometimes did it for her own needs:

*"It sounds silly but in my case, sometimes, hmm, I feel bad saying this, I never told anyone this before, I don't always do it for money...erm, I've got, you know, needs and I just think, well, I'll go down the lane...that's sad that innit?" Denise*

In order to support women to exit sex work, sensitivity is needed to understand the complexities of women's lived experiences, why they enter and why they stay in sex work. Simplistic explanations are unlikely to be helpful and it is only through trust and relationship based work that the women can ever truly feel safe enough to explore this themselves. It should be acknowledged that beneath every lived experience is a social and structural context, and that reducing motivation to a purely individualistic choice, undoubtedly misses the factors which create the conditions for women to make this choice. As a result exit strategies need to take cognisance of the structural conditions which underpin women's lives and recognise that exit needs to be supported with real resources, in particular in relation to housing, benefits, emotional assistance, rehabilitation services and eventually, skills training, to help women transcend constraining factors and pursue alternatives, if and when they want to do so.

## **Being in:**

### **Working Patterns**

The study has learned a great deal about the working lives of the women, including hours worked, amounts earned, the punters who buy sex, places of work, safety and risks, and the relationships between the women. As street sex work is a world alien to many, the working patterns of the women are described here to provide an understanding of the context in which women work and to give a picture of the reality of the women's lives on the street.

The women work predominantly around St Mary's Street and Fletcher Road in Preston. A majority of the women reported working almost every night or day. Some women work during the day, some do the 'teatime shift', other women prefer to go out when it is getting dark and invariably stay out until the early hours. Most of the women in the study work nights and stay out until they have earned what they need.

*"I'll come out in afternoon and just stay out all day, all night, or I'll just come out at night. It just depends really if I've made enough money that night I don't have to go out the day after...but I've got a drink problem as well though...heroin costs £10 a bag and I've just gone up to two bags a day...and I'm drinking seven cans of special brew a day...I've got to go out and feed me habit" Karen*

It was not uncommon for the women to go out and earn what they need, then buy and use drugs, then go back out again later for more. This 'use-work-use' cycle characterises the 'trapping' women experience, or put simply, a vicious circle of needing to use drugs, sell sex to buy drugs, use drugs, sell sex to buy drugs and so on. The women recognised this and that they were stuck in a 'catch 22' situation, but were unable to break free from it. They were resigned to this life as they were unable to perceive any realistic alternatives. Occasionally, the women work from home, though this is only ever with regular punters who make arrangements by phone.

*"I used to come out every night on the street, but I've been working off my phone lately, if my phone is quiet then I will come out on the street...I'd probably work five out of seven...during the day and at night...in the day, on my phone obviously, and if it's quiet, down here at night"* Becky

Working 'off the phone' is preferable to the women because there are fewer risks attached, as the women have been with the punter beforehand and felt safe enough to give them their mobile phone number. Where women make appointments on the telephone, this reduces the amount of time they have to stand about on the street waiting for punters to pick them up. Whilst this is undoubtedly preferable for the women involved, a latent consequence of this is that the women are less likely to use the Streetlink service for support and may therefore be more isolated. Additionally, this may also serve to mask the numbers of women who are involved in sex work at any one time.

One or two women interviewed also referred to going to the punters house for sex. Where this arrangement existed it was predominantly with regular punters and they could charge more for this. One woman explained that she had a back door key to the man's house, that she only ever used responsibly by arrangement when his wife was out.

*"He takes me sometimes to his place in St Anne's because his wife works away...I've got me own key to his back door and you know, in the three and a half years that I've had the key, nothings ever gone missing...he trusts me"*  
Denise

Another woman described borrowing the flat of a friend which she used to take one or two regular punters, pretending that it was her own flat:

*"There's a flat up there, I give him and his girlfriend a tenner and they go out for an hour and he thinks it's my flat, cause I told him...he's been seeing me for years now and he doesn't know about me heroin, that's one of the reasons why he sees me and not one of them druggies"* Susie.

All of the women said that they preferred to be in charge of where they went with punters, but all reported that they were sometimes driven out of town to country roads, acknowledging that this heightens the risks they face.

It is worth noting that a number of the women in the study had worked elsewhere in the sex industry, notably in lap dancing clubs or other 'indoor' work. However, they had moved onto

the streets for various reasons such as problems with a violent boss, the need to more get more money more quickly linked to an increasing drug habit, and resentment around giving a proportion of the money up to the owner of the establishment. Working the streets is generally recognised as constituting the highest risk whilst occupying the lowest status in the sex work industry, with a shared understanding that women who work the streets do so because of a serious drug problem, which is less likely to be tolerated in massage parlours or brothels.

## Price List

The amount of money earned on any shift reportedly varies depending upon the number and type of punters seen, who else is out working and their level of desperation for money.

Most of the women were aware of the price list that Streetlink workers devised with the women some years ago. The women all reported that the price list was out of date, not because prices had become higher over time, but because prices were substantially lower in reality. It is important to recognise that desperation and the raw desire to earn *something*, however low the amount, is a key factor in how the women price their services. There is a great deal of resentment over the fact that some women will sell sex for as little as five pounds, such is their desperation for *any* amount of money. This situation gives power to the punters, who play the women off against each other, ensuing in a certain amount of resentment and conflict between the women. Additionally, very low prices inevitably mean that the women have to 'do' more men each night to earn what they need. Moreover there is an important consequence for the women's self esteem. Many of the women interviewed, when they stopped and reflected upon this, expressed disgust about selling themselves for next to nothing

*"You get girls down there doing it for a fiver...it causes a lot of trouble and the girls are fighting and there's jealousy going on...and then you get guys coming up and you tell them the price and they go 'oh no, we only pay this much'...I mean, girls, if they're just taking a fiver, I think it's wrong, really wrong, selling yourself for a fiver". Karen*

This causes ill-feeling between the women and undercutting prices is a common source of tension and resentment.

*"It really annoys me when other girls don't stick to it...I don't take any less than £20 for anything and some girls are doing it at like, five, ten, or fifteen, you know for the whole shebang..." Julie*

Selling sex for such low prices has an inevitable knock on effect for the other women who can no longer charge what they used to, or the amount agreed on the card.

*"The reality of it at the moment is terrible, because you ask for 40 quid and they laugh, unless you've got regulars that have stuck to it ... but the sex down there is 20 quid, 90% of the time and when you say 30 quid, they say they can get it for 20 quid. So I say, 'oh it's right, drop me off now then and*

*you can go and get it for 20 quid'. If I'm not ill, I'll say no, but lately I have just been taking the 20 quid, when they're saying take it or leave it, you're going to take it. It's £10 a blow job now, you can't get £20 for a blow job and that's terrible you know."* Denise

Despite the hostility, there was a common understanding of the reason why prices were lowered by some of the women, with a shared recognition that desperation was the key factor.

*"It [the price list] doesn't really stand on the street because some girls will undercut you and they'll sell themselves a lot cheaper and word gets about and then obviously you can't compete with that... The girls are ill, withdrawing off drugs and stuff...they'll just say anything, any price to get themselves sorted out and it messes it up for everybody else really."* Paula

For some women, maintaining their self respect was important and they described occasionally turning down punters who were offering low money and refusing to be taken advantage of:

*"I tell them to fuck off, I say, 'you won't get a look at me nipple for that'; do you know what I mean? Cheeky, taking advantage of you."* Sadie

When women were able to work from home, they charged more because this involved opening up their homes to their punters; this was a very occasional occurrence and women only had this arrangement with regulars.

Thought should be given to the relative merits of updating the pricelist with the women. It is suggested that this would only work if sustained efforts were made over time to engage the women as a group. There is a need to raise awareness so that the women are able to somehow value what they do, setting prices at levels that do not comprise their sense of self worth in quite the same way as low prices currently do. Whilst the women remain a disparate group however, this work would lack validity as it would be impossible to implement.

## **Punters**

Although the remit of this study was not to learn more about the punters that buy sex from the women on the streets of Preston, inevitably a picture of them begins to emerge. They seem to be a disparate group of men of all ages, ethnic groups and social classes. Some of the punters have been using sex workers for many years, others are less frequent, whilst others are opportunistic. The women interviewed varied in how they viewed their punters and had varying connections or relationships with them, ranging from dealings that had developed into friendships over years through to one off meaningless encounters. Primarily, punters were seen as a means to an end

*"I just see it as a job, it's just a customer that needs...a service."* Paula

Significantly, a number of the women talked about how they provided much more than sex and that much of what they did was about meeting *emotional* needs of the men they saw. This took a range of different forms, including actively 'counselling' and listening to problems, raising self esteem, providing comfort or time out or developing active friendships with men. The following quotes from the women interviewed give a sense of the roles performed by the women and it is clear to see that this extends beyond simply selling sex.

*"They want reassurance...it sounds silly but a lot of them have insecurities because the wives are...well, they just feel beat up, they don't feel the person they were 20 years ago and they're getting on and want reassurance...I don't mind stroking their ego you know."* Denise

*"They need emotional help...it's like I put a sexy social worker head on when I see them cos I know that they can't just dive straight into a blow job, I have to spend 15-20 minutes listening...and that's something that's an art."* Denise

*"They've got their issues and problems, whether it be with their wives...because a lot of them are married and they've got poorly wives or their marriage is breaking down...you get some horrible nasty ones, but...the majority are just guys that just want comfort and time out from home life and stuff, they've got it hard you know."* Paula

The women then, perceived their role as a kind of counsellor, social worker or friend. Sometimes, this became problematic and blurred the boundaries between sex worker or meaningful other.

*"They send texts all the time and that annoys me because on days they're not seeing me, I'm not their girlfriend. I'm not the counsellor, I'm not the social worker..."* Denise

*"They tell me their problems from day to day and I constantly get texts and nine of them are high maintenance because on days I don't see them they'll text me saying 'oh me head's done in about this, that and the other'."* Denise

Regular punters were perceived differently to those that picked them up off the streets as a one off. Some women had over 30 regular punters, who they saw at least once a week and sometimes more. As noted earlier, regular punters were preferred to those picked up off the street because they were perceived as being safe, the income earned was unambiguous and the women earned more with regulars than in one off encounters. Two of the women described times when they had lived with their punters, not in a sexual relationship, but as somewhere to stay when they had nowhere else to go. Both of these women had developed friendships with these punters, albeit precarious ones that had on occasions resulted in them being thrown out or beaten up.

Some of the women expressed high levels of negativity towards the men that bought sex from them.

*"...they're dirty bastards that's what they are, that's what I think of them, I don't like them, I can't trust, I can't really trust men, I think I need counselling you know."* Dawn

*"I don't like them, I just think they're wrong really for coming out here because if they're not, there would be no working girls would there?"* Karen

A number of the women said that they received gifts off their regular punters, varying from clothes, perfume, alcohol, boots and jewellery:

*"Me regulars, they're like friends I'd say...they say things like 'I've got prezzies for you, and one's not me cock', he doesn't always have sex, he gives me £60 for an hour and a half of me time, and he buys me clothes and things like that."* Denise

Superficially, the act of giving gifts to the women may change the nature of the relationship from a purely commercial one. This may fulfil psychological needs for the men as opposed to the women. It was not uncommon for the women to go along with the pretence that they were friends with the men:

*"You pretend to be friends with them, so they'll think they're your friend...some you do get quite attached to."* Julie

The relationships women had with their punters was widely variable depending upon the woman, the punter, the regularity of contact, motivations and possibly psychological justifications the men entered into. Again although it was outside of the remit of this study to understand the motivations behind the way punters act with women, it does seem that *some* punters want more than a commercial act of exchanging money for sexual services with women. There may be a number of hypotheses as to what underpins this, though this was beyond this study. Nevertheless, it is fair to conclude that the women perform a range of functions for some of the men that go beyond sex. This is a complex and thus far unexplored area, largely because of the difficulties associated with accessing punters for research purposes.

## **Personal Safety**

Prostitution is a high risk activity on a number of different levels. For women who sell sex on the streets, the risk of violence, rape, robbery and assault is an occupational hazard that is widely accepted as 'going with the territory'. The women interviewed were all acutely aware of the risks they took every night.

*"I'm not safe when I'm on the streets when I'm walking round there ...I'm not safe at all, every time I go down that lane I'm putting myself at high risk."*

Denise

Personal safety was a key issue for the women with all of them sharing that they felt unsafe a lot of the time. Although the women were entirely conscious of the inherent risks they faced every time they went out to work, this was an inevitable part of their lives that 'goes with the job description'. Certain circumstances generated higher levels of risk for the women, in particular if they were taken out of the area where they normally worked.

*"I get panicky if they drive out of...well, I call it the safe zone...I won't go ...if I don't know the place, I don't know which way to run or scream...if they start driving and say 'oh I know a little place', I always say 'no, I know somewhere down here' but if they keep driving that's when I start grabbing me spray and me knife, I always think it's going to go off even when it doesn't...it's them or you and I'm not letting nowt like that happen to me."* Denise

The above quote describes how this sex worker was predicting the possibility of being attacked and was ready to protect herself by carrying with her items for her own protection. Few of the other women talked about carrying things with them, though this does not mean they do not.

The women talked about fearing for their lives regularly. The women all said that they had to be a good judge of character and make snap decisions about the men that approached them.

*"A few guys want to take you out into the countryside and you've got to trust your instincts and they could be totally wrong and it could go totally tits up and you get attacked... you get in that car and he's driving, puts his foot down and drives you to God knows where..."* Paula

*"You have to be very, very quick at judging people and you can get it wrong sometimes and you know, obviously I've made wrong choices in the past, I've been dragged in a car, I've been beaten up, robbed...battered with a baseball bat...but you know, most of the time, I have been very lucky."*

Becky

The women described occasionally turning punters down if they got a 'bad feeling' about them. It was usual to turn down punters where the car had more than one man in. Feeling scared was not uncommon. However, being under the influence of drugs sometimes meant that their judgement was impaired and their feelings numbed, thereby placing them at a heightened level of risk. The women were aware of this but were unable to manage it when they were severely affected.

All of the women described how they had at various times been assaulted by punters who had turned nasty, often demanding more from them or wanting their money back and turning violent when the women refused.

*"I've been slapped and strangled. There was this Polish fella who nearly broke me jaw. Honestly, he whacked me that hard, all cos he wanted me to stay longer...I didn't want to, do you know what I mean and that was it, he got violent and fisted me right in the face. And there was another guy at the side of Halfords, he got me head down and as I were down he just whacked me right in the head". Sadie*

Two of the women described being assaulted because they refused to get into a car load of men, being punched, kicked and battered as a result.

All of the women had experienced some form of violence, with some of them being recipients of serious physical assaults, others had been raped. Although the women described reporting their experiences to the police, their shared opinion was that little ever came of it, because of the nature of their work.

*"I've been attacked down there, I got raped and they got the lad. The police have been to see me this morning..but they don't think it's going to get far in court, they think it's going to get thrown out, because they're gonna think, well she's a working girl...they're saying that it was my fault really...I said, no it's not, what right has he got to do that to me?" Karen*

It is not uncommon for the women to witness assaults on each other and become involved in them. Dawn talks about how she was chatting to one of the girls, aware that another street worker was seeing a punter around the corner. The punter turned violent to the woman and all three women ended up being assaulted by him:

*"The girl comes out and this fella ran after her, he's proper pasted her, battered her, kicking her in the face and dragged her to the floor...he punched me in the eye, gave me a big black eye and then he hit another girl, we all ran and thought he'd gone. The next thing he came chasing us, he punched me again, I hit me head in the wall, you know behind that church on St Mary's Street. We went to hospital and he got charged with it...I had to give a statement and she [the other girl] were meant to go to court, but I don't know if she did." Dawn*

The women varied in the extent to which they described helping each other out. Some said they had regularly helped out other women when things were obviously getting nasty, others however, described other women walking away and failing to help when they were being attacked.

A number of the women referred to murders of sex workers in other parts of the country and were very aware that they were not immune to the same risk.

*"There's so many dodgy ones going around now, guys attacking girls...this is what I think, I've said it for a few months now...the next one down here will be a murder, someone on the street will end up getting murdered because it's just getting really, really bad." Karen*



Importantly, the need to be safe was secondary to the need to earn money to buy drugs to satisfy their addiction. As one woman plainly explained:

*“Drugs overpower your safety, you don’t care when you need your drugs, that’s how drugs get to you.”* Paula

In addition to being on the receiving end of violence from punters, the women were also regular victims of assault from other people passing through the area. All of the women reported being on the receiving end of abuse on a regular basis from ‘tourists’ or car loads of males and females who drove around the area shouting abuse out of the car window and throwing a variety of missiles at the women, notably hard boiled eggs, or fireworks, or throwing paint, turps or shooting water pistols.

*“Young girls and lads at weekends, they’ve got nothing better to do apart from drive around and fire eggs...one hit me really hard on my head...it felt like a brick and I had a massive lump on my head.”* Julie

*“They’re coming round and shouting ‘slags’ and getting eggs thrown at you...I got one last week at the side of me face...it’s still sore there now and you can see, it whacked me straight on the side of the cheek.”* Karen

This was again regarded as being part of the territory and a way that others communicate their disdain to the women for doing what they do. It is important that agencies undertake a collective approach to challenge beliefs that violence will not be taken seriously by the police. Emphasis upon women as victims of violence first and foremost, irrespective of their working role has to be a key defining principle. This could perhaps be assisted by the police identifying a dedicated officer to regularly liaise with the project, or better still, to have a presence there at various times. A climate of trust needs to be developed to ensure that women felt safe to report violence without the fear of being arrested themselves for low level crime associated with prostitution. Failure to actively address violence to women on the streets reinforces the message that street sex workers are not full citizens worthy of the same levels of protection other members of the public enjoy and has potentially serious consequences for all concerned. This has to be a priority of joined up working.

## **Coping Mechanisms and Emotional Survival**

A key theme that emerged from the research was that the women employed a range of coping mechanisms to enable them to psychologically survive. Many of them said they hated what they did and all of the women reported having a range of strategies in place to help them cope. This process can begin even before meeting a punter, Denise describes becoming someone else, removing her ‘real’ self from her ‘work self’:

*"I sort of become somebody else. It sounds silly but I'll be getting ready and I call myself Denise nine heads...which head am I gonna put on tonight? You know, I get me colours out and I paint my face and I become somebody else and then if a stranger picks me up, I'll just become what their ideal is."*

Denise

Removing themselves emotionally from the reality of their work was a common theme. The women were quite skilled at this, needing to keep their real selves apart from the sexual act. The women each did this in their own way, with many of them describing ways of blanking it out.

*"Whilst I'm doing what I'm doing, I'm not thinking about sex or anything like that, I'm thinking about the money I'm making and how I can...you know as quick as I can, then get home...You sort of blank out what you're doing...you just get on with it and go."* Becky

*"I'm just, I'm numb to it...In real life with a partner...I'd never dream of, you know lying and leading them on to believe sommat that's not true, but with these guys down here, it does not bother me, because they've got their own agenda why they're out, like I have, so I switch off and tell them what they want to hear and send them home happy. I'm happy, I've got my money and that's that."* Paula

One woman used alcohol to help her to block it out:

*"When you're with a punter, you just blank it out...you're thinking you're not even doing anything, as long as you get your money in your hand...I drink you see...so that does put me in a daze as well when I've had a drink."* Karen

The strategies employed, acted as a kind of emotional blister, to protect the women's inner self from their role as a sex worker. The strategies described by the women support arguments which suggest that being a sex worker is just one part of their overall identity, rather than the key defining feature. Furthermore, it is a part of them that they have to separate out from the rest of their being. One woman Julie explained that she felt repulsed by what she did

*"Repulsed, absolutely repulsed...I just totally black out, it's the only thing I can do to get away from it...I think about nice things, close me eyes and think about nice things what I've done in the past, what I'm going to do in the future...I take meself away from it."* Julie

Dawn describes a more sophisticated approach to try and get out of the sex act, whilst still making money and she explained that this was the way she coped most of the time.

*"If they want sex, I say yeah just to get the money and then I'll say...'oh I'm unwell, I'm rattling'...I really try to get out of it because I don't like doing it."*

*Or I'll say I've got no condoms and I'll act all nervous and vulnerable and sometimes they'll say 'Oh you're a nice girl, this aint for you.'*" Dawn

She goes onto explain how she often manages to get out of doing anything sexual:

*"I don't like it, I can't do sex with them, it's like I cringe and it's horrible, it's the thought of sleeping with them, even other things, but sometimes if I can get away with it, I get away with it...I tense meself, I very rarely have to do certain things, because I get away with it most of the time...this fella, you'll laugh at this, he picks me up and he gets on with me and I have a drink with him, and he always tried to get sex out of me, but he never gets it, he said to me the other night 'you're a blagger you not a shagger', he says 'aren't you?', I says yeah."* Dawn

Dawn explained that this strategy of appearing to be vulnerable and 'not up to it', although effective generated problems as she was never able to sustain regular deals with punters because they didn't get what they wanted from her. Nevertheless this sophisticated strategy worked for Dawn and this was how she maintained her self respect.

*"When you're on drugs, you lose respect, but I haven't lost all my respect you know. I don't want to do it...some girls, they just lie down and get on with it, but I can't, I don't...I don't like doing any of it...once they've had me they won't pick me up again because I act all nervous and play on it because I don't want to do it."* Dawn

'Self respect' was a key phrase that was used by the women in a variety of contexts throughout the interviews, with some fighting against the odds to retain a modicum of self respect, whilst others reported losing it along the way. A number of the women were acutely aware of personal hygiene and it was common for the women to describe taking baths or showers to attempt to 'wash' away what they had just done. This is powerfully illustrated by Denise in the following quote:

*"I can't deal with smells, I'm very fussy with smells and if something don't smell right, even if it's got a condom on...I'll get me baby wipes out and I'll say, I know it sounds bad but I can't deal with body odour, the smell of sweat you know, the fat men...if I'm at their house, I'll try and get them in the shower somehow...Afterwards you feel like scrubbing yourself even if it's not a dirty person, to wash the person away sort of thing...I have a little cry and by the time the shower is finished I get me head together, give me head a shake and think yeah I'm right."* Denise

Washing or showering is another coping mechanism used by the women to keep their real selves separate from the sexual act itself. Similarly, condom use provided another physical and emotional barrier between their *real selves* and their work. Whenever possible, the women try to administer a sex act to the punters, rather than have the punters touch them and invade their bodies, reducing the amount of intimacy necessary. The women were mostly able to separate the sexual relations they had with partners from those they had

commercially and viewed the two as entirely different, though in some cases the sex work negatively impacted upon their relationship:

*“Me and me partner split up because of it...it were just killing him, he were heartbroken all the time. He met me while I were doing that, so he knew, but it just got too much for him...after being with him for seven years and we’ve got a baby together, just one day he walked out the door and didn’t come back...I nearly chucked myself off the bus station.” Julie*

This last sentence was not meant euphemistically; Julie did in fact attempt to take her own life on the top of the bus station and was ultimately talked down by the police.

Another woman describes how sex work has meant that she is unable to have other meaningful relationships outside of her work:

*“I’ve been on me own for five years now, since my partner died, all the time I was with him, I wouldn’t work, I never worked, it’s only when I’ve been on my own. I couldn’t be in a relationship and do this.” Becky*

Loss of personal relationships was just one of many losses that the women may incur as a result of their work and lifestyle. Other losses include loss of their children and other meaningful relationships, loss of their home and loss of their self esteem and emotional expression. The women were aware of the impact sex work had upon their sense of self:

*“I like myself as a person...but there’s an emptiness about me...I’ve not a lot to give...I think it’s sad what’s happened to Denise, because she’s in there and she can’t get out.” Denise*

Denise was one of the women who showed a lot of insight to her inner feelings and was able to verbalise the impact that her life had upon her emotionally. Other women however were less equipped to do this and had perhaps developed an exterior which enabled them to survive. One of the Streetlink project workers explains this well:

*“A lot of them have learned to become survivors so they don’t deal with their emotions and they separate themselves out from their emotions...they have two different personas if you will...they will have a very hard exterior emotionally and use a lot of street cred and things like that to keep on a hierarchy with the other girls, but inside when you actually get to know them and start speaking to them, they’re all different but a lot of them are hiding a lot of damaged things that have happened in the past...and they’re just not dealing with them.” Project Worker*

It seems clear from this that the women’s lived experiences are complex, generating a range of issues that they need help to address. They all utilised various mechanisms to help them cope and survive emotionally and some did so more effectively than others. It was interesting to note that the process of doing the interviews was valued by a number of the women who said afterwards that they had valued the opportunity to talk and found it ‘quite therapeutic’. Perhaps one key area for services to develop is in providing the women with

more opportunities to talk more deeply about their lives, including signposting them to counselling, if they want to access it.

## Drug Dependency

As noted throughout this report, drug dependency is central to the women's sex work. In seven out of the eight women interviewed, all reported that drug dependency was the predominant motivating factor in their decision to sell sex on the streets. Sex work was very much a means to an end, to pay for drugs. For many of the women, earning money this way was preferable to committing crimes, because it is legal and perceived to be less risky for them.

*"If I didn't do this, I'd be out committing crime and I'd be in prison for a long time."* Karen

The women had got into drugs for a variety of reasons, often with peers or siblings when they were much younger, or linked to traumatic life events they had experienced:

*"I was married, I had my own business, ...I found out my husband was having an affair, and my brother...he was a heroin user... I moved in with him when I split from my husband and I tried to get him off it and I ended up on it myself."* Becky

The women were either on heroin, crack cocaine or both. All of the women were aware that they could be prescribed methadone as an alternative to heroin – this is referred to as being on a 'Script'. Many of the women talked about how frustrating this process was. Specifically, there seems to be a key turning point when women make a momentous decision to come off drugs and to approach services for help. Having done this, it is then soul destroying to be told that there is a six week waiting list.

*"You're desperate when you go in there and to be told to wait like, three weeks, three months or whatever, you're not going to wait...that is why a lot of the girls don't end up being prescribed because of the waiting time, whereas if you walked in and you could see someone and get prescribed at the same time...it would make a real difference."* Becky

By the time the women come to the top of the list, their lives may well have changed again and the momentum lost. It seems counterproductive that the women know through experience that if they commit a crime, they can access a script the next day through the Arrest Referral or 'Tower' project. One woman describes how this is exactly what she did:

*"I came out of prison withdrawing, no script, I had nowhere to live...I came to Preston, they said 'no, I need to refer you to go on the list', so I dosed down with a friend, we both went to town the next day and I got myself caught shoplifting purposefully and I was on a script the next day...I had to get*

*myself arrested or else I would have to wait three or four months...I had come out with a positive mind wanting to stay off drugs.” Paula*

The system seems designed to fail the women who have a very high level of need and far from resulting in outcomes where women can successfully come off drugs, it seems to lead to a situation where it is impossible for the women to be successfully rehabilitated. There is, without doubt, a gap between the service that exist and the reality of the women’s lives. When women do manage to get on a script, the inflexibility of the system generates further barriers. The women are required to attend a specific pharmacy during the day to receive their dose, however the nature of the women’s working lives mean that they tend to be asleep during the day when the pharmacy is open and awake late at night when pharmacies are closed. This is a further example of how the system seems to work against the best interests of the women.

*“A lot of the girls...the hours they work, you know late at night and stuff, they’re crashing all day and they don’t get to see the drug workers and housing and stuff like that, but if people could come in (to Streetlink) and you know, some of the girls could see people like that... Have it under one roof...cause they basically need a start...taking a few steps with a bit of support.” Paula*

If the women miss appointments, this has serious implications for their script and the women find themselves taken off the script because they are seemingly not showing the right level of commitment to it.

*“I was on a script at the beginning of the summer...it worked...I didn’t even think about using, I was eating properly, I was sleeping properly, I was going to NA meetings, you know, I was fine, but because I missed a couple of appointments and they put me on reduction and it went wrong...even though I write appointments down and stick them all over the place, I still forget or turn up on the wrong day.” Becky*

This system would work if it were being administered to people whose lives were structured and ordered and followed a conventional pattern, however, the very reasons the women need to be scripted in the first place is because their lives are chaotic, unpredictable and disorganised. This should not however, preclude them from accessing services that can help them move beyond this. If access to helping services is prevented, they inevitably fall further into chaos. The services in their current form are so far removed from the reality of the women’s lives that urgent attention is needed to consider how the services can adapt. One of the women reported that she needed drugs in order to get herself up to get to the chemist in the morning, to be able to receive her methadone.

*“ I needed a bag to get me to the chemist...it’s hard, at first you need sommat in the morning to get you to the chemist. It’s really difficult...you fuck up and end up missing the chemist.” Dawn*

The need to access an assessment and see a doctor or nurse who could prescribe within 'timescales of need' rather than a service led timescale, was a key factor mentioned by all of the women interviewed. This is well summarised by Becky:

*"...If there was a way of doing an all in one assessment...seeing a nurse or doctor, sorting a prescription out, rather than waiting weeks and weeks, you know, if you can walk in somewhere and get everything down you know, like within 48 hours or something...you'd get a lot more girls off the street."*

Becky

This has to be a key priority for services if they are genuinely going to make a difference and achieve their objectives. One key recommendation arising from this research is that serious thought is given to Streetlink hosting a service that would allow street sex workers to be assessed, prescribed and supported from the premises, at times convenient to the women.

## Health and wellbeing

Many of the women reported a range of health problems they had had for many years, which are likely to be the result of a combination of factors linked to the women's lifestyles and underpinning poverty and deprivation. Most of the women said they did not eat or sleep well and experienced ongoing difficulties with their health, including a range of illnesses or conditions.

*"I've had ulcers on my legs for five years; I've had every treatment there is, I've been in and out of hospital to see the Tissue Viability Nurse...I do have them dressed but obviously with me not eating ... you know, you don't eat properly and you're not sleeping properly...they told me they're going to take at least another five years or so to heal up."* Becky

*"When I was working the streets every day, day and night it [health] were terrible...the weight loss and the stuff on booze and drugs, don't know what's going in there...yeah you're just falling to bits really, you don't see it, everyone else does but you don't see it because you're just taking more drugs, getting off your face all the time."* Paula

The women often ignored their health issues as this was secondary to their addiction. Moreover, physical health problems were only one part of the picture. Many of the women reported feeling anxious and depressed.

*"I get depressed sometimes...I get depressed a lot, getting off drugs, it's just...it's natural to get depressed when you're coming off drugs...I'm tired all the time, just want to sleep...Jean is going to book me a doctors appointment and we're going to try and get it sorted...I've been before, I told him I'm depressed...but he thinks I'm out to get drugs."* Julie

This was a common theme with other women reporting that they had asked for sleeping tablets or other forms of anti-depressants but that doctors were reluctant to prescribe them in case the women wanted to use them for other purposes. Some of the women have self harmed or made attempts on their lives.

*“They [scars] are not so bad now, but when my boyfriend left me after being with him for seven years and we’ve got a baby, five, he walked out the door and didn’t come back...I nearly chucked myself off the bus station, they had two cops...to get me down, cause I just felt like my life weren’t living anymore. I’d never ever done that to myself before.” Julie*

This level of desperation was extremely concerning, particularly as the women often lacked the motivation or the ability to access help.

Some of the women interviewed did not have a doctor or dentist, or did not access their doctor, or keep up with prescribed medication. A key factor in relation to sex workers accessing services is that when the services are open, the women are asleep and vice versa. Because of the nature of the work sex workers do, they are invariably up and in town at night and asleep during day. The topsy turvy nature of their lives serves as a significant impediment to gaining help from professionals.

*“I have got depression, but I don’t go to the doctors and get me medication lately...I never have time, do I? It’s like a 24 hour job this...you’re on the go all the time...I’m asleep most of the day and up all night.” Dawn*

Furthermore, as noted in the previous section, the chaotic nature of the women’s lives means that they are often dropped by services where they fail to keep appointments. Recognition is needed in partner agencies, particularly by staff on the ground, that the women’s ability to keep regular appointments is often compromised by drug addiction and it is this, rather than a wilful rejection of the service that leads to non attendance at appointments. Sending reminders by text message is a useful strategy that could be used more widely.

Without access to a doctor of course, mental health problems are left undiagnosed and untreated. When women do access their GP’s, there is a danger that they may find themselves falling between the dual diagnosis gap; GPs for example, might refer a woman on for a mental health assessment, however this is then refused if the woman attends whilst under the influence of drugs. They might then access drug services who identify mental health as being a key problem, and so the women come to be bounced from pillar to post. The gap left between service users who have a dual diagnosis is significant and presents challenges for services.



## Housing

Although some of the women in the study described relatively stable housing arrangements, accommodation was a particular problem for others. All of the women agreed that a lack of stable, safe housing was a further impediment to exiting sex work and staying out of it. If there is no safe place called 'home' which provides physical shelter but also confers all the emotional associations that go with the word 'home', any attempt to help the woman move out of street sex work is limited.

For some of the women, their housing status changed on a weekly basis – one day things could be going well for them in a particular relationship, the next they could find themselves homeless and on the street because the relationship had ended. Similarly, where the women lived with extended family members, this was also precarious and dependent upon relationships at the time. For many sex workers, uncertainty was a normal part of their reality and they had not recently known anything different. Consequently, the women were sometimes unable to articulate a housing need because they were so used to their insecure, transient and often chaotic living arrangements, to know any difference.

One woman talked in detail about how she had been placed in supported housing but had had to leave when it became apparent one of the trustees was a punter of hers. Losing this accommodation was a real blow to her:

*“That set me back...hindsight is a good thing, if I knew then what I know now I wouldn't have moved myself in there in the first place, because...getting that, having it and then having it taken away, I'd rather not have tasted any of it.”* Denise

Denise described how she regularly moved around without anywhere permanent to stay. She explained that she had a regular punter who had offered her a room, but only on the basis that she came off heroin and that at present she was unable to take him up on this offer. If and when she did accept this offer, this would be in the capacity of a friend and not as a relationship.

Not having anywhere to live also meant staying out on the streets for longer. As Sadie explains in the following two quotes, when there is nowhere else to go, staying out on the streets is often the only option:

*“It's freezing, he's thrown me out again today...I'll just go up to a friend's, if she'll let me stay there or not, I don't know, I don't like asking or intruding, I'd just rather walk around or be out all night trying to make money and just go to the multi-storey carpark and do some gear or whatever and then go back out. It's horrible not having anywhere to go, it's freezing as well, it's coming up to Christmas, it's cold.”* Sadie

Sadie goes on to explain how having a home, would give her a motivation to change her life:

*“If I had a property and something to look forward to then I wouldn’t take drugs and instead of buying drugs, I’d buy things for me property do you know what I mean and all that, and just get a script and just stick with it...then get off that shit as well.”* Sadie

Significantly, insecure or precarious housing also negates against the ability to engage fully with services. The lack of a stable base inevitably means that the women’s lives are chaotic and lack order, this invariably results in the women forgetting about appointments they may have or simply being unable to engage with services because they do not know where they are from one day to the next. Housing is so fundamental that a lack of it could potentially undermine the progress that could be made by being scripted:

*“It’s such a big thing getting these girls on a methadone script and there’s a view that the whole world is going to change, it’s the answer to everything - it isn’t, it’s just the start of a long, long journey...we give them methadone and get them on a script, but where are they going to live? They’re going to continue living in crack dens, maybe some are still homeless going from A to B. You need a foundation for these girls and then, when you’ve got a base, then we can start with the methadone and the moving on.”*

Streetlink Project Worker

It seems that access to appropriate housing needs to be at the heart of any attempt to help the women make sustained changes in their lives. Unfortunately, although the Home Office (2006, 46-47) in the Coordinated approach to Prostitution, acknowledge that *“homelessness can be a critical barrier to exiting”*, and that *“a range of accommodation is required to meet the needs at each stage of the exiting process”* there appears to be no associated government resources to meet this recognised need. Where sex workers meet the criteria of being vulnerable under the Homelessness Act 2002 (because they have been in prison, have a mental illness or are fleeing violence), housing is likely to be provided in a hostel. As Melrose (2009) points out, *“if a drug using sex worker were evicted from a hostel in relation to drug use, she would probably be deemed to have made herself homeless voluntarily”* (p95). The system again seems ill equipped to meet the needs of individuals who are addicted to drugs, as their actions are viewed on face value rather than as a consequence of drug addiction.

Streetlink workers and the allied professionals involved with the project are in agreement that housing is a key priority for the women, there is a shared view that this is complex and poses certain challenges. Notably, certain forms of housing provision might set the women up to fail. In particular a shared view was that independent living, far from being an ideal, could be problematic for sex workers:

*“If you had a house or nice little flat somewhere in Preston, that might also set them up to fail because they are still involved with a group of people they might owe favours to or who feel they know you enough to come and stay because they’re homeless and things like that.”* Streetlink Project Worker

Potentially the high level of risk resulting from their association with drug dealers, other users, punters, or other individuals known from the street might inadvertently have unintended consequences for the women, meaning that independent housing is seen as a step too far in the first instance.

An alternative and perhaps more preferable option would be a type of half way housing, staffed by specially trained workers who could provide intensive support when needed. If the women were able to feel safe and settled, with support from satellite services such as health, mental health, counselling and drugs services, then this would be the first step towards stabilising the women's lives with a view to moving them on into other forms of accommodation at later stages. It would need to be acknowledged of course that the women were street sex workers, which could potentially generate a range of different challenges in funding terms and also in terms of the local community with the risk of negative publicity. Care would be needed in terms of how this was handled and managed. Additionally, there would need to be careful protocols in place to ensure the premises were not being used for sex work.

Clearly there are significant resource implications for such a provision, though collaborative bids may make this possible at some stage in the future, with Streetlink being the lead agency but drawing on the expertise of other agencies such as Housing and Health.

However, there may be more immediately achievable steps that can be taken along the way to support sex workers with their housing needs. Accessing help from Housing authorities during the day was perceived to be a barrier to the women who were mostly awake at night and one woman describes here how she would find it useful for Housing to have a base at Streetlink:

*“Somebody to help with housing and that [based at Streetlink], so you can talk to them while you're here face to face, instead of having to chase them round the own...they could be up here..and at least you'd know if you came here then you can see them.”* Sadie

Although it may not be possible within existing resources to have a permanent weekly presence at the surgery, the Senior Housing Advisory Officer interviewed as part of this project, expressed a willingness for housing officers to be available at the surgery out of office hours, on an appointment basis to support this aim.

In summary, a range of adequate housing options are needed for the women as a key component of assisting them to exit street sex work. An important recommendation of this report is for agencies to work together to access funds perhaps via a collaborative bid, to provide a specialist provision for sex workers.

## Routes out

Many of the women reported moving in and out of street sex work throughout their lives. Most of the women in this study had been doing sex work for a number of years and expressed a wish to leave. Some of the women shared a fear of the worst happening to them, being murdered by a punter:

*“If I don’t stop now, I’ll end up six feet under, I know I will, I’ll end up dead. I’ve got to the stage where I think, I can’t be arsed with this no more, it’s doing my head in because it does depress you, I mean it really makes you mad and you just...feel like jumping in front of the next train basically, know what I mean?”* Karen

*“I need to get out of this, because I’ll end up getting hurt because I don’t do what I should be doing.”* Dawn

It is widely recognised that exiting is not a linear process and that it is common for women to move in and out of sex work for a number of years. Some of the women in this study had exited before, but returned again when life became difficult.

*“When me life’s been good I’ve come away from it but as quick as me life can turn around again, my life can go down the toilet if you will [and I go back to it].”* Paula

Despite the desperation attached and the realism about the risks faced, it is important to recognise that the women perceived few viable alternatives. Although they identified getting a conventional job as something they would like to see themselves doing at some stage, all were realistic about the constraints that mitigate against that. Constraints included the impact of their addiction upon their day to day functioning; associated health difficulties; their criminal record and lack of suitable references. All of these factors, among others, are real limitations which trap the women in their lifestyle. All women interviewed found it difficult to conceive of a future that could be any different. This was not routed in defeatism, but was a realistic assessment of their lives and the constraints in place that effectively cut off more conventional ways of earning money. Being addicted to heroin or crack was the key defining factor that effectively trapped them into sex work.

Government policy is driven by a desire to assist women to exit sex work, however, the decision to leave the streets in a long process fraught with numerous obstacles. Women need a combination of practical help and sustained emotional support that can only be provided by carefully planned collaborative work between agencies, who are committed to this group of women.

## Conclusion

Recent policy, in particular *The Coordinated prostitution strategy (2006)*, has focussed upon assisting women to find routes out of sex work. However, as long as the policy focus is dominated by pathological 'individualised' interpretations of street sex work, exiting is not likely to be successful, as this denies the complex structures which underpin women being in prostitution in the first place. There are very real impediments to exit and innovative approaches are needed to genuinely help women to exit when they are ready to do so.

This research has found that street sex workers have a range of complex needs that cannot be addressed by one agency alone. In many cases support is needed in the longer as well as short term, and needs to be both practical and emotion based. Finding ways to *engage* women is crucial and is challenging. Support after exit is also important, to recognise the fact that women may move in and out of sex work for some time and have a range of longer term support needs. Despite the chaotic nature of the lives of the women in this study, it was clear that the women valued highly the nonjudgmental approach of the workers from the Streetlink project. For some of the women who were more regular users of the service, the one to one relationships they had developed were invaluable.

Street sex workers have a unique range of emotional, health, social and physical needs pertinent to their work selling sex. They face high levels of social exclusion and are extremely vulnerable as a result. Consequently, there is a strong argument to support the fact that they should be treated as a service user group *in their own right* with specific needs and targeted services. The stigma associated with street sex work and fear of being judged can result in non engagement with generic services and frequently inhibits them from talking about their experiences.

Although it is recognised that resources are tight, and perhaps tighter than they have ever been, there is the real need for agencies to look at how they work effectively and efficiently with vulnerable groups, in particular a group of women as vulnerable as street sex workers, in order to bring about sustained change. It seems clear that mainstream services barely touch the lives of street sex workers and therefore more targeted services are necessary. The level and multitude of risks faced by the women daily, both physically and emotionally, should afford them a high level of priority in their own right. Added to this is the fact that many of the women are or will become mothers, which further adds to the argument that they should be a priority group. If targeted services achieve results, there is likely to be a huge saving in terms of resources down the line, both for the women themselves and for their children. Further and perhaps more fundamentally, the decision to target services and resources is, bluntly, a matter of life and death, which ought to mean the level of priority is unquestioned.

## Recommendations

It is important to acknowledge at the time of writing that budgets are being cut, arguably, more harshly than has ever been seen before in Britain. In a context of imposed austerity the challenges for services are severe. However, whilst the following evidence based recommendations may involve short term costs, the longer term gain, both in terms of expenditure and outcomes, means that they should be given serious consideration. They will help generate improved communication allowing services to work more closely together to reduce duplication and improve outcomes.

### General

- Street sex workers have a unique range of emotional, health, social and physical needs. They face high levels of social exclusion and are extremely vulnerable as a result. Consequently, they should be treated as a service user group in their own right with specific needs and targeted services
- Although street sex workers are a minority group, their high level of vulnerability to a range of life threatening risks means that they have to be recognised as a group in need of support from a range of different services. As a high risk group, being fast tracked into services should be a key goal for all services involved
- Interventions aiming to improve the health and wellbeing of street sex workers must take account of the multiple, complex and interrelated factors across their lives, rather than focussing upon a single area in isolation. There needs to be recognition that street sex workers have a range of complex needs that cannot be addressed by one agency alone.
- Recognition is needed in partner agencies that the women's ability to keep regular appointments is often compromised by drug addiction. If not in use already, sending text message reminders of appointments should be considered.
- It is important for all services to be as flexible as possible to provide appointments when needed urgently, based upon a shared working understanding and acceptance of the fact that street sex workers lives are chaotic
- An effective way of accessing the women is via outreach. Other services could participate in outreach as a means of delivering their own service. This could include representatives from drugs services, housing agencies, or a dedicated (plain clothes) police woman or man trained to offer support and provide information about the Ugly Mugs scheme.
- Support of street sex workers is needed in the long term as well as short term. Finding ways to engage women in long term support is crucial.
- Fear of discrimination by staff in agencies may serve as a powerful inhibitor to accessing services and care is needed to ensure that professionals on the ground

practice with sensitivity and adhere to principles of being accepting and non judgmental. At a strategic level, a code of practice should be drawn up and disseminated to partner agencies with input from the women themselves.

- At the heart of shared protocols for working with the women should be the premise that they are first of all, human beings who should be treated with respect and that their issues are taken on board like those of any other member of the public.
- There needs to be a holistic approach by agencies working in a truly joined up way to take account of the range of issues faced by the women. A 'wrap around' service which places the woman at the centre and offers services to meet the individuals needs in their own (street) environment, rather than trying to fit the woman to existing services, seems key. The challenge however for agencies, is to turn this from rhetoric into reality and this can only be done by sustained efforts from all key agencies involved.
- All agencies need to ensure that Streetlink have the right kind of information they need, updated regularly, so that they are in the best position to provide informed information to sex workers who use the surgery or who they meet on outreach

### **Strategic direction**

- Streetlink should aim to develop the remit of multi-agency meetings at a strategic level, to include Children's Services representatives and to secure regular and consistent representation from all relevant services, with clear terms of reference, an agenda and minutes.
- The multi-agency forum could be better used as a vehicle to achieve change. This should involve a strategy and implementation plan that focuses upon the short, medium and longer term, clearly identifying priorities and identifying lead agency responsibility
- Joined up work is needed by all agencies to ensure that street sex workers are recognised *strategically* as a service user groups who have a high level of vulnerability and need.

### **Streetlink**

- Streetlink is an invaluable service that provides a safe haven for a very vulnerable group of women. It is essential that it continues.
- It is extremely important to maximise what already exists. The role of outreach should not be underestimated as a tool to engage the women. The project has real expertise in this and could usefully develop the outreach service, to include other times of the day and night, and weekends; and to incorporate other professionals.
- The continued use of outreach and drop in at the surgery to channel women into appropriate services should be supported by the development of a visual map that

identifies needs and solutions that can be accessed by both service users and workers.

- One to one support of street sex workers is crucial and the project should prioritise the building of meaningful relationships with the women as a basis upon which to achieve change. There is undoubted expertise among workers who are committed to their work and who invest personally in the women; this makes a clear difference to them. This could be further enhanced by recruiting other specially selected and trained volunteers who can commit to regular support.
- Consideration should be given to supporting Streetlink staff to become trained as counsellors. This would be an investment for the project and would enable women to receive counselling with staff they trust. The women ideally need bespoke and specialist counselling to enable them to come to terms with their life experiences and the impact upon them.
- Sex workers who use the service regularly should be consulted to identify helpful ways of engaging street sex workers who do not use the project and are resistant to support.
- Credit card sized information of the services provided, opening times and relevant phone numbers should be developed to give out to women on outreach.
- Streetlink should develop a training package to raise awareness of street sex work and to address issues and challenges experienced by the women. This could then be delivered to all partner agencies, to ensure that staff on the ground are aware and engaged in best practice.

### **Routes out and exit**

- The routes out service should be developed so that it tracks women who have exited sex work, even if they have moved away from the area. At present, the project loses sight of women once they have exited and are therefore unable to collect data relating to success stories. Care would be needed to ensure that this is done with the consent of the women and to ensure that all data was anonymised. Where women did not want follow up, this should be respected.
- It is important to develop the support available to women after exit to recognise the longer term problems and the fact that exit tends to be a staged process with women moving in and out of sex work. Post exit work should offer the provision of specially trained counsellors where appropriate who can assist women with longer term issues.
- Thought should be given to capture ways of sharing information about women who have exited, with street sex workers. This could be done in creative ways and be accessible to women who use the surgery



- Benefits advice should be available at the surgery, either through linking with benefits agencies who could either provide leaflets and posters, or via a monthly presence at the surgery. It is also important that Streetlink staff are kept up to date with changes.

## **Employment**

- Longer term, it may be useful to think about opening a Foxton Centre charity shop that could potentially provide supported employment opportunities to the women, as part of routes out. This would allow structured opportunities for the women to learn skills, in an environment where they would not be penalised for previous convictions and where it would be acknowledged that there will be times where the women would not be in work. This could be supported by input from volunteers and social work students. Although it would not be possible to pay the women more than expenses, the opportunity could potentially afford them the chance to be in a work setting as part of a period of stabilisation and as a stepping stone to other opportunities.
- Other routes into employment should be explored for the women, in a ‘Small steps’ scheme, to acknowledge that this is not easy but that small steps at a time can be taken. Timing would of course be crucial as many of the women have other needs long before they are able to work and it would be important not to set the women up to fail, however for women who are able to stabilise, gaining meaningful employment can a key component of their routes out of sex work.

## **Raising self esteem and confidence building**

- The Streetlink service should develop innovative and proactive ways of engaging the women to work on issues relating to self, including self esteem, identity and confidence building.
- This could be combined with art work or other creative methods to bring about change. Using groups to achieve this should be considered, though it is acknowledged that groupwork is compromised by the chaotic nature of the women’s lives, making regular attendance at a group challenging. However, if the surgery was open more often, there may be more regular attendance which could be built upon by the project to develop such initiatives.
- Self esteem work should include the opportunity to experience a meaningful alternative life – this could include health and beauty activities, trips to restaurants, the cinema or bowling etc. Again this could involve small steps and be part of sustained routes out work.

## Drug Services

- Fast tracking of sex workers into drugs services, as a recognised priority group, is essential. However, this should not be based upon women accepting a caution in order to receive a service.
- There needs to be priority dedicated time for sex workers to access drugs services in the evening, preferably where there are no other clients around. This could be supported by Streetlink workers, who provide an important link to the service. Ideally dedicated evening services for this client group should be staffed by workers who are trained and have insight to specific needs.
- The 'gold standard' would be for a doctor or allied professional to be based at Streetlink who could assess and prescribe methadone. This would work around the women's chaotic lives, at hours that fit in with the reality of the women's lives. Additionally, this professional could support and monitor the women, providing a service that could genuinely help.
- It would be essential that this service would be predicated upon a value system that did not judge the women if they relapsed and come off their script. Encouraging the women to use the service is the key factor. Streetlink workers would play a key role in supporting this process, possibly accompanying the women to an all night chemists to access their first prescription there and then.
- If the Streetlink scripting service was feasible, it would be important to build a relationship with a local chemist near to the project so that the women could regularly go there if they were still working, but importantly, be able to move chemist if the women exited sex work.
- It is acknowledged that improved drug services for sex workers, when linked to the provision of accommodation and support with mental health needs is vital if women are to be able to break the cycle of work-score-work.

## Health

- The ability to have an initial assessment related to mental health needs, at the Streetlink project, would be extremely helpful. Particular concern should be given to situations where women could fall through the dual diagnosis gap
- In partnership with Health, there should be provision for Chlamydia testing and testing for other Sexually transmitted diseases at the surgery; this would build upon existing provision for pregnancy testing.

## Housing

- Access to appropriate housing needs to be at the heart of any attempt to help the women make sustained changes in their lives
- Where it is difficult for the women to access appointments with Housing during the day, it would be extremely helpful for Housing staff to attend the surgery by prior arrangement in the evening. This is a further example of taking the services to the women.
- There needs to be a system available of fast tracking the women to emergency accommodation and other housing options when needed, based upon a shared acceptance of them being vulnerable by virtue of what they do.
- There needs to be a collaborative bid for funding to develop supported housing specifically for street sex workers. This would include Supporting People monies and a range of other funding sources. The provision may take the form of a half way house where the women could feel safe and start to work with a range of key services. The support would need to be led by Streetlink so that it is intensive and specialist to assist the women to begin to be stabilised and in a position where they could later cope with supported housing schemes.
- It needs to be recognised however that street sex workers need different types of provision at different stages and thought should be given to a range of options, some of which may already exist. Further joined up working could develop a route map of exit stages, which identified appropriate housing options along the way.
- As Women's Aid refuges do not admit women who are on drugs, there needs to be a safe house or emergency provision for women involved in drugs and prostitution, who may be escaping violent relationships. This could sensibly be incorporated into the half way house accommodation suggested above.

## Violence to women

- Joined up working is needed to address violence to women on the streets. There needs to be a shared and renewed commitment to a campaign of zero tolerance of violence to sex workers. It would be useful to have a dedicated police officer present at the project at set times so that women could report attacks in an atmosphere of trust and confidence.
- It is recommended that the police and Streetlink work together to review the operation of the Ugly Mugs scheme, to see if this can be developed in any way. Thought should be given to producing regular summary sheets to distribute to the women on outreach

- Work should be done to help the women stay safe, including awareness of number plates; renewed emphasis upon looking out for each other and using mobile phone cameras to photograph number plates. A poster should be devised by the women themselves to be displayed in the surgery about how to stay safe, what to avoid etc. This could be done in a creative way, perhaps a 'Staying safe' campaign with input from the police directly or indirectly and work done with and by the women as part of drop ins.

## **Police**

- It may be timely to renew a commitment to collaboration by developing protocols to build upon existing arrangements to improve genuine partnership working. This should be based upon a shared understanding of each agencies role and responsibilities, and should develop more formal mechanisms to support this aim.
- Protocols may include for example, ensuring that there is less of a police presence around the area on nights when outreach is taking place, to ensure that Streetlink workers have maximum opportunity to engage with the women.
- Training should be given to police officers on the beat to ensure that the commitment and understanding noted at higher levels of the police is shared by those on the ground.

## **Children's services**

- Where funding allows, awareness raising work is needed with social workers, to challenge some of the views that sex work necessarily equates to bad parenting. A training package could be developed to support this end.
- Similarly, it is essential that social work students have input regarding sex work as an integral part of their training programme. This can be implemented via local Universities