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**Swinger clubs – how best to minimise potential harms**

**By Professor Sarah Kingston**

Swinging is a form of recreational sex that typically involves the swapping of sexual partners or the act of engaging in group sex. This takes place in private residences or commercial premises, some of which are licensed as Sexual Entertainment Venues (SEV) under the Local Government (Miscellaneous) Provisions Act 1982 as amended by the 2009 Policing and Crime Act. Although it attracts media interest, this is a seriously under-studied area of licensing: to date, no previous research has studied how clubs are licensed to protect the sexual health and well-being of staff and club customers, nor how physical, sexual, and emotional risks are managed in these environments. Without such knowledge, the nature and extent of physical and sexual violence in swinger clubs is unknown and appropriate interventions to minimize harm and manage risk remain absent. What we do know about swinging, stems from research undertaken in parts of Europe, the United States and Canada (Friedman et al, 2008; Niekamp et al 2013; Spauwen et al 2015). This research, whilst useful in understanding the sexual health risks of partner swapping, the characteristics of swingers, and the activities involved in swinging, has told us little about club licensing, nor how clubs can be better regulated to protect health and safety.

To address this gap in knowledge I led a small study involving ten interviews with licensing officials, sexual health workers, swinger club staff and customers in the north of England. This study identified significant county differences in how swinger clubs are licensed and regulated, with some parts of England and Wales licensing swinger clubs as SEV and others as hotels. The impact of these licensing variations has become pertinent in the context of the Covid pandemic when clubs licensed as hotels were able to open before lockdown was eased in July 2021. Hotels were able to open in May 2021 as part of the four-stage easing of restrictions after the third national lockdown, whereas SEV could not. Being licensed as hotels enabled some clubs to open as a traditional hotel through the week and as a swinger club at weekends. As a club owner explained 'you get a few hotels that do it part time because they think it is huge money. So, they have swingers' weekends, and they have families in the week'. Licensing variations can also impact on restrictions and conditions attached to licences, with some clubs licensed as SEV required to install CCTV technology and provide police with access to video footage when requested (Sheffield City Council 2011). Increased visitation and monitoring of those licensed as SEV compared to hotels was also noted.

The study also found variations in the club policies and practices (such as access to free condoms, and locks on doors) which for some club customers led to negative experiences caused by other customers who became pushy or would enter their room uninvited. As one club owner explained they had previously barred a problem male customer who entered rooms uninvited and attempted to engage in group sex without the consent of others. For customers in other clubs, problem customers were not tackled because staff were unaware of their behaviour due to lack of reporting and their inability to monitor such large venues.

Evidence of violence and coercion in some clubs and swinging relationships was also documented in interviews. Swinger club owners stated that they would sometimes hear arguments in rooms, find

broken items following such rows, and have dealt with physical altercations. As one club owner explained

‘Violence ... we do see ... fighting together against each other, where something has gone wrong ... we get the occasional one. Sometimes you don’t know until they have left, [and there is] damage to the room. Normally if people tell us they have broken this or that we don’t tend to worry. You start to worry when they don’t tell you’

Two owners explained that some men would persuade their often initially reluctant woman partners to engage in swinging. This was supported by two women swingers who claimed that their male partners had persuaded them to visit swinger clubs and engage in sex with others. Yet, as they and the club owners explained these men would very quickly realise that swinging is ‘a woman’s world’ where women choose who they want to have sex with and dictate the nature of swinging activities. This realisation club owners believe led such men to feel frustrated and disappointed, subsequently taking out that annoyance on their women partners.

Club owners suggested that managing violence and coercion in clubs successfully relied on experienced staff, as one owner stated, ‘a lot focuses on who is running the night the staff.’, with some clubs having licensed door staff who are trained to deal with problems in clubs. A firm ‘no means no’ policy exists in clubs and those breaking or undermining these club rules would be evicted from club premises and permanently barred. Many clubs have club polices that customers must agree to and sometimes sign when they visit clubs for the first time. Others operate an online booking system where customers must agree to club policies before being able to book a visit.

Sexual health risks were also noted in clubs, with evidence of deliberate attempts to remove condoms, as a swinger club customer stated, ‘the man tried to encourage me to not use the condom as soon as I partner left the room, which really was not on and on one occasion I found he didn’t have one on when he was trying to penetrate me’. This was also noted by one club proprietor who explained that ‘we have had an odd instance where a guy has tried to take a condom off, they get kicked out straight away.’

A lack of awareness of sexual health risks and how to practice safer sex was also evidenced, with public officials who visit clubs for sexual health purposes claiming that

‘There is quite a lot of ignorance in the [clubs] as people don’t not know about sexually transmitted infections (STI’S) and not knowing that they can pass on STIs through unprotected oral sex ... the majority of people don’t use protection for oral sex either condoms or dental dams.’

Some clubs invited sexual health practitioners into their premises to provide customers with advice and sexual health testing, whilst others did not. Some officials believed that some club owners were reluctant to invite health practitioners to their settings due to the ‘misguided belief’ that it would deter potential clients who may be concerned about confidentiality or positive tests results from customers at their club. Public health officials were clear that any sexual health testing or advice is strictly confidential, and no swinger club customers would not be identified. Sexual health practitioners’ visibility, support, and advice at clubs they felt, promoted safer sex practices, and reduced the risks of unsafe sex.

Despite some of the risks evidenced in swinger clubs by this pilot study, club owners, customers and public officials who visit clubs, were keen to stress that on the whole swinger clubs were generally safe and fun environments where ‘socialising is a big part of it, it is not all about sex’ (club owner).

Public officials who visited clubs stated that they had not experienced any 'threatening situations and on the whole I was usually very comfortable.', and club owners identified a minority of instances of sexual or physical violence. Likewise, whilst sexual health risks were noted in clubs, health practitioners stated that 'we don't get many positives [STI test results] back in fairness' (sexual health practitioner). Whilst there are often assumptions that those who engage in promiscuous sexual behaviour such as swinging may be more likely to practice unsafe sex, as one public official explained

'... from screening ... with the swingers ... I personally would say that they are a bit more careful [in terms of practicing safe sex] ... they're being open and honest with their partners, because obviously they are there ... whereas you get people coming into clinics and saying oh I had a one-night stand and stuff like that'

Whilst this small study has identified important issues in relation to licensing, club practices, sexual health and violence, further work in this area is needed. Building on this important research, I am seeking further funding to undertake a larger national study to examine the sexual health and safety in swinger clubs in England and Wales. The project '*Minimizing harm, Managing Risk: Enhancing Health and Safety in Swinger Clubs*' will involve a national survey and interviews with public officials who are involved in the licensing and regulation of clubs, club customers and club owners. The aim of this larger mixed method study is to investigate good practice, lost opportunities for interventions, and to identify areas for strengthening sexual health and safety provisions in swinger clubs. Through working with key stakeholders, the project seeks to develop resources and training to raise awareness of safety strategies, risky sexual behaviour, and safety enhancing licensing and regulatory provisions.

To find out more about this study, please contact Professor Sarah Kingston, The School of Justice, The University of Central Lancashire, [skingston1@uclan.ac.uk](mailto:skingston1@uclan.ac.uk).

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