Mapping for Communicable Disease Inclusion Health Programme: Report on Sex Workers

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Executive summary:

This report forms part of a broader mapping exercise for the Inclusion Health Programme, undertaken by Public Health Wales. The report focuses specifically on men who have sex with men (MSM) in Wales, seeking to provide understanding of MSM health needs, the services available to MSM and the impact of related policy on this group.

The findings presented within are informed by four research activities; a literature scoping review, a policy scoping review, a support service organisation search and an online survey administered to support service organisations.

The key findings of the report include:

- Notes on the difficulty of accurately estimating and mapping the population of sex workers in Wales, though research evidence does highlight involvement in sex work in each local authority area of Wales, with particular concentrations in Cardiff, Newport and Swansea.
- Estimates of involvement in sex work focus on the most visible parts of the sex industry, perhaps suggesting an underestimation of actual involvement across Wales within the existing evidence.
- A number of health needs identified by the literature, with particular emphasis on sexual health, physical complaints often linked to substance use and mental health issues often compounded by the stigma associated with sex work.
- Significant barriers to sex workers accessing health support are identified, including those related to both experienced and anticipated stigma. Law and policy related to sex work is also identified as a barrier.
- Policy responses to COVID-19 and the Universal Credit System outlined as potentially having pushed sex workers into increasingly risky scenarios.
- Support for sex workers is lacking across Wales. The research identifies 4 organisations, with significant gaps in what is available – including the nature of support being related to sexual exploitation as opposed to sex work, and support often being targeted at women, meaning provision for male and trans sex workers is specifically lacking in Wales.

1. Introduction

This research is part of a broader project commissioned by Public Health Wales, which seeks to understand the health needs of 'inclusion health groups' and identify gaps in service provision for such groups across Wales. Inclusion health groups are described as facing complex social exclusion, with factors such as poverty, violence and complex trauma increasing their risk of facing poor health outcomes (NHS England, n.d). Indeed, health outcomes for inclusion health groups have been identified as poor in comparison to those who do not share their identity or experiences, with the average life expectancy of such groups lower than that of the general public (ibid). Inclusion health groups are known to experience barriers to accessing health and social care services, underpinned by their position in society and informed by the ways in which services are delivered, and also by specific negative experiences of accessing said services (Public Health England, 2021).

The specific groups identified by Public Health Wales as being 'inclusion health groups' are sex workers and men who have sex with men (MSM), those who misuse substances, those in contact with the criminal justice system, those who experience homelessness, asylum seekers and refugees, and Gypsy, Roma and Traveller groups (GRT). This report is focused specifically on the health needs of, and service provision for, sex workers. In order to produce the most pertinent knowledge and understanding of the health needs of and service provision available to sex workers, this research will begin from the following definitions of the group:

> *Sex work, in its broadest sense, can be defined as involving 'the exchange of sexual services or performances, for material compensation' (Weitzer, 2022). The services and performances undertaken by sex workers vary considerably, though can be categorised according to whether or not the act being exchanged includes physical between the sex worker and purchasing party. Given this works emphasis on the risk of communicable disease, there will be focus on forms of sex work which involve direct contact with the client group, whether or not this contact amounts to penetrative intercourse. For example, this would include those who offer physical sexual activity for compensation, those who perform dominance or submissive performances in-person, and those who participate in erotic dancing, stripping and lap dancing. Despite this focus, there will also be consideration of*

the health needs of those whose sex work does not amount to in-person contact with clients, given the barriers to accessing healthcare potentially raised to those involved in sex work of any kind.

The overall aim of this research is to identify the gaps in service provision for sex workers in Wales, with the following four objectives identified as pertinent to achieving this aim:

- To identify where in Wales populations involved in sex work are based.
- To understand the health needs of sex workers in Wales.
- To consider the impact of related policy on sex workers in Wales.
- To identify and map existing service provision for sex workers in Wales.

The report is structured in 7 individual sections, with this being the first. The next section will detail the methodology of the project, before section 3 considers the existing estimates as to the size of the sex working population in Wales and their distribution. Section 4 reviews the health needs of sex workers described in the literature and raised by services in Wales, before section 5 considers the policies related to and impacting sex workers in both this and an international context. Section 6 provides a view as to the service availability for sex workers in Wales, before the report concludes with section 7 which provides a summary of the key messages emerging from this research.

2. Methodology

This section of the report provides a brief overview of the research methods utilised in order to address the research questions set out within section 1. There will also be some commentary on the ethical issues raised by this work, and how these were managed throughout the delivery of the project.

2.1 Research design

Given the research aim and objectives focus on identifying gaps in service provision, understanding health needs, mapping populations and service provision and understanding the impact of related policy, this study took a mixed-methods approach combining quantitative empirical and secondary demographic data and qualitative empirical and secondary data. Using either a qualitative or quantitative approach in isolation would not have been sufficient in meeting the overall aim of this study, therefore adopting an approach which combined the two was deemed most appropriate.

2.2 Data collection methods

This section outlines each of the data collection methods utilised in order to gain access to the data most useful in addressing the research aim identified.

Literature scoping review

A literature scoping review was performed using the search engine *Google Scholar* in order to identify the existing academic literature which is relevant to this work. The below table outlines the search terms utilised and the results found:

Search engine	Search terms and parameters	Results
Google Scholar	"Sex work" OR "prostitution" AND "Wales" – 2013 to 2023	17,500 initial results – 25 relevant results found after initial scan of first 10 pages of results.

Google Scholar	"Sex work" OR "prostitution" AND "Health needs" AND "England and Wales" – 2013 to 2023	822 initial results – 24 relevant results found after initial scan of first 10 pages of results.
Google Scholar	"Sex work" OR "prostitution" AND "Policy" AND "England and Wales" – 2013 to 2023	10,300 initial results – 24 relevant results found after initial scan of first 10 pages of results.

Once duplicate publications were removed, 68 documents were further reviewed for access and relevance. Of these 68, 60 were fully reviewed against the following criteria:

- Discussion of population estimates
- Discussion of health needs
- Discussion of policy issues

Data from these documents was collected against the above criteria within an Excel document in preparation for more detailed analysis.

Policy scoping review

In order to perform the policy scoping review a more general Google search was performed using the search terms 'sex work' and 'sex workers' combined with 'policy', 'strategy' and 'action plan'. In order to ensure that the search revealed the relevant international, national and local context, specific organisations were also included within the search, such as World Health Organisation, Public Health England and Wales and UNAIDS. Once identified and briefly scanned, documents were saved and then reviewed using a template designed by Public Health Wales (see appendix 1).

Support service organisation search

Support services who are directly focused on providing support for sex workers in Wales were identified through a Google search using terms related to sex work, as well as terms known to

be used in service provision for those engaged in some form of remunerated sexual activity. For example, 'sex work', 'prostitution' and 'sexual exploitation' were all used alongside 'support service' and 'Wales'. Organisations that provide both local and national support were included within the review, and data was captured using another template provided by Public Health Wales (appendix 2). Services were also asked to identify other similar availability of support within the support service organisation survey, detailed below.

Support service organisation survey

The brief survey developed for this research combined both quantitative and qualitative questioning, seeking information on both the level of service delivery offered and relevant information relating to the service using populations. The survey was sent to organisations identified within the initial support service organisation search, and would have been sent to other organisations identified by participants had there been further available support identified. It was anticipated that this survey would receive a low response rate given the knowledge of the limited available support within Wales, therefore the data generated by this survey was intended to help inform and contextualise the data gathered by the other methods highlighted above.

2.3 Data analysis

Qualitative literature data

In order to analyse qualitative data gained from the review of literature a template was created within Excel, and data was extrapolated from the respective documents and labelled as relating to either 'population estimates', 'health needs' and 'policy issues'. This data was then copied into respective word documents and arranged thematically. For example, HIV was commonly cited within the literature and therefore made up a significant theme within the review of health needs.

Quantitative literature data

Whilst the majority of quantitative data gathered from the literature is represented as it was presented within the original research publication, some of the data accessed has been filtered in order to be more relevant to this research. For example, specific census data on

gender and sexuality in Wales was accessed and has been included here, though the data included in the original report did not present analysis relating to gender, and the data relating to sexuality which is broken down by local authority was not separated by gender.

Quantitative survey data

There are a number of different areas of quantitative data captured within the survey sent to services. The sample for this survey was anticipated to be small from the outset, therefore data generated from this were set out to be informative and contextualising of the findings of the literature review and scoping exercise elements of the work. For example, services were asked to provide estimates of the size of their service using population, which could help support local estimates which have been provided in the existing research.

Qualitative survey data

The qualitative questioning within the survey predominantly related to how the services identified health needs, the health needs they saw as being most pertinent to their service using group and the barriers that services saw particular groups facing in accessing support. Data from these questions were integrated within the broader discussions of these subjects, compared to themes identified within the literature and used to support, challenge or contextualise the findings of the review.

2.4 Ethical considerations

Ethical approval for the research was granted by Swansea University's faculty of Humanities and Social Sciences in April 2023. For any empirical element of the research involving human participants, informed consent was sought prior to participation and was stored alongside responses within a Qualtrics account accessible only by the primary researcher. Those approached to participate in the research were employees of the respective services, as opposed to service-users. Individual participant responses are anonymised throughout, though information about the services themselves will be presented within the report.

3. About the population group

The population of people believed to be involved in sex work in the UK stands at around 72,800 (Brooks-Gordon et al., 2015). Estimates within this range have placed street-based work as making up 28% of the industry, and indoor working as 72% (Mastrocola et al, 2015).

In terms of estimates specific to Wales, Brooks-Gordon and colleagues (2015) in their UK-wide study had estimated a total of around 2,000 sex workers operating in Wales, though this was not broken down to the individual local authority level.

Work done in a Welsh specific context by Sagar and colleagues (2014) estimated that there is at least 2,471 sex workers in Wales, though did highlight that this figure was likely to be considerably higher given the limitations of their estimation. Importantly, this project offered further insight into how sex work may be mapped across Wales. The research identified sex work in all 22 local authority areas of Wales, highlighting Cardiff, Newport and Swansea as the areas in which sex work was most prevalent.

Cardiff, Newport and Swansea were again highlighted as the areas with the largest populations (10 or more) of street sex workers (100, 50 and 40 respectively), as well as Camarthernshire with estimates between 10 and 30. Indoor establishment-based sex work was highlighted as most prevalent in Newport (10-20 establishments), Swansea (10-11) and Cardiff (10). Independent sex workers advertising online or in Newspapers were also reported within the work, though only the areas with 10 or more sex workers advertising their services were presented within the report. The breakdown of these figures are presented below:

Area of Wales	Number of online/newspaper advertisements
Anglesey	22
Bridgend	23
Caerphilly	20
Cardiff	298
Carmarthen	25
Conway	19
Denbighshire	19
Flintshire	24
Gwynedd	14
Neath Port Talbot	25
Newport	96

Pembrokeshire	18
Rhondda Cynon Taf	13
Swansea	95
Vale of Glamorgan	16
Wrexham	34

There are a number of limitations to this available data, however. Estimates of involvement in the sex industry in the UK have, for the most part, been concerned with the direct sale of sexual services alone. This means that there are a number of forms of sex work which are unaccounted for in statistics, and there are also indications that forms of direct sex work are also underrepresented. For example, Colosi (2013) suggests that the UK-wide estimates of around 80,000 sex workers excludes the 100-300 lap-dancing clubs around the UK. Scoular and colleagues (2019) also highlight how online sex work is often not taken into account, though it was in Sagar and colleagues (2014) study. Migrant sex workers are another group which are suggested to be considerably underrepresented within statistics, being less likely to be known by support services due to barriers related to immigration status (Colosi, 2013). What may also be noted of all of the above statistics is their age, with the bulk of this work being done around a decade ago. In the most recent work which has considered the prevalence of sex work in England and Wales, Hester and colleagues (2019) suggest that 'no source of data allows for the production of representative population estimates for this group. Stigma, the private and hidden nature of the sex industry, and the transience of activities mean that estimating prevalence is challenging.'

Despite these limitations, what can be suggested using the available data is that there is a considerable number of people engaged in sex work in Wales, and that these known numbers are likely to only represent a proportion of those currently engaged in some form of sex work in Wales today. It is also noteworthy that the existing study which attempted to map sex work in Wales highlighted sex work taking place in all local authority areas of Wales, despite identifying more concentrated sex work populations in Cardiff, Swansea and Newport. This study did also focus exclusively on direct sex work, and therefore given this and the expansion of forms of internet enabled sex work such as OnlyFans content creation in the years since the work, the estimates by area are likely not representative of the true extent of the sex work populations.

There are also limited data available regarding the characteristics of those involved in sex work in Wales, though there are some assumptions which may be made based on what data is available. For example, estimates relating to the gender makeup of sex work populations often suggest that the majority of those involved in this type of work are women. It is likely, however, that numbers of male, trans and non-binary sex workers are underestimated, as these represent particularly hidden and not well understood sub-sections of the industry.

There is also difficulty in confidently asserting the proportion of sex workers in Wales who are migrants, given the difficulties around immigration status which may act as a barrier to involvement in research and engagement with services. The UK Network of Sex Work Projects (UKNSWP, 2008) estimated that around 37% of the female sex workers in the UK are migrants, an estimate which is again limited by some of the factors raised up until this point. The study specific to Wales drawn on above did not specifically outline the migration status of those identified within the mapping exercise, however they did note that of the sex workers who participated in the interview phase of the research, the majority identified as white British/Welsh (39), and a minority as Romanian (2) and Asian British (1) (Sagar *et al*., 2014). In a study focused on parlour-based sex work in Cardiff, 13 of the 16 participants were migrant women who had travelled from Central and Eastern Europe to engage in sex work in the UK (Hanks, 2019). Whilst this is limited both to Cardiff and an indoor-based setting, it is suggestive that there may be a considerable number of migrant sex workers across Wales, though the limited evidence available means that it is difficult to estimate how many and map their distribution. UKNSWP (2008) do suggest however, that migrant workers are largely absent from street-based sex work because of its visibility, therefore it may be suggested that populations of migrant sex workers may be more concentrated in areas where there is a larger presence of off-street establishments. This does not, however, account for those who advertise their services independently online, and therefore caution must be observed while considering the above suggestion.

4. Population group health needs

This section of the report details the health needs of sex workers identified within the existing literature. Within the review, themes of sexual health, physical health and mental health were all prevalent. There is also consideration for the barriers to support experienced by sex workers, and the section concludes with a summary of the key health needs identified.

4.1 Sexual health

Given the nature of sex work and the involvement of some sex workers in paid physical sexual activity, it may be considered somewhat logical that sexual health related concerns have been considered amongst the most significant health needs of this group. Indeed, sex workers have been described as being at disproportionate risk of sexual ill health (Platt *et al*., 2018), and there are multiple structural and social barriers to their accessing of appropriate support (as will be discussed later in this section).

Whilst not all sex work involves sexual contact between sex worker and client, for those whose work does, STIs have been identified as a 'key risk' (Hester *et al*., 2019). In a study of GUM clinic attendees in England, McGrath-Lone and colleagues (2014) highlight that women who had been identified as involved in sex work within the sample were 'almost twice as likely to be diagnosed with chlamydia, and three times more likely to be diagnosed with gonorrhoea'. For male sex workers, McGrath-Lone and colleagues (2014a) suggest that they were 'three times more likely to be diagnosed with chlamydia or HIV and twice as likely to be diagnosed with gonorrhoea as other male attendees (at GUM clinics)'. In Jeal and Salisbury's (2004) earlier work, STIs were found to be 9 to 60 times more common in their sample of female street-based sex workers, as they were within a sample of the general population of women.

It may be suggested that street-based sex workers face increased risk of negative health outcomes, given the association of street sex work with increased marginalisation, and issues such as substance misuse and homelessness (Potter, Horwood and Feder, 2022). A further study featuring 25 street-based sex workers attending a London GUM clinic revealed sexual health related issues to be common (Creighton, Tariq and Perry, 2007). HIV (6 of 25), syphilis (12 of 25) and bacterial STI diagnosis (6 chlamydia and 6 trichomonas) were all identified amongst the sample.

However, in McGrath-Lone and colleagues (2014) point out that there were no significant differences in the prevalence of HIV and syphilis in the female sex workers included in their sample and the other female attendees at the clinic. They also suggest that sex work involved attendees at the GUM clinics studied made, on average, more total visits to the clinic than those who were not involved in this type of work. This may therefore suggest that any increased likelihood of being diagnosed with HIV or an STI, may be somewhat influenced by the increase in opportunities for diagnosis (2014, 2014a), and not entirely by involvement in sex work. Indeed, sex workers are a heterogenous group and it would be remiss to suggest that all sex workers face a similar risk of HIV/STI transmission.

Condom use is, of course, the most effective way of preventing the transmission of HIV and STIs within sex work which involves direct physical sexual activity. Their use has been reported as common within multiple studies (Hester et al., 2019; Jeal and Salisbury, 2004). However, McGlennan and D'Arcy (2013) highlight that this may be subject to influence from clients or management in the case of brothel or parlour work. For example, almost all of the participants (97%) in Jeal and Salisbury's (2004) work had been offered increased payment for unprotected sex, and Hester and colleagues (2019) also identified this, as well as purchasers attempting to remove a condom during the interaction.

Whilst the majority (72%) of Jeal and Salisbury's participants had stated that they would not consider an offer of increased payment for unprotected sex, the offer of a larger payment may leave those less financially secure more at risk of HIV and STI transmission within sex work interactions, as the higher earning potential may have more motivational pull in situations where the need for money is greater. Shannon and colleagues (2009) also highlight the influence of sex work-related policy and regulation, and the criminalisation of particular issues related to sex work, as impacting the power that sex workers hold in negotiating condom use with clients. Indeed, laws which criminalise sex work were also described as encouraging behaviours linked with a high risk of HIV and STI infection by Piot and colleagues (2015). The recently released Lancet Public Health editorial (2023) drew on projections which suggest that the decriminalisation of sex work could lead to between 33 and 46% less new HIV infections in sex workers and clients within a decade, citing the impact of criminalisation on the odds of condom use during transactional sex and the risk of sexual and physical violence within a criminalised context.

4.2 Physical health

As well as sexual health concerns, sex workers may also face a number of physical health issues. Potter, Horwood and Feder (2022) suggest that most clinical services for street-based sex workers in particular, emphasise sexual health despite 'high rates of chronic disease, reproductive health need, respiratory disease and health problems related to substance misuse'.

In their health-needs assessment for street-based sex workers, Jeal and Salisbury (2004) found that all participants (71) had reported a chronic illness, with only 42 of those answering receiving treatment for that illness. Amongst the most frequently experienced illnesses within this sample were vein abscess (46%), recurrent chest infection/bronchitis (38%), asthma (28%) and dermatoses (21%).

Literature has also suggested that sex workers represent a group at risk of communicable disease beyond the blood borne diseases and STIs already discussed, such as tuberculosis (Balfour and Allen, 2014), as well as gynaecological complaints resulting from 'infection or trauma' (McGlennan and D'Arcy, 2013). The latter authors also suggest that for those who have entered sex work in England and Wales from less economically developed countries, physical health needs are likely to differ from those of the general sex work population.

Where physical health is concerned, a significant emphasis within the literature lies on the impact of substance misuse, experienced by some of those involved in sex work. For example, it was noted within Jeal and Salisbury's (2007) work that street sex workers reported more chronic health problems related to substance misuse than those based within establishments, such as vein issues and abscesses, as well as respiratory infection and bronchitis which can be linked with the smoking of drugs.

In a study focused on both on and off-street sex workers drug and alcohol use in Wales (Sagar, Jones and Symons, 2015) 37 of the 40 participants involved had ever used drugs, with 21 using heroin every day and 19 using crack, though the latter was not daily. Physical health problems reported amongst this sample included kidney damage, bronchitis, blood clots, heart problems and low blood pressure. Importantly for discussions held already within this review, 17 of the respondents had highlighted that drug withdrawal had led to them engaging in unprotected sex during a sex work interaction, and the authors note that drug use whilst

sex working increases sexual health related risks, including those related to condom use as well as the sharing of needles, syringes, spoons and filters, of which 19 of the participants had engaged in.

Interestingly, Sagar, Jones and Symons (2015) study evidenced problematic drug use in both on and off-street sex workers, which may challenge assumptions that this is an issue predominantly if not almost exclusively experienced by street-sex workers. Importantly, the authors note the mobility of the sex workers involved, working in both environments. This raises the importance of healthcare providers appreciating the complexity of sex work, and underlines the importance of not making assumptions based on the setting sex is typically sold in. This links to commentary within Jeal and Salisbury's (2007) work, who suggest that although parlour-based sex workers may engage in less risky practices with clients, they remain high-risk in comparison with the general population.

4.3 Mental health

The discussion of how mental health and sex work interact is a complex one. There are various suggestions within the literature as to the nature of this relationship, though for the purpose of this review I will draw on the available evidence of the common mental health experiences of sex workers, without commenting on ideological and theoretical understandings of sex work, as far as is possible.

Mental health problems have been described as being prevalent amongst sex workers, with Martin-Romo and colleagues' (2023) systematic review finding depression, anxiety, substance misuse and suicidal ideation to be common. Exemplifying this, Elmes and colleagues' (2022) found 51% of their sample of 197 sex workers had symptoms of depression or anxiety. Similarly, Macioti, Geymonat and Mai (2021) found sex workers from the UK who participated in their international study to experience 'depression, anxiety, panic attacks, OCD, ADHD, eating disorders, developmental disorders (autism), PTSD, child abuse, suicidal thoughts and psychosis'. Building on these findings, Potter, Horwood and Feder (2022) also highlight frequent experiences of post-traumatic stress disorder, suggesting that street sex workers often have backgrounds of trauma relating to child abuse, domestic and sexual violence. Indeed, Elmes and colleagues (2022) highlight that poor mental health was more prevalent amongst the female sex workers who worked outdoors within their sample, than

those who worked off-street. Street-based sex work has been associated with high rates of addiction, homelessness and violence, as well as prior involvement with the care system (Balfour and Allen, 2014). Those working in these more visible spaces have also been the primary target of state policy related to sex work, police enforcement aimed to prevent on-street work and stigmatisation from local communities, which may enhance any experiences of poor mental health.

What is notable of the available evidence, is that there is an emphasis on the mental health-related experiences of those who participate in direct sex work. Although those who do not participate in direct sexual activity with their clients such as those involved in camming, creating content for OnlyFans or in telephone sex chat, may lesser face some of the risks associated with street-based sex work such as violence, criminalisation and stigmatisation, they do face various risks which may pose an issue to their mental health. For example, Scoular and colleagues (2019) raise the potential for harassment, concerns around being outed and exploitation by third parties as being issues which may potentially have a negative impact on mental health.

4.4 Barriers to support

The existing literature suggests that sex workers face multiple barriers to seeking support, such as reporting experiences of crime to the police, seeking general social support and accessing healthcare. In terms of the latter, Jeal and Salisbury (2007) suggest that both street and off-street sex workers face difficulties in accessing support, with street-based workers in particular 'presenting late if at all' to mainstream services. In their review of literature considering the health needs of sex workers, McGlennan and D'Arcy (2013) suggest:

> 'Studies that have examined the physical health of sex workers contain a prevailing theme: women engaged in sex work tend to withdraw from mainstream health services for fear of being stigmatised or judged by health care staff.'

Stigma is one of the key issues faced by sex workers, and is reproduced by regulatory frameworks which criminalise aspects of the industry, such as in England and Wales where offences around the sale of sex such as those relating to soliciting, loitering and brothel

keeping exist. The stigmatisation of sex work serves as a key barrier to sex workers seeking support of any kind – such as reporting experiences of crime to the police, and significantly for this research, health-related support. For example, sex workers may not disclose their involvement in this type of work through concern that they may be judged by health care staff as highlighted above, and also that the emphasis would lie on the potential risks of sex work as opposed to their more general health concerns (Benoit et al., 2017). Male and trans sex workers may also face specific stigma-related barriers to accessing healthcare, related to male sex workers assumed sexual activity with other men (GNSWP, 2018) and trans sex workers experiences of 'multiple and layered stigma' (Laing *et al*., 2017) often rooted in transphobia.

For some sex workers, there may also be barriers to accessing healthcare related to homelessness, registration with a GP and negative experiences of healthcare provision which reduce the likelihood of continued engagement with health services (Mastrocola, Taylor and Chew-Graham, 2015). Potter, Horwood and Fener (2022) also raised similar themes as barriers, citing a general difficulty in trusting mainstream services, difficulties in communicating with services such as calling early to make an appointment and not having the facilities to take a call back, as well as attending appointments where personal circumstances are in flux – such as housing.

Within a COVID-19 context, sex workers were suggested to face increased barriers to accessing vital services. Howard (2020) discusses how various drop-in services may have been considered too risky, and that sex workers may have faced barriers to seeking help more generally through fear of penalisation related to continuing work during lockdown measures, and being blamed for the spread of COVID-19. This is despite many sex workers facing little choice but to continue working throughout the pandemic, with Bendingfield (2020) citing already precarious financial circumstances, and any available support during the pandemic being contingent on their being already registered as self-employed. The article also suggests that Universal Credit was the alternative option, though reasons that the delays in payment and £79 weekly figure meant that this was not a feasible solution. Indeed, Universal Credit has been attributed as being a driving factor for people engaging in or returning to sex work in the first place (Butler, 2019). For Sanders (2020), the response to the COVID-19 pandemic has been exemplary of how sex work is not considered as being legitimate work in England and Wales, with sex workers 'not [being] considered in any recovery plan, emergency provisions or government schemes'.

Specific barriers were also reported in discussions relating to mental health, with Potter, Horwood and Feder (2022) suggesting that sex workers may be excluded for having a 'dual diagnosis' of a mental health issue and substance misuse, as well as the impact of stigma and the difficulties in trusting mainstream services that some may hold. The impact of stigma is also raised by the European Sex Workers Rights Alliance (2021), who raise professionals lack of knowledge about sex work, their preconceptions of the work and the over-pathologizing of the link between sex work and mental health as significant barriers to sex workers seeking and receiving helpful mental health support.

4.5 Summary of key health needs

Based on the above review, it may be suggested that the key health needs of sex workers in Wales include the following:

- Access to HIV and STI testing
- Access to and provision of condoms
- Access to and provision of clean injecting equipment
- Understanding and non-judgemental support
- Specific provision for sex workers
- Reassurance around legal issues concerning sex work
- Flexible support and drop-in availability
- Holistic health screening

5. Policy issues

Despite this review being primarily concerned with the health needs of sex workers, where policies related to or impacting this group are considered, it is often those which do not directly relate to health which impinge on this groups access to appropriate support. This section will therefore consider the law related to sex work in England and Wales and its related impact, as well as issues such as the welfare system and the response to sexual health need. The section will be presented first within an international context, and then within a context more specific to England and Wales, detailing the direct and indirect influence of policy on sex workers.

5.1 International context

Amnesty International published their 'policy on state obligations to respect, protect and fulfil the human rights of sex workers' in 2016. The policy, based on worldwide consultation, a review of the existing evidence and empirical research makes suggestions to governments worldwide with a view to improving the lives of sex work populations globally. The overarching narrative within the publication is that sex workers face multiple layers of exclusion and discrimination, and that individual states bear some responsibility for this – with actions suggested as to how this may be remedied. Amongst the suggestions are the repeal of laws which criminalise or penalise consensual sex work between adults, whether this be directly or in practice, as is arguably the case in England and Wales. The suggestion here, was that criminalisation 'often make sex workers less safe and provide impunity for abusers'. Amnesty also suggest that governments 'refrain from the discriminatory enforcement against sex workers of other laws, such as those on vagrancy, loitering and immigration requirements'. The latter in particular being a potential barrier to migrant sex workers seeking support of all kinds within the country to which they had immigrated.

On a similar note, the WHO (n.d) guidance published within their Global HIV, Hepatitis and STIs Programmes related to sex workers suggests supportive legislation which does not criminalise sex workers to be amongst the structural interventions needed to help better address the issues. They also highlight the importance of addressing stigma and discrimination, which is often tied up within the legal status of sex work. These messages are

echoed within their later 'Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations' (WHO, 2022) publication, which place 'removing punitive laws, policies and practices' and 'reducing stigma and discrimination' amongst the key 'enabling interventions' which are essential to impact related to health responses for this group. As well as WHO, similar messaging is shared by UNAIDS (2021) within their publication on 'HIV and Sex Work' as being critical to the response to HIV, suggesting that 'States must take action, including in law, to remove stigma and discrimination against sex workers'.

The perspective from these international bodies is therefore clear in suggesting that the continued stigmatisation, exclusion, criminalisation and penalisation of sex workers, creates barriers to effective responses to specific health-related issues such as HIV and STIs, and also to the general wellbeing of sex workers. Whilst these works were produced in relation to the global response to sex work, and in some jurisdictions sex work is more overtly criminalised, the relevance of these perspectives is made clear below when England and Wales is considered specifically.

5.2 England and Wales context

Whilst a number of matters are devolved in Wales, much of the response to sex work relates to legal matters which are consistent throughout both England and Wales. The following section will be presented thematically, highlighting issues such as the legal framework relating to sex work as directly relating to sex workers, and issues such as welfare reform as indirectly impacting this group.

5.2.1 Directly impacting sex workers

In England and Wales the sale of sexual services between consenting adults, in private, is legal. There remain offences around the sale of sex however, meaning that for many sex workers it is likely that an aspect of their work is against the law. For example, the Policing and Crime Act 2009 makes it an offence for 'a person persistently to loiter or solicit in a street or public place for the purposes of offering services as a prostitute'. This means that the majority of street-based sex workers could be subject of a summary-only offence. For those working off-street, the Sexual Offences Act 1956 makes it an offence 'for a person to keep a brothel, or to manage,

or act or assist in the management of, a brothel'. Whilst this has been recommended for use in relation to those who manage or control prostitution for gain, the legislation makes it a criminal offence for 2 or more sex workers to share a premises for the purpose of selling sex. This means that sex workers are forced alone, in order to work legally.

Crown Prosecution Service (2019) guidance does suggest however, that 'those who sell sex should not be routinely prosecuted as offenders. The emphasis should be to encourage them to engage with support services and to find routes out of prostitution'. Instead, the focus for prosecution is said to lie on those perpetrating abuse, exploitation and harm more generally. These messages are reiterated within the National Policing Sex Work and Prostitution Guidance (National Police Chiefs Council, 2019), stating that consideration should be given to the wider public interest in enforcing offences related to prostitution (such as soliciting and loitering). There is a specific mention of the scenario where two sex workers are sharing a premises 'due to safety concerns' as being a 'relevant public interest consideration'. Whilst policy suggests that sex workers may not be criminalised for these issues related to the sale of sex, the threat of criminalisation remains and may in itself prove to be a barrier to accessing particular forms of support – such as healthcare – which are required. Adherence to this guidance is also inconsistent, meaning that some sex workers may indeed face criminalisation.

Street-based sex workers are described as experiencing 'particularly heavy policing' (Grenfell *et al*., 2023), with police utilising civil measures such as Engagement and Support Orders (Policing and Crime Act 2009) and Dispersal Powers (Anti-social Behaviour, Crime and Policing Act 2014) against them. Engagement and Support Orders require sex workers to attend appointments with support services, or face fines and imprisonment. Dispersal Powers enable police officers to 'direct any person whose behaviour has "contributed or is likely to contribute" to anti-social behaviour to leave a particular place'. Once in place, the individual in receipt of this direction cannot return to the specified place for up to 48 hours, and face a fine up to £2,500 and/or up to three months imprisonment for breaching the order. Such an approach was taken in Swansea by South Wales Police in 2019, and led to Swansea Women's Aid releasing a statement suggesting that the practice would result in 'women no longer engaging with our project and thus losing out on the much needed support and advocacy they need'. Policy which criminalises sex workers both directly and indirectly maintain barriers to seeking support, and also reproduce the stigmatisation which has also been touted as a

significant barrier. Whilst these latter measures may impact street-based sex workers for the main-part, any penalisation of sex workers may also have implications for the support-seeking behaviours of those who work in indoor settings.

5.2.2 Indirectly impacting sex workers

There are also a number of policy areas identified which have impacted sex workers, though do not specifically relate to sex work. One such example is the state welfare policy in England and Wales, implemented through the Welfare Reform Act 2012. This Act introduced the Universal Credit system, which replaced a number of other benefits and tax credits, such as Housing Benefit and Child Tax Credit.

The Universal Credit system has been outlined as an issue which has contributed to people's decisions to 'take on or return to sex work', by those providing evidence to an inquiry on 'Universal Credit and survival sex' (House of Commons Select Committee, 2019). Specifically, the organisations contributing evidence to the inquiry highlighted that the minimum 5 week wait at the start of every Universal Credit claim, the sanctions which can be applied within the Universal Credit system (as much as 100% of a claimant's personal allowance for up to 3 years) and the deductions of debt from personal allowances, were factors driving involvement in sex work.

Poverty and debt have long been discussed as factors driving involvement in sex work for some, and there are clear suggestions that the Universal Credit system does little to alleviate these issues. With sex work specific policy seeking to encourage exit from the industry, it is not clear that feasible alternatives are being offered. Brents and Sanders (2010:56) suggestion that there are 'fewer well-paying jobs…available; low welfare benefits compared to the cost of living (especially for single mothers); and marginalization from the mainstream employment structure' is as relevant now as it was when first published. Where economic need is greatest, it is more likely that sex workers will engage in risky sexual practices, therefore meaning that this particular policy may have implications for the health needs of this group.

Similarly, criticism has been levelled at the state response to the COVID-19 pandemic, and its impact on sex workers. Sex workers faced a loss of income because of lockdown measures, or faced health risks and increased police surveillance if their financial need was too great to not stop working. This is coupled with the fact that, because of the status of much

of the sex work industry, many were without the type of government assistance available to those who were furloughed from their work. Sex workers were eligible for support in the way of a grant of up to 80 per cent of their profits, had they previously registered as self-employed. This may be a particularly unrealistic ask however, given the legal status of sex work in England and Wales and the stigmatisation faced by those involved.

Dr Lucy Platt of the London School of Hygiene and Tropical Medicine is quoted by Bedingfield (2020) as saying 'if people are excluded from social protection schemes then it's harder to adhere to physical distancing policies'. In response to criticism of the impact on sex workers, and calls for the decriminalisation of sex work which may have better supported them throughout the pandemic, a government spokesperson, quoted by the BBC (Bullock, 2020) suggested that 'Universal Credit is providing a vital safety net to those who need support during the pandemic', despite evidence that Universal Credit has been attributed as a factor which has driven the involvement in sex work for some.

Whilst lockdown measures have passed, there are a number of implications here. Firstly, there is evidence that state policy is ill-prepared for supporting sex workers through any similar public health scenario, with the level of support throughout COVID-19 meaning that many continued to see clients despite the risks to their health. Secondly, having to continue working despite lockdown measures and the risks of COVID transmission may have had implications for stigma with sex work 'often framed as a vector of disease' even prior to the pandemic (Bedingfield, 2020), and this potentially being exacerbated within the context of the pandemic.

5.3 Summary of key policy issues

It is clear that the regulatory framework relating to sex work in England and Wales has implications for the health of sex workers in numerous ways, including creating barriers to accessing support related to both a fear of criminalisation and the stigma which such a legal approach reproduces. The environment which said framework creates for sex workers must also be considered, with the lack of legitimacy afforded the work perhaps driving risk related behaviours such as providing condomless sex, or clients attempting to remove them during an interaction.

The broader social support offered for sex workers is also an issue, with this group often excluded from the support typically available for the general public. This was exemplified

within the response to sex workers needs during the COVID-19 pandemic, with the lack of social support available to those within the sex industry meaning that this group may have been particularly at risk of contracting the virus.

This issue relates also to the welfare system in England and Wales, and the lack of a viable alternative often offered to sex workers, despite a policy desire to have them exit the industry. Universal Credit has been shown to contribute to people entering or re-entering sex work, and there may also be implications for the sexual health needs discussed within this review, given the influence of financial pressures on the potential for increasingly risky sexual behaviours.

6. Service providing stakeholders

This section of the report outlines the organisations identified within the support service organisation search, and any which were recommended by practitioners as part of the support service survey. The section will conclude with commentary on the identified gaps in service provision for sex workers in Wales.

6.1 SWAN Project

The SWAN Project (Support, Wellbeing, Advocacy and Enablement) is based with Swansea Women's Aid and provides support for 'women who are sexually exploited in Swansea'. SWAN works with both street-based sex workers, and those who work indoors within establishments or at home. The project offers various levels of support, including providing safety advice, free condoms, food and other essential items, advocacy and support for individual needs and support with accessing other services which may be required. Support can be accessed in person at the Swansea Domestic Abuse One Stop Shop, where 1:1 appointments are offered. The SWAN Project also offers outreach support using a van, which is operational 4 nights a week.

6.2 StreetLife

The StreetLife Project, part of SaferWales, is funded by the Gwent Police and Crime Commissioner and has operated since 2005. The Project's emphasis is on sexual exploitation, with volunteers and project workers supporting those 'affected by sex work' by providing mentoring, case management, advocacy and supporting access to services. Services are delivered in-person, with drop-in and outreach support offered. The project is based in Castle House Cardiff, and is the only organisation in Cardiff providing evening outreach services and case management support for sex workers.

6.3 Horizon

Horizon is a project run by Cyfannol Women's Aid, providing support throughout Torfaen, Monmouthshire and Blaenau Gwent. Through its Sexual Exploitation Advocacy Support Service (SEASS), Horizon work with 'adults and young people in Gwent who are currently, or

are at risk of, experiencing sexual or financial exploitation'. The support offered is often contingent on what needs are identified by those seeking the support of the service, with Horizon offering information, support, advice and advocacy on a range of issues, such as safety, sexual health, physical health, housing and substance misuse. Horizon makes clear that this support is available to those involved in various types of sex work, including street-based, establishment-based, online and telephone-based. Services can be accessed in-person across Gwent through counselling hubs, outreach visits and helpline support.

6.4 BAWSO

BAWSO provides support related to modern slavery and human trafficking through its Diogel Project. Funded by the Welsh Government, the Diogel Project supports women who have been trafficked into the UK. Whilst information on the support provided by the Diogel Project is limited online, the service offers several safe houses in areas of Wales (Cardiff and Wrexham), including specific accommodation for women over the age of 18 who have been trafficked into the UK and experienced sexual exploitation in the three months prior to being referred to the project. As well as accessing support through referrals, support can be arranged by contacting BAWSO via their helpline and email address.

6.5 Gaps in service provision

In reviewing the services available for sex workers across Wales, it is evident that there are a number of gaps in provision. First and foremost, it is clear that the provision available is predominantly focused on sexual exploitation, which may limit accessibility for those who do not consider themselves to be sexually exploited through their sex work. Whilst it is likely that these organisations would be open to supporting those who did not consider themselves victims of exploitation, the use of terminology such as 'women who are sexually exploited' and 'adults who are currently, or at risk of, experiencing sexual exploitation' may be considered exclusionary by some. The type of support that these terms are suggestive of may also put some off accessing this support, despite these organisations offering some degree of support which may be required for those who wish to remain sex working – such as safety information and sexual health advice.

Geographically there are also gaps in what support is available to sex workers across Wales. Indeed the organisations listed here are largely concentrated amongst the M4 corridor between Newport and Swansea, with only BAWSO's Diogel Project identified outside of this. This is despite there being evidence of sex work being undertaken within all of the local authority areas of Wales, meaning there are areas of Wales lacking any specific support for sex workers.

Finally, there is a considerable emphasis on female sex workers within the available provision currently. Both the SWAN Project and Horizon are run by respective Women's Aid organisations, and the sexual exploitation arm of BAWSO's Diogel project is focused on women. This means that there is little support available for male and trans sex workers across Wales. Whilst this research has noted the lack of data available which details the gender of sex workers across Wales, the lack of any specific support at all suggests a gap in provision.

7. Concluding remarks

This final section of the report provides concluding remarks against the four research objectives set for this project. The section will conclude with a summary of suggested actions based on the evidence reviewed for this research.

7.1 To identify where in Wales populations involved in sex work are based

The existing estimates of the population of sex workers in Wales stand at just under 2,500, though it is likely that this is an underestimation given the hidden nature of this type of work and development of particular forms of sex working (such as creating and distributing content on OnlyFans) since the publication of these estimates. In terms of the distribution of the sex working population in Wales, estimates make clear that sex work takes place in each local authority area in Wales, though is particularly concentrated in Cardiff, Swansea and Newport. Whilst these estimates do reveal that there may be support needs related to sex work pan-Wales, there are a number of limitations to the available data. For example, these estimates have typically concentrated on the most visible parts of the sex industry – street-based sex work, and also on the direct sale of sexual services, as opposed to forms of work such as lap dancing, phone sex lines and online content creation/distribution. As mentioned above, it is likely that the figures are an underestimation, and also that sex work is more prevalent in areas than is suggested.

7.2 To understand the health needs of sex workers in Wales

In terms of the health needs raised by this research, there were significant discussions of sexual health issues such as HIV and STIs, physical health complaints such as respiratory issues and mental health issues. In terms of sexual health, the emphasis on this issue was expected given the interest in sex workers being primarily driven by their involvement in sexual activity as a form of work. The literature highlights how sex workers face a disproportionate risk of HIV/STI transmission, which is often influenced by social and legal issues relating to the legitimacy of the work. In terms of physical health, many of the issues raised related to substance misuse, which is a considerable issue for some sex workers. Whilst substance misuse presents significant issues related to physical health, its influence on risky practices such as condom use and injecting equipment sharing also poses a challenge to sexual health.

Mental health was also raised as a concern, with various studies reporting significant levels of poor mental health amongst sex workers, with much of this being attributed to the stigma related to the work. Sex work stigma was also identified within the review as posing a significant barrier to sex workers accessing the appropriate support for each of these issues, with sex workers suggested to present 'late if at all' to mainstream services (Jeal and Salisbury, 2007) and to 'withdraw from mainstream health services for fear of being stigmatised' (McGlennan and D'Arcy, 2013).

7.3 To consider the impact of related policy on sex workers in Wales

Much of the stigmatisation of sex work relates to the way in which is has been approached at the state level. This research has highlighted the legal status of sex work and the policing emphasis on street sex workers as raising potential barriers to their seeking of support, as well as reproducing the stigmatisation of the industry. In reviewing policy which has impacted sex workers, it was also clear that their exclusion or lack of appropriate support from social welfare schemes can pose significant challenges to health. In order to exemplify this welfare reform through the Universal Credit system and the approach during COVID-19 were highlighted, with both providing examples of issues which may push sex workers into increasingly risky scenarios.

7.4 To identify and map existing service provision for sex workers in Wales

As well as state level support, there is also a significant lack of organisations supporting sex workers across Wales. Indeed, four organisations were identified as offering specific support for sex workers (or those who are victims of sexual exploitation). Several gaps in provision are clear here, namely geographically and the concentration of services along the M4 corridor between Newport and Swansea, the emphasis on sexual exploitation as opposed to sex work *per se* and the targeting of support for women. There is a clear need to develop further support for sex workers across Wales, with a number of considerations for how these organisations are packaged to be more inclusive.

7.5 Suggested actions

Based on the evidence reviewed for this research, the suggested actions are as follows:

- Longer term research to be commissioned into identifying the types of sex work prevalent in Wales and understanding the health needs of those involved in this work.
- Work to be undertaken with Welsh police forces to ensure that practice does not create barriers to accessing support, both social and health focused.
- Further consideration of the impact of the Universal Credit system in Wales on those involved in sex work.
- Consideration for the provision of specific health-related support for sex workers in Wales.
- Consideration for the geographic gaps in support available to sex workers in Wales.
- Public Health Wales to maintain open communication with already established services to ensure appropriate support is available.

References:

Amnesty International (2016) *Amnesty International policy on state obligations to respect, protect and fulfil the human rights of sex workers*. Available at: https://www.amnesty.org/en/documents/pol30/4062/2016/en/ (accessed 19th July 2023).

Balfour, R. & Allen, J. (2014) *A review of the literature on sex workers and social exclusion*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303927/A_Review_of_the_Literature_on_sex_workers_and_social_exclusion.pdf (accessed 19th July 2023).

Bedingfield (2020) 'In the midst of a pandemic, sex workers have nowhere to turn'. *Wired UK*. Available at: https://www.wired.co.uk/article/sex-workers-coronavirus (accessed 19th July 2023).

Benoit, C., Jansson, S. M., Smith, M., & Flagg, J. (2018). Prostitution Stigma and Its Effect on the Working Conditions, Personal Lives, and Health of Sex Workers. *The Journal of Sex Research*, *55*(4–5), 457–471. https://doi.org/10.1080/00224499.2017.1393652

Brents, B. G., & Sanders, T. (2010). Mainstreaming the Sex Industry: Economic Inclusion and Social Ambivalence. *Journal of Law and Society*, *37*(1), 40–60. https://doi.org/10.1111/j.1467-6478.2010.00494.x

Brooks-Gordon, B., Mai, N., Perry, G., & Sanders, T. (n.d.). *Production, Income, and Expenditure in Commercial Sexual Activity as a measure of GDP in the UK National Accounts.*

Bullock, C. (2020) Covid: Second Lockdown 'Will Deepen Sex Work Crisis'. *BBC News*. Available at: https://www.bbc.co.uk/news/uk-england-bristol-54780027 (accessed 19th July 2023).

Butler, P. (2019). Universal credit hardship 'linked to prostitution'. *The Guardian*. Available at: https://www.theguardian.com/society/2019/may/22/universal-credit-hardship-linked-to-prostitution (accessed 19th July 2023).

Colosi, R. (2013). Over 'Sexed' Regulation and the Disregarded Worker: An Overview of the Impact of Sexual Entertainment Policy on Lap-Dancing Club Workers. *Social Policy and Society*, *12*(2), 241–252. https://doi.org/10.1017/S1474746412000462

Creighton, S., Tariq, S., & Perry, G. (2008). Sexually transmitted infections among UK street-based sex workers. *Sexually Transmitted Infections*, *84*(1), 32–33. https://doi.org/10.1136/sti.2007.026443

Crown Prosecution Service (2019) Prostitution and Exploitation of Prostitution. Available at: https://www.cps.gov.uk/legal-guidance/prostitution-and-exploitation-prostitution (accessed 19th July 2023).

Elmes, J., Stuart, R., Grenfell, P., Walker, J., Hill, K., Hernandez, P., Henham, C., Rutsito, S., Sarker, M. D., Creighton, S., Browne, C., Boily, M.-C., Vickerman, P., & Platt, L. (2022). Effect of

police enforcement and extreme social inequalities on violence and mental health among women who sell sex: Findings from a cohort study in London, UK. *Sexually Transmitted Infections*, *98*(5), 323–331. https://doi.org/10.1136/sextrans-2021-055088

Global Network of Sex Work Projects (2018). Sex Workers' Access to Comprehensive Sexual and Reproductive Health Services. Available at: https://www.nswp.org/sites/default/files/bp_sws_access_to_comp_srh_-_nswp_2018.pdf (accessed 14th September 2023).

Grenfell, P., Stuart, R., Eastham, J., Gallagher, A., Elmes, J., Platt, L., & O'Neill, M. (2023). Policing and public health interventions into sex workers' lives: Necropolitical assemblages and alternative visions of social justice. *Critical Public Health*, *33*(3), 282–296. https://doi.org/10.1080/09581596.2022.2096428

Hanks, S. (2019). *How the social and physical aspects of massage parlours affect the way sex workers experience, interpret and contextualise their labour.* [Phd, Cardiff University]. Available at: https://orca.cardiff.ac.uk/id/eprint/125871/ (accessed 19th July 2023).

Hester, M., Mulvihill, N., Matolcsi, A., Lanau Sanchez, A. & Walker, S-J. (2019) *The nature and prevalence of prostitution and sex work in England and Wales today*. Bristol: Centre for Gender and Violence Research, University of Bristol.

House of Commons Select Committee (2019) *Universal Credit and Survival Sex: Contributing Issues*. Available at:

https://publications.parliament.uk/pa/cm201919/cmselect/cmworpen/83/8306.htm (accessed 19th July 2023).

Howard, S. (2020). Covid-19: Health needs of sex workers are being sidelined, warn agencies. *BMJ*, *369*, m1867. https://doi.org/10.1136/bmj.m1867

Jeal, N., & Salisbury, C. (2004). A health needs assessment of street-based prostitutes: Cross-sectional survey. *Journal of Public Health (Oxford, England)*, *26*, 147–151. https://doi.org/10.1093/pubmed/fdh124

Jeal, N., & Salisbury, C. (2007). Health needs and service use of parlour-based prostitutes compared with street-based prostitutes: A cross-sectional survey. *BJOG: An International Journal of Obstetrics & Gynaecology*, *114*(7), 875–881. https://doi.org/10.1111/j.1471-0528.2007.01379.x

Laing, M., Campbell, D., Jones, M. & Strohmayer, A. (2017). Trans sex workers in the UK: Security, services and safety. In Sanders, T. & Laing, M. (Eds.) *Policing the Sex Industry*: Protection, Paternalism and Politics. London: Routledge.

Lancet Public Health Editorial (2023) Sex Workers Health: Time to Act. *The Lancet Public Health*, 8 (2). https://doi.org/10.1016/S2468-2667(23)00006-3

Macioti, P.G, Geymonat, G. G. & Mai, N. (2021) *Sex Work and Mental Health: Access to Mental Health Services for People Who Sell Sex in Germany, Italy, Sweden and UK.* Available at:

https://www.nswp.org/sites/default/files/65f262_75618d0bae824482bd9560929b677a59.pdf (accessed 19th July 2023).

Martín-Romo, L., Sanmartín, F. J., & Velasco, J. (2023). Invisible and stigmatized: A systematic review of mental health and risk factors among sex workers. *Acta Psychiatrica Scandinavica*. https://doi.org/10.1111/acps.13559

Mastrocola, E. L., Taylor, A. K., & Chew-Graham, C. (2015). Access to healthcare for long-term conditions in women involved in street-based prostitution: A qualitative study. *BMC Family Practice*, *16*(1), 118. https://doi.org/10.1186/s12875-015-0331-9

McGlennan, D. C., & D'Arcy, D. R. (2013). Health needs of sex workers. *InnovAiT*, 6 (10), 636-642. https://doi.org/10.1093/invaitins100

McGrath-Lone, L., Marsh, K., Hughes, G., & Ward, H. (2014). The sexual health of female sex workers compared with other women in England: Analysis of cross-sectional data from genitourinary medicine clinics. *Sexually Transmitted Infections*, *90*(4), 344–350. https://doi.org/10.1136/sextrans-2013-051381

McGrath-Lone, L., Marsh, K., Hughes, G., & Ward, H. (2014a). The sexual health of male sex workers in England: Analysis of cross-sectional data from genitourinary medicine clinics. *Sexually Transmitted Infections*, *90*(1), 38–40. https://doi.org/10.1136/sextrans-2013-051320

National Police Chiefs Council (2019) *National Policing Sex Work and Prostitution Guidance.* Available at: https://library.college.police.uk/docs/appref/Sex-Work-and-Prostitution-Guidance-Jan-2019.pdf (accessed 19th July 2023).

NHS England (n.d) *Inclusion health groups*. Available at: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/ (accessed 17th July 2023).

Piot, P., Karim, S. S. A., Hecht, R., Legido-Quigley, H., Buse, K., Stover, J., Resch, S., Ryckman, T., Møgedal, S., Dybul, M., Goosby, E., Watts, C., Kilonzo, N., McManus, J., & Sidibé, M. (2015). Defeating AIDS—advancing global health. *The Lancet*, *386*(9989), 171–218. https://doi.org/10.1016/S0140-6736(15)60658-4

Potter, L. C., Horwood, J., & Feder, G. (2022). Access to healthcare for street sex workers in the UK: Perspectives and best practice guidance from a national cross-sectional survey of frontline workers. *BMC Health Services Research*, *22*(1), 178. https://doi.org/10.1186/s12913-022-07581-7

Public Health England (2021) *Inclusion Health: Applying All Our Health*. Available at: https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health (accessed 17th July 2023).

Sagar, T. (2014). *Sex Work Research Wales: Summary of Findings*. Available at: https://cronfa.swan.ac.uk/Record/cronfa26759 (accessed 19th July 2023).

Sagar, T. Jones, D. & Symons, K. (2015) *Sex Work, Drug and Alcohol Use: Bringing the Voices of Sex Workers into Policy and Service Development Frameworks in Wales.* Available at: https://www.gov.wales/substance-misuse-sex-work-drug-and-alcohol-use (accessed 19th July 2023).

Sanders, T. (2020). *Sex Workers in the Crisis of Covid.* Available at: https://mmuperu.co.uk/bjcj/blog/sex-workers-in-the-crisis-of-covid/ (accessed 19th July 2023).

Scoular, J., Pitcher, J., Sanders, T., Campbell, R., & Cunningham, S. (2019). Beyond the Gaze and Well Beyond Wolfenden: The Practices and Rationalities of Regulating and Policing Sex Work in the Digital Age. *Journal of Law and Society*, *46*(2), 211–239. https://doi.org/10.1111/jols.12155

Shannon, K., Strathdee, S. A., Shoveller, J., Rusch, M., Kerr, T., & Tyndall, M. W. (2009). Structural and Environmental Barriers to Condom Use Negotiation With Clients Among Female Sex Workers: Implications for HIV-Prevention Strategies and Policy. *American Journal of Public Health*, *99*(4), 659–665. https://doi.org/10.2105/AJPH.2007.129858

UK Network of Sex Work Projects (UKNSWP) (2008). *Working with Migrant Sex Workers.* Available at: https://eurotox.org/wp/wp-content/uploads/UK_Working-with-Migrant-Sex-Workers-2008.pdf (accessed 19th July 2023).

UNAIDS (2021) *HIV and Sex Work: Human Rights Fact Sheet Series*. Available at: https://www.unaids.org/sites/default/files/media_asset/05-hiv-human-rights-factsheet-sex-work_en.pdf (accessed 19th July 2023).

Weitzer, R. (2022) *Sex for Sale: Prostitution, Pornography, and Erotic Dancing* (3rd edn). New York: Routledge.

World Health Organisation (2022) *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations.* Available at: https://www.who.int/publications/i/item/9789240052390 (accessed 19th July 2023).

World Health Organisation (n.d) *Sex Workers.* Available at: https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/sex-workers (accessed 19th July 2023).

Appendix 1: Policy review template provided by Public Health Wales

Name of document	Body responsible for publication (e.g WHO/Welsh Govt/MoJ)	Date of publication	Type of document (guidance/legal requirement)	Description of impact on population group
Policing and Crime Act 2009	UK Government	2009	Law	Makes it an offence for a person to persistently loiter or solicit in a street or public space for the purposes of offering services as a prostitute. Whilst the actual sale of sex is legal between consenting adults, this means that many sex workers are in conflict with the law in undertaking their work.
Sexual Offences Act 1956	UK Government	1956	Law	Makes it an offence to keep, manage, or act or assist in the management of, a brothel. This law makes sex workers sharing a premises for the purpose of selling sex illegal, meaning that sex workers are encouraged to work alone in order to work legally.
Prostitution and Exploitation of Prostitution	CPS	2019	Legal guidance	Suggests that the emphasis should be on those perpetrating abuse, exploitation and harm. 'Those who sell sex should not be routinely prosecuted as offenders'.
National Policing Sex Work and Prostitution Guidance	NPCC	2019	Policing guidance	Suggests that consideration should be given to the wider public interest when considering enforcing offences related to prostitution. Also suggests that policing should start from a position which seeks to address vulnerability and exploitation, and should not make moral judgements about sex work.
Engagement and support orders	UK Government	2009	Law (Police Powers)	Police are able to serve sex workers with 'Engagement and Support Orders' which require them to attend appointments with support services, or face fines and imprisonment.

(Policing and Crime Act, 2009)				
Dispersal Powers (Anti-social Behaviour, Crime and Policing Act, 2014)	UK Government	2014	Law (Police Powers)	Police are able to serve those who have contributed or likely to contribute to anti-social behaviour within a given area with a dispersal order. The person must then leave this place, and may not return for up to 48 hours. Those found in breach of an order can face a fine of up to £2,500 and/or up to three months imprisonment.
Welfare Reform Act 2012	UK Government	2012	Law	Introduced the Universal Credit system which has been argued to have contributed to people remaining in or returning to sex work. Reasons cited are the initial 5 week wait, sanctions and debt collection from payments.
COVID lockdown, Furlough and Welfare measures	UK Government			Related to the above, many sex workers were not eligible for support outside of Universal Credit despite not being able to work during the lockdown measures. This meant many had to continue working, posing risks to health.
Amnesty International Policy on State Obligations to Respect, Protect and Fulfil the Human Rights of Sex Workers	Amnesty International	2016	Guidance	Suggests that sex workers face multiple layers of exclusion and discrimination, highlighting the criminalisation of sex work as something which drives this. There is also specific mention of discriminatory enforcement of vagrancy, loitering and immigration requirements which may present a particular barrier to migrant sex workers seeking support.
Global HIV, Hepatitis and STI Programmes – Sex Workers	WHO	n.d	Guidance	Suggests supportive legislation which does not criminalise sex workers to be amongst the structural interventions needed to help better address the issues. They also highlight the importance of addressing stigma and discrimination, which is often tied up within the legal status of sex work.
Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis,	WHO	2022	Guidance	Places 'removing punitive laws, policies and practices' and 'reducing stigma and discrimination' amongst the key 'enabling interventions' which are essential to impact related to health responses for this group.

treatment and care for key populations				
HIV and Sex Work	UNAIDS	2021	Guidance	As well as WHO, similar messaging is shared by UNAIDS (2021) within their publication on 'HIV and Sex Work' as being critical to the response to HIV, suggesting that 'States must take action, including in law, to remove stigma and discrimination against sex workers'.

Appendix 2: Support service review template provided by Public Health Wales

Name of service provider	Starting date (year) – established service or new	Funding stream	Type of services (statutory/ voluntary)	Description of specific activities	Location (HB/LA)	Operating hours	Who may access (eligibility, area of 'residence')	How to access	Physical Accessibility	Contact (name, designation, gender, phone number)	Comments (e.g., on safety, quality)
SaferWales - StreetLife	2005 Established service	Gwent Police and Crime Commissioner, fundraising, donations.	Voluntary	Mentoring, case management, advocacy and supporting access to services for 'those affected by sex work'.	Cardiff	Office staffed 9 – 5 Evening outreach offered	'Those affected by sex work'	Outreach, email or telephone	Safer Wales Ltd, 1st Floor, Castle House, Castle Street, Cardiff CF10 1BS	Karen Maxwell: @karen.maxwell@saferwales.com 029 2022 0033	Service does not limit who can access by gender online which suggestions inclusion of male and trans sex workers. There is limited information available online about this service.
SWAN (Support, Wellbeing, Advocacy, Enablement)	Established service	National Lottery funding, fundraising, donations.	Voluntary	Safety advice, condom provision, food and essential item provision, advocacy, support with accessing other services.	Swansea, Neath, Port Talbot	24-hour telephone helpline	Sexually exploited women in Swansea: street sex workers, parlour sex workers, or online and cam workers included	Outreach, in-person, telephone	Swansea Domestic Abuse One Stop Shop, 35-36 Singleton Street, Swansea	swa@swanseawa.org.uk 01792 644683	Framing delivery as being for 'sexually exploited women' may exclude some women who do not identify as such. Also, male sex workers are excluded from provision.

Horizon - SEASS	Established service	National Lottery funding, MOJ funding, Gwent Police and Crime Commissioner, donations and fundraising.	Voluntary	Support often contingent on needs raised by those seeking support. Information, support, advice, advocacy including on physical and sexual health.	Torfaen, Monmouthshire and Blaenau Gwent	Office staffed Monday – Friday 9 - 5	'Adults and young people in Gwent who are currently, or are at risk of, experiencing sexual or financial exploitation'	In-person across Gwent through counselling hubs, outreach visits and helpline support	Chrysalis Centre, 3 Town Bridge Buildings, Park Road, Pontypool, NP4 6JE	horizon@cyfannol.org.uk 03300 564 456	Framing delivery as being for those 'currently, or at risk of, sexual exploitation' may exclude some sex workers who do not identify as such. The service does not exclude male and trans workers.
Bawso - Diogel	2009 Established service	Welsh Government, Salvation Army	Voluntary	Human Trafficking focus with the provision of safehouses for those who have been trafficked.	North Wales (Wrexham) and South Wales (Cardiff)	24-hour telephone helplline	Victims of trafficking.	In-person through safe houses and helpline support	BAWSO have physical offices in Cardiff, Swansea, Merthyr and Wrexham. Available here: https://bawso.org.uk/en/contact-us/	info@bawso.org.uk 02920 644633	Service not necessarily focused on sex work, but rather on those who have been victim of trafficking.