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Off Street Sex Work in Cardiff: Identifying Service Provision Needs

The views expressed in this report are those of the authors, not necessarily the views of Terrence Higgins Trust (Cymru).

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Funded by MAC AIDS.

Forward

This research project was funded and carried out on behalf of Terrence Higgins Trust (THT).

Since the Charity was established in 1984, THT has been at the forefront of the fight against HIV. Over the years THT has consistently expanded its work and developed services to meet the sexual health needs of its service users. Today the Charity works with a variety of people including gay men, transgender people, drug users, hemophiliacs and sex workers (and more broadly the general population).

This research project was carried out with the overall aim of providing an evidence base to inform THT Cymru's work within the context of the development of services for off street sex workers in Cardiff. The research was carried out in the capital city of Cardiff, Wales.

Partnership working

THT understands the value of partnership working and has a strong record of collaboration with agencies in both the voluntary and statutory sectors. Both THT Cymru and Swansea University (the researchers and authors of this report) are members of the Cardiff Sex Worker Forum. This research project has been carried out with the support of the Cardiff Sex Worker Forum.

The findings of this report will assist THT to develop services for off street workers in Cardiff and, importantly, the findings will also provide important data to inform the partnership work of the Cardiff Sex Worker Forum.

The forum is also represented by the following agencies:

- Cardiff City Council

- Cardiff and Vale University Health Board
- Centre for Criminal Justice and Criminology, Swansea University
- Drug Intervention Project (DIP)
- Housing and Neighbourhood Renewal Outreach Service
- Inroads
- Safer Capital Substance Misuse Action Team
- Salvation Army
- South Wales Police
- South Wales Probation Service
- Safer Wales StreetLife
- Terrence Higgins Trust, Cymru
- The Wallich

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Summary

This document reports on the findings of the research “Off Street Sex Work in Cardiff: Identifying Service Provision Needs” which was conducted between November 2010 and February 2011.

Off street sex work takes place in Cardiff as it does in many major cities across the United Kingdom (UK). However, little is known about the nature of off street sex work in Cardiff, and even less about the sexual health needs of off street workers. There is indeed a dearth of data regarding this particular group of sex workers generally throughout the UK and an absence of knowledge with regard to the off street market in Cardiff.

This report seeks to fill this gap in local knowledge and in doing so inform the work of Terrence Higgins Trust Cymru (THT) in order that the Charity can expand its service provision to off street sex workers.

The project sought to engage sex workers who work off street in brothels / sauna / massage / parlour establishments in Cardiff. It also sought to engage sex workers who work independently as sex workers / escorts and those who work through escort agencies.

Overall the research aimed to:

- Provide a literature review of research on sex work in Cardiff.
- Provide an estimation of the numbers of off street sex workers in Cardiff.
- Provide an insight into the sexual health of off street workers in Cardiff.
- Highlight the sexual health ‘needs’ of off street sex workers.
- Inform the development of THT’s sexual health services for off street workers.

The research and research process also sought to:

- Provide a stepping stone to establishing a relationship of trust between THT Cymru and off street workers.
- Gain an understanding of the support networks (if any) of off street workers.
- Report on the experiences of off street workers and bring the voices of off street workers into the policy development framework.

Summary of Findings

Review of Empirical Research and Statistical Data

As part of the project we were asked to conduct a Literature Review of empirical research on sex work in Cardiff / analyse existing statistical data in relation to the sexual health of off street sex workers. We identified a lack of research relating to off sex work in Cardiff. The research that was available was focused on 'street' sex workers (see, Matts and Hall, 2007; Sagar and Jones, 2010a) and community perceptions of street sex work (Sagar and Jones, 2010b). We revealed a dearth of research and discussion / consideration about sexual health needs / sexual health service provision in the context of off street sex workers (both in Cardiff and throughout Wales). The implications of which are considered in detail in section 1 of this report.

Estimating Numbers of Off Street Sex Workers in Cardiff

We were also asked to estimate the numbers of off street sex workers and sex work establishments in Cardiff. Using a variety of mediums to locate off street sex workers we identified:

- 303 sex workers who were advertising sexual services in Cardiff on an adult internet site.
- 11 sex workers who were advertising sexual services in Cardiff on a host adult internet site.
- 29 sex workers who were advertising sexual services in Cardiff independently on the internet.
- 18 who were advertising sexual services in Cardiff through a local advertiser.

- 14 escort workers working out of an escort agency.
- 20 Sex Workers in off street establishments.

We also identified:

- 7 off street sex work establishments in Cardiff.
- 10 escort agencies in Cardiff.

Empirical Findings

Our sample was drawn from different off street markets (independent escorts, escorts working from agencies, independent sex workers advertising through the internet, sex workers working in off street establishments and sex workers advertising in a local advertiser).

1. Characteristics of our Respondents

Gender: 30 respondents took part in this study (25 females, 4 males and 1 transgender sex worker).

Age: 12 were aged between 18-25 years, 1 was aged between 26-35 years, 14 were aged between 36-45 years and 3 were aged between 46-55 years.

Ethnicity: The majority of sex workers in our study were White British. However within our sample we had 1 French female, 5 Eastern European females, 1 German female and 1 Black South African female.

Area of Work: Approximately 75% of our respondents work took place in Cardiff or the South Wales area which incorporates Cardiff. However, migrant workers were found to work (or had worked) in different geographical locations in the UK.

Movement within the Off Street Market: 6 identified that they had worked in other off street establishments in the area, 7 in lap dancing strip / establishments; 2 in the porn industry, 5 for other escort agencies, 1 had worked from their own house then moved into a massage parlour, 6 had tried working as independent escorts, 4 had sold sex through the internet but did not anymore, 2 had sold phone chat line sex and 2 had worked on the street. Thus, we found significant levels of movement with the sex markets.

Identity: The majority described themselves as escorts (18), with 7 describing themselves as 'sex worker' and another 7 as 'working girl'. Interestingly however, only 2 respondents described themselves as a 'prostitute', which is widely acknowledged as a stigmatising (albeit legally recognised) trade description. Likewise, only 1 respondent who worked in an off street establishment described it as a 'brothel', whereas others who worked from off street establishments described their place of work as a sauna or massage parlour.

Qualifications: The *majority* of our respondents (77%) had formal qualifications which ranged from GCSE and A Levels to Degree Level.

Work History: The *majority* of our sample had experience of a variety of occupations other than sex work. Examples included: office work, construction industry, senior management in the private sector business, hairdressing, journalism and fabric welding.

Motivations: For many of our respondents entry into the sex market was simply a matter of choice and / or a way to earn a higher income:

"I went for job as receptionist in massage parlour in Swansea. I couldn't believe the money you could earn and I thought I would have a go."

However some of our respondents had faced redundancy and unemployment:

“I did a hundred job applications but never got an interview! I’ve had no work opportunity for the last 2 years.”

The characteristics of our respondents highlight that there is not a ‘typical’ profile that can be attached to off street sex workers. Sex workers can be different genders, different ages, from different backgrounds. The majority can be educated and some very highly educated. There can also be different motivations for working in the sex market – although money does appear to be a key motivation. Our findings displace the notion of sex workers as a homogenous group which is so often found in sex worker policy.

The data also suggests that our respondents (perhaps consciously) overwhelmingly disassociated themselves from the terms ‘prostitute’ and ‘brothel’ which hold negative connotations and which attract labelling and stigma.

2. Support and Secrecy and Safety

Support: Only ONE of our respondents was part of any formal or informal sex worker support network. It was clear however from respondent comments that some did receive emotional support where they worked alongside other sex workers:

“I have met some lovely people. [The manager] is great, she looks after us. She will go to the chemist when we are ill...I don’t have much support at home, but here you can talk and its great. It is comforting working here with the other girls.”

Secrecy: 93.3% of our respondents indicated that sex work was a secret occupation. The stress and anxiety of keeping sex work a secret is clearly depicted in the following comment from one of our male respondents:

“It’s the deceit of not telling my partner. It’s the guilt of that and the psychological impact. I have a flat away from my home which I use and choose to meet clients there.”

Safety: Over 40% of sex workers in our sample indicated that one of the reasons they sell sex in off street establishments is ‘safety’, independent escorts however are much more isolated – working from their own homes and through private apartments and houses. Nevertheless one independent escort explained:

“... I have an 'angel buddy' via the site and I don't accept any first-time bookings unless they are made via the site. As part of the booking process the client has to leave contact details and if it is an outcall they must also leave an address. I then set up an 'Angel Alert' where the site sends me a text message 15 minutes after the appointment should be finished. If I don't reply positively, or at all, they message my buddy to check on me and take any necessary action.”

It is a welcome finding that the independent escort market is able to develop safety precautions. Other independent escorts also have ‘drivers’ to look out for them (either managers or partners). However, it does not appear that such practices extend to all independent escorts:

“I always check clients out over the phone before I meet them.”

Our data suggests that the overwhelming majority of our respondents were not part of any sex worker networks of support. However, for those that work with

other sex workers there does appear to be a level of support available from peers – and that support appears to be valued by some of our respondents.

The vast majority of our respondents also kept their sex work ‘a secret’. Keeping sex work a secret can be a cause of stress and anxiety – particularly where sex workers work in isolation they cannot even draw on peer support.

Furthermore, despite the fact that many of our respondents felt ‘safer’ working with others in off street establishments, independent escorts are much more isolated. Moreover, not all of our respondents who worked as independent escorts had an ‘angel buddy’ system in place – arguably leaving them less safe and perhaps more vulnerable.

3. Sexual Health

The key aim of this research was to gain an insight into the sexual health of off street workers and to better understand the sexual health needs of off street workers. We asked our respondents to provide basic sexual health data with regard to their access to services within the last 12 months.

GP and sexual health clinic: 66.7% had seen their GP, 63.3% had attended a sexual health clinic, 20 – 30% of our sample had not accessed basic health services, 4 respondents HAD NOT accessed ANY services at all within the last 12 months. One respondent explained:

“I don’t want anyone to know, it’s no one’s business. I don’t need support and sexual health or anything. I always use a condom, even for oral. I am not worried about my safety. I always check clients out on the phone before I meet them. I am fine working as I am.”

Sexual Health Check-Up / HIV / Hepatitis B: We also asked our respondents if they had ever had a sexual health check up / HIV test / Hepatitis B vaccination. 80% of respondents confirmed that they previously had a sexual health check up (the majority within the last 12 months). 50% of respondents confirmed that they had been tested for HIV (the majority within the last 12 months). 50% of respondents confirmed that they had been vaccinated against Hepatitis B. Importantly, half of our respondents had not had a HIV test or Hepatitis B vaccinations.

Disclosure to services: 73.3% of respondents had not disclosed to ANY SERVICE that they were a sex worker. Respondent explanations varied however, some did express their fears about secrecy, confidentiality and also being judged for their occupational choice. For example:

“I didn’t feel able to. I didn’t feel comfortable. I know if you tell somebody they could give you more advice. But, living in Cardiff makes it awkward. I don’t want anyone to know.”

For some of our respondents it was clear that they perceived that given that they had ‘not been asked’, there was no reason to disclose. Others distanced themselves from the sexual health risks associated with their work:

“I am just doing this to pay for my studies”

However, for those respondents that did disclose there were some positive comments about the services they had accessed. For example:

“I use the GUM clinic. I say I am working girl to have tests. It’s good I like them.”

Access to Condoms: Over two thirds of our respondents bought their own condoms. In terms of sexual health transmissions, the use of condoms by sex workers has been identified as a key priority and supplying condoms can be a way to break down barriers with services – allow services to build up trusting relationships.

Access to Local Services: Several respondents explained that they did not know what services were available locally or indeed where they were located. However, for others it was clear that the services that are available are not convenient for off street sex workers who can find it difficult to plan ahead, make appointments and get there during the day. This point is best illustrated by the respondent comment below:

“I would like to go to GUM in Cardiff but you have to be there at 7.30 in morning and so it is not convenient. I also live out of Cardiff (middle of nowhere really) and I just can’t get down to them.”

Improvements to Services: Many of our respondents indicated that they would like access to a mobile service which did not judge them and which could guarantee confidentiality.

Clearly given the findings of this report, there is need for sexual health service provision development. Existing services should consider issues of flexibility, and also their approach to working with sex workers who may be worried about being stigmatised for what they do and who value confidentiality. However, there is also a need to consider the development of a service which is tailored to meet the specific needs of sex workers. Given that the research located 395 off street sex workers (the vast majority of the sex market in Cardiff takes place ‘off’ street, we estimate this at 87%, see section 4). We would hope that policy makers seriously consider the suggestions for improvements put forward by our respondents.

4. Experiences of Sex Work

We wanted to understand our respondent's experiences of sex work. We asked them to share with us their positive and negative experiences. The positive aspects of sex work revolved around the ability to make a good living, the benefits of self employment, the flexibility of working hours and job satisfaction. For example:

"I enjoy what I am doing and will not go back into a normal 9 to 5 job working for a boss."

While several of our respondents emphasised that they did not have any negative experiences, others identified the attitude and the demands of clients as a cause for concern:

"Some customers think that they literally own you and that they can do what they want...."

Furthermore, for those respondents who had made the decision to sell sex under very difficult financial circumstances, their comments clearly indicated that selling sex was simply a 'means to an end' rather than an enjoyable occupation:

"I can't think of any positive about it its degrading. It's not a choice I would want to make."

Our findings here suggest that arguably as with other occupations, sex work can be both rewarding *and* a means to an end to overcome financial difficulties. We would also emphasise that when the experiences and motivations of our respondents are taken as a whole (which were reflective and carefully considered) we did not find evidence that any of our participants had been coerced into selling sex.

5. Other Issues

Some of our respondents spent time with us sharing their views openly and with great articulation. Their narratives provide a valuable insight into the experiences and opinions of sex workers. Although discussions were wide ranging, and included issues from personal sadness to feelings of (and opinions on) empowerment, our respondent comments draw attention to the individuality and diversity of sex workers – not only in terms of socio/economic background but also in relation to motivations and experiences of sex work. The narratives included in section 3.5 of the report help us to understand the complexities and nuances often missing from policy discourse where sex workers are often presented as a homogenous group. Making for a better understanding of individual experience, the inclusion of the ‘voices’ of off street sex workers in this report will be helpful to policy makers who wish to meet the sexual health needs of this marginalised population, and to inform the strategic direction of sex worker policy in Cardiff which has traditionally focused on street sex work.

Conclusions

This research raises several issues regarding the needs of off street sex workers:

- There is a need to provide off street sex workers with sexual health information and condoms.
- Given the difficulties off street workers can face when trying to access traditional sexual health services, existing service providers should consider adapting their provision to accommodate sex workers (providing a flexible and non judgemental service).

- Bespoke 'outreach' services are necessary – particularly to cater for the growing 'online' markets of independent sex workers.
- In order to overcome the misrepresentation of sex worker identities and experiences, the voices of off street sex workers should be represented in the policy discourse.

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1. Introduction

1.1 The Regulation of Off Street Sex Work

The law in England and Wales has developed a public / private distinction in the context of sex work, on the premise that it is the 'visibility' of sex workers that is thought to be injurious to society.

'Visible' street based workers are deemed in law to be a self evident public nuisance for the communities within which they work (Wolfenden, 1957). Sex workers who solicit or loiter for the purposes of prostitution in public places are liable to prosecution under the Street Offences Act 1959 (since the Sexual Offences Act 2003 prostitution is gender neutral).

However, it is legal in England and Wales for consenting adults to exchange money for sex behind closed doors (thus sex work is not thought to be injurious where both parties consent and where it takes place out of sight of the general public). As Sanders points out, in considering the legislative development in the context of sex work it is important to remember that the Wolfenden Committee did specifically leave this "loophole...to enable indoor sex work to continue" (Sanders, 2009a: 69).

Nevertheless, it is *illegal* for two or more sex workers to work together off street (Sexual Offences Act 2003). 'Brothel keeping' (a brothel is defined as two or more sex workers work together in the same premises) is illegal under the Sexual Offences Act 2003 which also added a new section 33A into the Sexual Offences Act 1956 stating "*It is an offence for a person to keep, or to manage, or act or assist in the management of a brothel to which people resort for practices involving prostitution (whether or not also for other practices)*".

Also, 'causing' or 'inciting' prostitution for gain is illegal (section 52 Sexual Offences Act 2003). In addition, 'controlling' a prostitute for gain is illegal (section 53 Sexual Offences Act 2003).

More recent legislative reforms which impact on the off street market include:

- Section 14 Policing and Crime Act 2009 (inserting a new section 53A into the Sexual Offences Act 2003) which criminalises paying for sexual services of a prostitute subjected to exploitation. Exploitative conduct is of the kind likely to induce or encourage the provision of sexual services for gain. It is irrelevant whether or not the purchaser knew of the exploitative conduct.
- Section 21 Policing and Crime Act 2009 introduced closure orders for premises which are used for 'prostitute related offences'. The police have powers to close down any off street establishment where the police have reasonable grounds to believe it is being used for the purposes of prostitution related offences. This includes: causing, inciting or controlling prostitution for gain (sections 52 and 53).

1.2 Policy Development

Political and legal attention has traditionally focused on (and continues to focus on) the 'visibility' of sex work and the potential for street based work to impact negatively on communities.

However, in recent years, fears regarding increased levels of sexual exploitation and trafficking have taken centre stage. A critical reading of the Parliamentary debates with regard to the introduction of new legislation in England and Wales makes it clear that the trafficking of women and children into the UK for the purposes of prostitution has been a key driver to the reforms contained in the Policing and Crime Act 2009:

- Section 14 of the Policing and Crime Act 2009 was introduced with the aim of targeting and deterring the purchasers of sex to reduce the demand for trafficking and to provide a measure of protection for those that are exploited as prostitutes – both on and off street.
- Section 21 of the Policing and Crime Act 2009 targets only off street work. Again the rationale for closure orders is that the measures are necessary to tackle the growing problem of trafficking.

A worry is that the new measures which have been introduced with the aim of reducing trafficking and exploitation within the sex markets may be used against off street establishments *generally*. This appears likely to be a feature of policing strategies in some areas of the UK. For example, the Metropolitan Police in Hackney have already issued a section 21 closure order as part of the 'Justice Seen Justice Done' campaign (Metropolitan Police, accessed February 2010). There was however, no report of trafficking at the closed premises (nor was the establishment a cause of public nuisance or associated with anti-social behavior).

Where closure orders are used against off street establishments generally (rather than targeting only those establishments where there is a suspicion of trafficking), such action is likely to simply drive sex workers back to the streets (which would render workers more vulnerable to violence, see: Hester and Westmarland, 2004; Kinnell, 2008). In this context, it is also important to note that it is believed that off street work currently makes up around 10-12% of the overall sex work which takes place in England and Wales (Perkins and Lovejoy, 2007; Sanders, 2005 cit. Sanders et.al. 2009b at. p. 50).

There appears to be a lack of understanding in policy about the workings of the off street market. Sanders explains that the policy focus is on serious exploitation and trafficking and that this "*attention outweighs the reality that the majority of*

indoor establishments are not involved in extreme exploitation or organized crime.” (Sanders, 2009a: 69). Further, that no distinction is made between good and bad management of off street premises (at. p.73).

It could be argued that male, female and transgender sex workers who are not trafficked and who choose to sell sex are currently invisible from policy and practice – yet they are caught within the current zero tolerant strategy.

1.3 Sexual Health Policy

1.3.1 England

Cusick and Berney (2005) have argued that the government has turned its attention away from health issues and in doing so has prioritised the needs of community safety over the safety and sexual health needs of sex workers. In 2005 they presented a critical overview of the development of sexual health policy in England which appears to de-prioritise sexual health services for sex workers (at. p. 600). It is pointed out that although the ‘*National Strategy for Sexual Health and HIV*’ (Department of Health, 2001) identified sex workers as a specific target group for HIV / STI prevention services, the resultant ‘*Implementation and Action Plan*’ (Department of Health, 2002) does not in fact mention sex workers. They point out:

“Despite a complete absence of any reference to sex work in the National Strategy for Sexual Health and HIV, Paying the Price [the government’s consultation paper on prostitution, published in 2004] asserts that the strategy ‘demonstrates the Government’s commitment to improving sexual health and modernizing sexual health services...It goes on to state that, ‘those involved in prostitution are specifically identified in the strategy as a target group for health promotion agencies,

sexual health information services and HIV/STI prevention because they are at higher risk...Such a claim is somewhat compromised by the fact that...there is no mention of sex work in the Implementation and Action Plan.” (Cusick and Berney, 2005: 601)

Whether or not this can be denounced as misleading or forgiven as mere oversight, it is true to say that the same information is carried through into the *2006 A Coordinated Prostitution Strategy* (at 3.26) which once again fails to pick up on the fact that sex workers are absent from the *Implementation and Action Plan*.

There are further problems with regard to the *2006 A Coordinated Prostitution Strategy* in that the Home Office appears to dismiss the needs of off street workers on the premise that respondents to the 2004 Consultation (*Paying the Price*) believed that off street workers were accessing mainstream services – indicating perhaps that off street workers are unproblematic because they are ‘taken care of’ (see Home Office, 2006: 49). Yet the *Coordinated Prostitution Strategy* points to sex workers as a ‘high risk’ health group (at section 3.26).

Cusick and Berney dispute the assertion that sex workers are a ‘higher risk’ group, particularly with regard to off street workers stating that “*HIV/STI prevalence remains low amongst sex workers in Britain*” (at p.600). But they do accept that the potential for transmission of HIV/STI is high and that sex workers can play a part in preventing transmission. Research exists which for example emphasises the rigorous use of condoms by off street workers (see, Sanders, 2005). However, as Cusick and Burney (2005) point out, to continue good sexual health practices sex workers need their health protected and this means access to sexual health services (see also the work of Ward *et. al.*, 2004). Furthermore, the research of Ibbitson (2002) suggests that it can be very difficult to draw female off street workers into mainstream health care services – a finding which

appears to contradict the approach of the *A Coordinated Prostitution Strategy* (Home Office, 2006).

Finally, with regard to recent developments on Sexual Health Policy in England, the Government response to the *Independent Advisory Group's Review* of the English '*Sexual Health and HIV Strategy*' (Department of Health, 2009) discusses progress, moving forward and priorities. Within this *Review*, sex workers are identified (again) along with trafficked people and people with HIV as groups who are at highest risk of poor sexual health. However, the focus is clearly on the victims of sexual violence, sex workers who are trafficked and the need to overcome physical, sexual and mental health impacts (see, Department of Health, 2009:19). The focus is not on developing appropriate services for those sex workers who are not victims of sexual violence and who are not trafficked.

1.3.2 Wales

In sexual health policy development terms, the situation in Wales paints a similar picture to that of England. Over the last 10 years or so, Wales developed '*A Strategic Framework for Promoting Sexual Health in Wales*' (National Assembly for Wales, 2000) and this was followed up with a *Progress Report* on the Strategic Framework in 2003 (National Assembly for Wales, 2003). While there is a clear focus on young people, teenage pregnancy, and prevention through education and tackling HIV, there is no mention at all of the sex worker population in Wales.

Nevertheless, sexual health was identified as a priority in Wales for 2004-5, and The Assembly provided over £1.7 million from 20001-2003 to support sexual health initiatives, but again the *Progress Report* (National Assembly for Wales, 2003) makes it clear that monies were to be channeled towards services for

young people, emergency contraception via pharmacy and consultancy posts (gynaecology and genitourinary medicine).

Further developments in sexual health policy were made with the launch of the Welsh Assembly Government's '*Sexual Health and Wellbeing Action Plan for Wales 2010-2015*'. Again, the *Action Plan* is predominantly concerned with reducing teenage pregnancy in Wales, although section 2.5 presents an action plan with regard to reducing HIV and AIDS, and section 2.6 is focused on tackling Hepatitis B. It is within this latter section sex workers are afforded a brief mention in the context of the need to discuss Hepatitis B testing and vaccination with sex workers of both sexes (p. 18). Unfortunately, where the *Action Plan* refers to '*Delivering Modern Sexual Health Services*' and the need for '*the modernization of GUM clinics and Family Planning services*', it appears again that the priority is young people. For example, the document states with regard to limits on accessibility and the need to expand opening times:

"This is a particular issue for young people of school age who find it difficult to take time out of school hours without parental support, which they may not wish to seek, and who do not have ready access to transport. Confidentiality is a critical factor in ensuring young people take the opportunity to access advice and support. Service providers should seek to identify and address barriers to access for their communities, whether attitudinal or physical, actively involving users in this process"
(pp18-19).

Of course this is to be welcomed and it represents appropriate and much needed guidance in the context of removing barriers for young people to enable them to access sexual health services. Regrettably however, it is clear that policy makers do not understand the specific needs of sex workers (many of which are discussed throughout this report). The findings of this report will provide much needed information to inform policy makers how services can also work towards

removing obstacles for sex workers – which are of course (as is becoming evidently clear) a community which is often overlooked within policy and practice.

We are careful to note however, that the promotion of best sexual health practice generally in Wales is encouraged by the *All Wales Sexual Health Network* (set up in 2002) which also aims to increase understanding about sexual health issues and interventions. The network to date has over 800 members. It may be that some specific sex worker sexual health services might be represented within this figure, however this is a data protected closed list. Thus at the time of writing this report it is impossible to make any positive assertion that sex worker services are members of the All Wales Sexual Health Network. We can state however that the All Wales Sexual Health Network is supportive of the work of the Cardiff Sex Worker Forum, and of the research being carried out on sex work in Cardiff and throughout Wales.

Nonetheless, it appears that the sexual health focus in Wales is firmly set on tackling teenage pregnancy and sexual disease amongst the younger populations of Wales. Thus, in the context of sex workers, it appears that in both Wales and England, the need for specialist sexual health services for sex workers is largely omitted from policy.

1.4 Services within the Criminal Justice System

Cusick and Berney point out that the specialist services for sex workers that do exist are predominantly focused on drug treatment (2005:601). Thus, again, the focus is clearly on street based sex workers – street based sex work has been linked to drug misuse many times (see for example, May *et. al.* 1999; Hunter and May, 2004; Melrose, 2009; Sagar and Jones, 2010a). As Melrose states, the Home Office *Coordinated Prostitution Strategy* that was launched in 2006 “*prioritises street sex workers’ drug use and drug treatment needs above all other*

needs” (Melrose, 2009: 94). Specialist projects funded within the Criminal Justice System are also geared towards ‘exit’ from prostitution in line with the objectives of the *Coordinated Prostitution Strategy* 2006. The general line of argument appears to be that money is being diverted away from developing sexual health services and channeled instead into drug focused projects funded by Criminal Justice Budgets. For example, the National Aids Trust (2004) reported that services for sex workers “are being excluded from resources aimed at HIV prevention. Funding from sexual health budgets is being withdrawn and specialist services are increasingly reliant on funding from crime reduction budgets” (cit in Cusick and Berney: 600).

In 2007 Jeal and Salisbury’s research clearly stated that sex workers in massage parlours do require specialist sexual health services and that their needs are different from those sex workers who are street based. More importantly, the researchers stated that the Health Service is failing women working in prostitution (see, Cardiff University News Centre, 2007). The work of Jeal and Salisbury is discussed in some detail at section 1.7.

1.5 Partnership Work

Currently, prostitution policy in England and Wales overwhelmingly focuses on street based work (see, Home Office, 2006) and this has steered the work of local Community Safety Partnerships in Wales (and Crime and Disorder Reduction Partnerships in England). The objectives of the 2006 *A Coordinated Prostitution Strategy* have been given legislative teeth – particularly with the introduction of section 17 Policing and Crime Act 2009 ‘Engagement Orders’ which compel street based workers into the hands of support services.

In general terms, research suggests that sex workers can be a socially excluded and marginalized group from health care services (Ibbitson, 2002; Jeal and Salisbury, 2004; Pitcher, 2006). Still, little is known about off street workers.

Much more is known about street based workers because they are 'visible' and thus far easier to access and targeted by prostitution policy.

As already noted, off street workers remain, to a certain extent, an invisible and unknown entity and thus often lay outside of national and local policy making. Consequently off street sex workers can lack adequate protections and sexual health service provisions. To the authors' knowledge at the time of writing this report, services are not entering off street establishments in Cardiff, nor are they reaching out to independent sex workers and those who work as escorts or out of escort agencies. However, this is recognised by the Cardiff Sex Worker Forum.

Agencies working in a multi-agency capacity in Cardiff are striving to develop effective policy for street based workers. However, part of the longer term strategy of the Cardiff Sex Worker Forum includes incorporating off street sex work within the policy framework and thereby establishing an all encompassing strategic approach to sex work in the Cardiff area.

The importance of this research is therefore self evident. In the short term our findings provide valuable data enabling THT to reach out to off street workers and to develop an effective service provision. And, in the longer term, the findings will also inform the work of the Cardiff Sex Worker Forum.

This report is a vital addition to the growing body of data on sex work in Cardiff, a synopsis of which is provided in the following section.

1.6 Research in Cardiff

1.6.1 Engagement with Street Based Sex Workers

'Reaching Out to Female Street Sex Workers in Cardiff: Findings from Engagement Events' (Sagar and Jones, 2010).

From 2009 - 2010 the Cardiff Sex Worker Forum engaged with street based sex workers. The purpose of the 'engagement events' was to inform street workers of the existence and purpose of the Cardiff Sex Worker Forum and also to gain an understanding of the needs and service provision requirements of street based workers. 17 female street sex workers took part in the events. The events were facilitated by Safer Wales StreetLife.

Findings included:

- Extreme levels of violence against street sex workers (supporting Matt and Halls 2007 research in Cardiff which also found evidence of violence and exploitation).
- 12 out of 17 sex workers were taking A class drugs at the time of interview, with another 5 sex workers stating that they were receiving or awaiting treatment for drug misuse.
- None of the respondents had ongoing support from family, partners and friends simultaneously.
- The majority of respondents indicated that they believed the local outreach project Safer Wales StreetLife was a very valuable service which provided much needed support.

Respondents also emphasised the need for:

- The StreetLife team to provide a seven day week service.
- Emergency condoms to be available at weekends.

- A mobile needle exchange service.
- Access to help with benefits and housing.
- A place to go to get support and help.

The findings from the 'engagement events' provided data to assist the Cardiff Sex Worker Forum develop services for street based sex workers. Perhaps the most significant and important finding was that sex workers were not reporting violence and sexual assaults, and sex workers mistrust of the police. Thus the report highlighted the *neglected safety* of street based sex workers in Cardiff. Today, the Cardiff Sex Worker Forum is working hard to keep sex workers safe. Particularly noteworthy is the enhanced partnership work between Safer Wales StreetLife and South Wales Police.

1.6.2 Engagement with Community

'Community Perceptions of Street Sex Work in Cardiff' (Sagar, Jones and Harris, 2010).

Between September and October 2010 research was conducted within the communities of Grangetown and Splott – two Cardiff communities within which some community members had raised significant concerns about the impact of street based sex work. Over 200 residents took part in the research.

The research sought to:

- Identify the prevalence of street sex work within these communities.
- Ascertain community perceptions on sex work generally.
- Identify whether sex work was a 'nuisance' for residents.
- Understand how street sex work impacted on the quality of life of residents.
- Identify levels of tolerance/intolerance towards street sex work.

- Ascertain residential concerns regarding the safety of street workers.
- Understand potential solutions to problems raised by street based sex work (if any) from the community perspective.

Key findings include:

- The majority of respondents believed that sex work is inevitable.
- Less than one third of respondents believed that people should not be allowed to buy and sell sex.
- 42% of respondents believed that people should be allowed to buy and sell sex.
- Over half of the respondents who believe people should be allowed to buy and sell sex would like it to take place away from residential area.
- Approximately 60% of respondents indicated that prostitution 'rarely' or 'never' affected their quality of life.
- 40% indicated that indicated that prostitution affected their quality of life daily or often. Particular concerns revolved around litter, noise and the impact of 'seeing' sex workers on children and grandchildren.
- The safety of sex workers was a concern for the majority of respondents who indicated that they would like it if sex workers had a safe place to work.

Predominantly respondents proposed solutions to remove sex work from residential areas and overwhelmingly suggested alternative solutions to enforcement.

Key recommendations of the report included:

- An increase in the provision of Outreach services to street based workers.

- ‘Active’ and ongoing consultation with members of the community.
- Policy makers to consider the benefits (to both sex workers and the community) of providing street based sex workers with a safe place to work – away from residential houses.

1.7 Expanding the Research Base to Off Street Workers in Cardiff

The Cardiff Sex Worker Forum ‘engagement events’ unfortunately did not focus on the health of sex workers or indeed sexual health needs in sufficient detail. The events were not intended to be an intense data gathering exercise – as already noted the events were about ‘engagement’ and building up relationships of trust with sex workers. Questions put to sex workers were basic and simply acted as a conduit to allow sex workers to speak freely about their experiences and to enable the voices of sex workers to begin to be incorporated into the policy making process. Thus, unfortunately, as the *Engagement Event Report* clearly states:

“Respondents were not asked specific questions on their health and general wellbeing at the engagement events [however] it was apparent to the researchers that the vast majority of respondents had poor physical and mental health. Several sex workers looked dangerously underweight. Many of the respondents spoke quite openly about a variety of health issues including depression, anxiety and chest problems associated with drug use.” (at pg. 18)

Neither did the research aim to ask any detailed questions about condom use or sexual health. However, while this represents a gap in knowledge with regard to street sex workers in Cardiff, there is research from further along the M4 corridor in Bristol which suggests there are differences in ‘need’ when considering off street sex workers and on street workers. For example, Jeal and Salisbury’s

research in 2004 concluded that although all sex workers are recognised as a marginalised group:

- Generally street workers have a poor standard of health.
- There is limited use of routine health care amongst street workers.
- Outreach services are made use of, but usually when poor health curtails their ability to sell sex.

The research reported on several forms of chronic illness amongst the 72 street based participants, including:

- Longstanding illness / disability.
- Anxiety / depression.
- Vein abscess.
- Recurrent chest infections / bronchitis.
- Asthma.

(see, Jeal and Salisbury, 2004: 148)

Jeal and Salisbury expanded their research in 2007 when they conducted further research with 71 off street workers (who worked in Parlours). The research concluded:

- Off street workers were less likely to have chronic and acute illnesses.
- It is street workers that are more likely to suffer from mental health problems including anxiety and depression.
- There is less dependency on hard drugs in the off street market.
- Off street workers had a higher incidence of genital infections.

Jeal and Salisbury also reported that off street workers are:

- More likely to have left full time education later than street based workers.
- More likely to be older than street based workers.
- More likely to be in sex work to support families as single parents (unlike street workers who are often associated with problematic drug use).

Furthermore, within the sample of 71 off street workers:

- Most were registered with a GP.
- Most had STI checks.
- Most had access to contraceptives and went for regular cervical screening.
- Off street workers generally used more services in comparison to street workers (see, Jeal and Salisbury, 2007).

However, the research clearly indicated that current health services are failing to provide adequate care for women working in prostitution and that off street workers require specialist sexual health care (see, BJOG release, 2007).

1.8 The Aims and Objectives of the Study

The aims and objectives of this study are:

- To evaluate existing data in relation to sex work in Cardiff.
- To estimate the numbers of off street sex workers / off street sex work establishments in Cardiff.
- Gain an insight into the sexual health of off street workers (massage / parlour based and independent escorts).
- To better understand the sexual health needs of off street workers.
- To highlight the experiences and opinions of off street workers and to give sex workers a voice in the context of sexual health policy development.

The importance of this research is located within its findings on:

1. The characteristics of off street workers and in particular, issues of movement around the off street market, sex worker identity, qualifications and work history and motivations for working in the off street market.
2. The secrecy that off street sex workers attach to their work, the social isolation resulting from secrecy and the connected problem of a lack of emotional support.
3. The sexual health and sexual health needs of off street sex workers.
4. The lack of disclosure to local services and the need for service development.
5. The positive and negative experiences of off street sex workers which facilitates a better understanding of the possible motivations for working in the sex industry.

2. Methodological Framework

The overall design of the research was based on a mixed methodological framework incorporating quantitative and qualitative research methods. The research began in November 2010 and was completed in February 2011.

2.1 Ethical Considerations

Ethical issues are now a central concern for those conducting social research (Churchill and Sanders, 2007). Importantly, the research was approved by the Ethical Standards Committee of the Centre for Criminal Justice and Criminology at Swansea University and all those involved in the project abided by Swansea University's ethical practices and procedures offered by the British Society of Criminology.

However, specifically, in relation to researching sex work, concerns have focused on: informed consent, assured anonymity for those participating in the study (Shaver, 2005) and issues of payment for participation in the research (O'Neill, 1996).

2.1.1 Informed Consent and Anonymity

Informed consent was sought from the participants. All participants were informed that they could withdraw from the study at anytime or decline to answer any question. Those who took part in the research 'face-to-face' were asked to complete and sign a consent form to confirm that they understood the purpose of the research and their rights as research participants. For those respondents who participated via the internet, they were supplied with an information sheet detailing the research and their rights as research participants prior to data collection taking place; informed consent was taken as the return of the completed questionnaire. For those who participated in telephone interviews, the

purpose of the research and participant rights were explained to them and consent was obtained verbally.

Anonymity and confidentiality were paramount considerations within the research; none of the 30 participants who took part are identified by their personal details. All data was stored securely within the University and data protection legislation adhered to.

2.1.2 Paying for Participation

With the agreement of our funders (THT), research participants were offered a small monetary payment of £10.00 for giving up their time to engage in face-to-face interviews. This followed other recent research practice in Cardiff where research carried out on behalf of the Cardiff Sex Worker Forum had paid street based sex workers £10.00 for participating in face-to-face interviews (this figure had been collectively agreed on by the many agency members of the Cardiff Sex Worker Forum see, Sagar and Jones, 2010).

In 2010, Sagar and Jones found that the payment of £10.00 did increase sex worker participation in the research. And, it is true to say that this was also the case with regard to 'some' of our participants who were interviewed in off street establishments in Cardiff. However, interestingly, other participants in off street establishments expressed an initial reluctance to accept money for participation and explained that they were happy to take part without payment because they understood the importance of the research. Furthermore, payment for participation did not act as a financial incentive for respondents who were contacted via the internet or those who advertised in newspapers to meet with researchers face-to face. Again, within this 'remote' group it was clear that respondents had chosen to participate in the research because they understood its importance with regard to improving sexual health services in Cardiff. For example:

“This research is important, I don’t want the money but I am happy to help.”

“I am a volunteer with.....and I know how important research is.”

2.2 Research Design

The research project relied on both empirical investigation and the analysis of secondary sources / existing literature relating to sex work in Cardiff.

Phase 1

The first phase of the study involved a Literature Review of empirical research on sex work in Cardiff. Importantly, (as detailed in section 1 of this report) this phase of the study found that what research had taken place in Cardiff had focused on ‘street’ sex workers (see, Matts and Hall, 2007; Sagar and Jones, 2010a) and community perceptions of street sex work (Sagar and Jones, 2010b). In short, the review revealed a dearth of research and discussion regarding off street sex work in Cardiff (and within Wales generally). This stage of the research evidenced the importance of the study to provide an insight into the sexual health and sexual health needs of off street workers in Cardiff which would assist THT to develop their sexual health service provision in Cardiff. It also was clear that the project would provide valuable data towards sexual health policy development in Cardiff and wider sexual health policy reform in Wales.

Phase 2

The second phase of the study aimed to identify the numbers of off street sex workers in Cardiff.

Sex workers advertising on the internet

One website was particularly helpful in terms of identifying numbers of off street workers as it advertised sexual services for adults in ‘Cardiff’. In total 303 female,

male and transgender sex workers (including couples) advertised their services on this site for the Cardiff. We also made use of another site hosted by the same company which was found to advertise a further 11 'gay' or 'same sex' male, female, transgender and 'couples' offering sexual services for payment in Cardiff (the sites were cross checked to avoid duplication).

However, due to a low return rate we expanded our research to free text searches using internet search engines such as 'Google'. Once cross checking with the original adult site and sister site had been undertaken, we were able to identify an additional 29 independent sex workers advertising through the internet.

Sex workers advertising in newspapers

A total of 8 local newspapers were reviewed on a number of occasions throughout the duration of the study. This search did not identify any individuals or agencies advertising sexual services. However, a review of a local advertiser identified a total of 18 independent adverts (all female) for sexual services in Cardiff. Cross checking with those advertising on the internet sites did not reveal duplication.

Off street establishments

We also reviewed local newspapers and a local advertiser to identify off street premises and escort agencies as well as free internet based searches. Once cross checking to avoid duplication had taken place, we were able to identify 7 possible sex work establishments in Cardiff and 10 escort agencies.

Estimating the numbers of sex workers in Cardiff

Estimating numbers of sex workers has been identified as inherently problematic (Cusick *et. al.*, 2009). This study was no different. The problems identified by the researchers revolved around the difficulties in accessing sex worker populations and the changing medium of the advertising of sexual services.

By way of explanation, although it has been well documented that researching sex work populations can be difficult given its relatively hidden / secret nature (Shaver, 2005; Sanders, 2006), we had a further difficulty in that we could not locate a gatekeeper to assist with gaining the trust of workers to facilitate participation in research (for a discussion on the importance of gatekeepers see, Sanders *et. al.*, 2009). Both the researchers and the funders are members of Cardiff Sex Worker Forum, and it was hoped that partner agencies would be able to assist with identification of off street establishments and access to research participants. However, it became evident very early on in the study that this would not be possible. Despite the excellent progress made by the Forum in relation to on street sex work, off street sex work remains an area which is for future development. Therefore, regrettably, although partners from sexual health in Cardiff expressed their disappointment at the lack of services for this sex worker population, as it stands there are no services at all (statutory or voluntary) which work with off street sex workers. Accordingly, gaining access to off street establishments was extremely problematic.

In order to facilitate access, a senior member of THT staff (an expert in sexual health service provision and experienced at working with off street sex workers outside of Wales) visited the locations identified by the researchers as sex work establishments. His role was to provide an introduction to the research and establish whether sex workers and managers would take part in the research. Nevertheless, only 3 out of 7 premises opted to take part in the study. Unfortunately therefore, it was not possible to obtain accurate numbers of sex workers working in all 7 identified off street establishments. Furthermore, participation was voluntary and some sex workers did not want to take part in the research. Thus while we identified 20 off street workers as we carried out the research, only 15 were willing to take part.

Further difficulties were experienced with regard to Escort Agencies. Out of the 10 which were identified only one Agency took part in the research. The manager confirmed that he had 14 women working through his Agency.

Estimating numbers of sex workers using the internet was also problematic. The numbers of those advertising changed regularly and this made cross checking for duplication extremely difficult. However, our findings with regard to this stage of the research can be found below.

Numbers of off street workers and sex worker establishments

Despite the research being unable to provide a definitive number of off street sex workers in Cardiff, the research did identify:

- 303 sex workers who were advertising sexual services in Cardiff on an adult internet site.
- 11 sex workers who were advertising sexual services in Cardiff on a host adult internet site.
- 29 sex workers who were advertising sexual services independently on the internet.
- 18 who were advertising through a local advertiser.
- 14 escort workers.
- 20 sex workers in off street establishments.

We also identified:

- 7 off street sex work establishments in Cardiff
- 10 escort agencies in Cardiff

Phase 3

Given the potentially high numbers of off street independent sex workers utilising the internet to sell services, coupled with the population of sex workers working from off street establishments and also those working independently through

newspaper advertising and escort agencies, quantitative and qualitative methods of data collection were used. A semi structured questionnaire was designed which could be self completed by the participants, and used by the researchers in face- to- face or telephone interviews. The questionnaire was piloted before it was administered to sex workers.

Phase 4

The quantitative data was analysed using SPSS, a quantitative software computer package. The qualitative responses were analysed separately and a coding framework was employed to explore the main issues raised by the respondents, and to identify common themes emerging from the research. The data was categorised into the following 5 key themes:

- Characteristics of the Participants
- Support, Secrecy and Safety
- Sexual Health
- Experiences of Sex Work
- Other Issues

The findings of this enquiry are presented in the following section of this report.

2.3 Target Population and Sampling

It is fair to say that whilst 'street' sex work is marked out and defined to a certain degree by its 'visibility', defining off street sex work is more complex given the variety of markets in which it exists. As Sanders (2005:13) notes:

“Despite the common and fundamental feature of exchanging sexual acts for money, the characteristics of the markets vary in terms of organisational structure, working practices and exposure to risk.”

Sanders helpfully defines the distinct markets which can be categorised collectively as off street markets:

- Licensed saunas – endorsed by the local council to sell massage.
- Brothels – illegal establishments where sex is sold.
- Working premises where several women work together (these are also illegal).
- Independent sex workers / escorts working legally from premises or from homes alone.

However, perhaps one category that we would add to this list is that of escort agencies. In terms of a sex worker population for the study, it was decided to attempt to access workers who were female, male and transgender from all the above markets.

In relation to premises advertising as saunas or massage parlours, 7 premises were identified and 3 agreed to take part in the study. Of those 3 establishments the breakdown of participation was as follows:

- Establishment A – 6 female respondents
- Establishment B – 8 female respondents
- Establishment C – 1 female respondent

From a total of 10 escort agencies advertising in Cardiff, 1 agency took part in the study. From this agency, 1 male (who identified himself as a male sex worker and escort manager) completed a questionnaire along with 3 female escorts.

The largest population identified in the study came from independent sex workers. This was split into two categories: those advertising through the adult service site and those advertising in an advertiser newspaper. The total population identified as selling sexual services in Cardiff on the adult services

site was 303. The number of respondents, i.e. our sample of 8 participants can be broken down as follows:

- 1 Transgender (male to female participant)
- 3 Males
- 5 Females

There were no responses from the 11 people advertising sexual services on the sister site.

Of the 29 independent workers who were identified through free text searches on the internet – none opted to take part in the research.

Of the 18 independent sex workers who advertised in the local advertiser – only 2 agreed to take part in the research (both females).

It can be seen clearly here, the sample became self selecting, this is also true for those taking part in the research from the massage parlours / sauna premises.

2.4 Limits to the Research

Arguably, all social science research has limitations. This project was no different. The sample for this study totalled 30 self selecting participants. Given the low response rate and sampling framework, we have taken great care to accurately present the findings of this study. We would also note that although this is the first piece of research into off street sex work in Cardiff, the findings cannot be said to be statistically significant. Thus, there should be caution about generalising the findings. Nevertheless, the findings of the research do represent an important starting point towards a better understanding of the sexual health and the sexual health needs of off street workers in Cardiff. Furthermore, when

the findings are triangulated with data from other studies across the UK, they can be considered to be valid and reliable.

3. Findings

3.1 Characteristics of our 30 respondents

3.1.1 Gender

- 25 Females
- 4 Males
- 1 Transgender

As can be seen the majority of our respondents were female. This reflects the findings of other research on the off street sex market (see for example, Sanders 2005; Jeal and Salisbury 2007) where female sex workers are thought predominantly to work in brothels / massage / sauna establishments. The 4 male participants and 1 transgender sex worker worked as independent escorts and advertised through the internet.

3.1.2 Sexuality

- 23 of our respondents indicated their sexuality as 'straight'
- 2 of our respondents indicated their sexuality as 'bisexual'
- 2 of our respondents indicated their sexuality as 'gay'
- 1 respondent indicated their sexuality as 'transgender'

The majority of our respondents identified themselves as straight. However, within our small sample we did have bisexual, gay and transgender participants. Arguably, despite the small sample size, this finding indicates the need for the different sexualities within the off street sex market to be fully recognised in policy and practice.

3.1.3 Ethnicity

- 10 participants described their nationality as White Welsh (33.3%)
- 10 participants described their nationality as White British (33.3%)
- 1 participant described their nationality as French
- 1 participant described their nationality as White English
- 4 participants described their nationality as Romanian (13.3%)
- 1 participant described their nationality as Lithuanian
- 1 participant described their nationality as White German
- 1 participant described their nationality as Black South African

Therefore 21 out of 30 respondents were White and from the UK. Previous research on street based workers in Cardiff also found that predominantly workers are White and British (see, Sagar and Jones, 2010). Arguably, this lends weight to previous analysis in this report (see section 1) that suggested that while the current political and policy focus in England and Wales is on trafficking, policy appears to be neglecting the possibility that there is potentially a large population of White British sex workers. And, as previously suggested, this population of sex workers is currently unacknowledged within policy, and more particularly within sexual health policy.

3.1.4 Age

- 12 respondents were aged between 18-25 years
- 1 respondent was aged between 26-35 years
- 14 respondents were aged between 36-45 years
- 3 respondents were aged between 46-55 years

It seems that our respondents fell within a variety of age groups, however it is interesting to note that there was a significant number (over 50%) who are working as sex workers over the age of 36 years. We accept that our sample is small (30 respondents in total) and while we do not draw any conclusions from

this descriptive data, it is perhaps worth noting that three of our four male respondents were over the age of 36 years. Our transgender participant was also over the age of 36 years. Other research has suggested that off street sex workers tend to be older than street based sex workers (see, Sanders, 2006), although Galatowicz *et. al.*'s 2005 research in Coventry did find that the majority of sex workers in their sample of 37 women who worked both on and off street were over 30 years.

For our respondents who were over the age of 36 years, further analysis indicated that some had made a conscious decision to sell sex as a way to increase income because they had fallen on what may be described as 'hard times', or they were unemployed, or they had been made redundant for example.

3.1.5. Percentage of Work Taking Place in Cardiff

We asked our respondents what percentage of their work took place in Cardiff.

- *Approximately 57% of our respondents did 100% of their work in Cardiff.*
- *Approximately 20% of our respondents did 75% of their work in Cardiff.*

For those who did not do the majority of work in Cardiff, respondent explanations included:

"I have only been doing this for less than one month – I get called out to other areas."

"I started this just a month ago before that I was working in Port Talbot and the Valleys."

"I only started in Cardiff today, before that I was working in parlours in Swansea."

Some escort workers explained:

"I go where ever I'm asked to go."

"I cover the South Wales area so I do about 25% of my work in Cardiff."

"I cover Cardiff, Newport, Swansea and the Valleys and Merthyr."

Our data suggests that the majority of our respondents work either in Cardiff or within the South Wales area which incorporates Cardiff. However, we did identify more geographical movement with regard to the 7 migrant sex workers who took part in this research. For example:

"I now do 100% in Cardiff but in the past I've worked in Swansea and Birmingham." (Romanian female)

"I've only been working in Cardiff for two weeks and I haven't worked in other areas of Wales but I have worked in Preston and Stoke-on-Trent." (Black South African female)

"I do about 75% of my work in Cardiff but I also work in London and Birmingham." (Romanian female)

While movement around a country and indeed across countries is thought to be an indicator of trafficking, the migrant workers that we interviewed did not appear to be trafficked. We also asked our respondents for their positive and negative experiences of working in the off street sex market (discussed at 3.4) and while it was clear for migrant workers 'money' was 'the' driver for working in the sex market, our migrant worker respondents did not make any comments which again would indicate that they were trafficked workers.

3.1.6 Place of Residence

- 70% of our respondents indicated that they lived in Cardiff.
- 17% of our respondents indicated that they lived in another area of Wales.

Given also that 85% of our respondents had indicated that they did between 75% and 100% of their work in Cardiff, it is true to say that the *majority of our respondents live in Cardiff or the South Wales area and work within Cardiff or the South Wales.*

3.1.7 Length of Time Working

- 12 of our respondents had been selling sex for less than 1 year.
- 12 of our respondents had been selling sex between 1-5 years.
- 3 of our respondents had been selling sex between 5-10 years.
- 3 of our respondents had been selling sex for over 10 years.

Therefore the majority of our respondents (80%) had been selling sex for less than 5 years. Although, other research has pointed to *transiency* in the sex markets suggesting that the average length of time spent working is approximately 2 years (Benson and Matthews, 1999), our research suggests that for six of our respondents (who had been selling sex for over 5 years) selling sex is perhaps more of a permanent occupation. Our respondents' motivations for selling sex are further considered at 3.1.11 this report, which explores more broadly sex workers' experiences of selling sex.

3.1.8 Movement within the Sex Market

Many of our respondents had previously worked in other areas of the sex industry:

- 6 in other off street establishments in the area.
- 7 in lap dancing / strip establishments.
- 2 in the porn industry.
- 5 for other escort agencies.
- 1 had worked from home then moved into a massage parlour.
- 6 had worked as independent escorts.
- 4 had sold sex through the internet but did not anymore.
- 2 had sold phone chat line sex.
- 2 had previously worked on the street.

Thus although our respondent sample was small, our data indicated significant movement within the off street market in terms of place of work and range of work.

3.1.9 Self Identity

Respondents were asked to describe their occupation and place of work. We provided them with a list of descriptive terms associated with work sex work and occupations in the sex market. Respondents were also given the opportunity to define their identity using their own words.

- 18 respondents described themselves as 'escorts'
- 7 respondents described themselves as 'sex worker'
- 7 respondents described themselves as a 'working girl'
- 2 respondents described themselves as 'prostitute'

Interestingly, some of our respondents who worked out of off street establishments described themselves as both 'escort' and 'sex worker'. Suggesting that off street workers may choose to describe themselves as an 'escort' even though they work out of a sauna / massage parlour. Hence, the terms may be used interchangeably. Our interpretations, drawn from interviews with respondents, lead us to believe that sex workers take pride in supplying a

professional service, and thus it is perhaps unsurprising that they associated their work with an arguably more 'professional' title.

7 of our respondents referred to themselves as 'working girl'. Those that did and who took part in face to face interviews were clearly very comfortable and happy with this description, and in identifying their occupation they spoke quite endearingly.

It is important to note that only 2 of our respondents identified themselves as prostitutes. The term 'prostitute' is widely acknowledged by many researchers and professionals to be a derogatory (albeit a legally recognised trade description) which is associated with stigma (see Sagar and Jones, 2010). This issue is further discussed in some detail in section 4. 2.

Respondents were also asked to describe their place of work. Of those respondents who worked in off street establishments:

- *15 of our respondents (50%) described their place of work as a sauna or massage parlour.*
- *Only 1 respondent described their place of work as a 'brothel'.*

Again we would point out that a 'brothel' is a legal definition to describe an illegal establishment where more than two people work together to sell sex. However, it is clear from our data that our respondents (perhaps consciously) overwhelmingly opted to disassociate themselves from the term 'brothel' which (like 'prostitute') arguably has a negative connotation and which attracts labeling and stigma. Again this issue is discussed in more detail 4.2.

3.1.10 Qualifications and Work History

Sex work is often associated with lack of opportunity and low educational achievement. However, our research like that of Sanders in 2005 found that the majority of our respondents (77%) had formal qualifications. Qualifications of our

respondents ranged from GCSE and A Levels to Degree Level as illustrated below:

"I have A Level Psychology and I am doing A Level Sociology with a view to going to University to become an educational psychologist."

"I have GCSE's and A Levels and a Foundation Degree."

"I have qualifications in Business, Maths, English and Science."

"I am due to start study for an MBA in 2011 which is related to my career choice."

"I have 9 GCSE's, 2 A Levels and have studied BSc Forensics and Chemistry at University."

"I have an undergraduate degree in Law and an MBA in Business."

"I am studying accountancy with the Open University; I'm in my second year."

"I speak five languages." (Migrant worker)

*"I completed all my education but I'm not sure what that would be here."
(Migrant worker)*

Others had taken up *vocational focused training* including:

- Beauty Technician
- Computers and Electronic Installation
- Hairdressing

- Account Administration
- Finance and Planning
- Travel Agency

Previous occupations included:

- Office Work
- Construction Industry
- Senior Management in Private Sector Business
- Painter and Decorator
- Fabric Welder
- Hairdresser
- Accounts Administrator
- Mortgage Underwriter
- Tefel English teacher to foreign students
- Customer Service Manager Bar Work
- Retail Work
- Cleaning
- Journalism
- Waitressing
- Charity Work
- Travel Agent
- Receptionist

As can be seen from the list of occupations above, there is no pattern or connection to be made between previously held occupations and the decision to sell sex. However, the data does indicate that off street sex work is an occupation which is taken up by a variety of people and that many off street workers can be educated and some highly educated. Our respondents' decisions to enter into the off street sex market are explored in some detail in the next section of the report.

3.1.11 Motivations for Participation in Sex Work

We asked our respondents to explain to us why they had decided to sell sex. As highlighted below, reasons for entrance into the off street sex market can vary. For some it is simply a matter of choice and / or a way to earn a higher income:

“I saw an advert for lap dancers when I was working full time and it went from there.”

“I went for job as a receptionist in a massage parlour in Swansea. I couldn’t believe the money you could earn and I thought I would have a go.”

“I needed extra cash and also enjoyed having sex.”

“It was fifty percent curiosity and fifty percent money, but I am not driven commercially I think of it as additional fun.”

“I heard about it through a friend who was working. It’s easier work than the work I was doing and the hours are flexible.”

“I get a high hourly wage and this means I earn more money and have to spend less time working – so I get more free time. It is easy money, I enjoy it.”

It was however clear from our respondent comments that the decision to sell sex was mainly driven by the need to earn an income – some of our respondents told us how they had experienced redundancy and unemployment:

“I couldn’t get another job. I knew a friend who introduced me.”

"I did a hundred job applications but never got an interview! I've had no work opportunity for the last 2 years."

"I got laid off couldn't get the job I needed to pay the bills."

"I needed money to pay bills and a friend introduced me to it."

"Someone mentioned it to me. I am a single parent and I watched friends having one night stands and I thought, what's the difference? I needed the money and so I gave it a go."

"I needed money – or we would have lost our house. I knew about certain sites to become a male escort."

"I lost my contract at Heathrow. I lost my job In Australia...I had to look at my options and this came up."

"I split up with my partner one and a half years ago and I was a bit messed up and couldn't work for a while. I looked at a business course and I'm still doing it ...I am going to open a market stall with my daughter. But I looked through the paper and saw a job here as a receptionist so I took it and then moved into massage."

Although the need to earn money is a well known 'cause' or 'driver' for participation in sex work, we are also careful to note here that none of our respondents indicated that they had been 'forced' into the off street sex market. We did not find any evidence of exploitation or coercion within our sample of respondents.

'Autonomy' and 'free choice' is often disputed in the research literature on sex work by radical feminists who believe that all sex work is sexual exploitation and

that women cannot make a rationale decision to sell sex (Bindel, 2008). However, we would contend that the respondents in our sample did make conscious and rationale decisions to sell sex, albeit for some in very difficult financial circumstances (46.6% indicated financial reasons as the decision to sell sex off street). This contention is arguably also supported by the rich data provided by our respondents with regard to their work history, qualifications and life experience. Therefore, the data documented thus far in this report does not support the profile which is often associated with sex workers as being vulnerable victims who are in need of assistance to exit the profession (as depicted in the Home Office 2006 *Coordinated Prostitution Strategy*). When the data in this report is compared with other data on street based workers in Cardiff, there are clear differences with regard to the profiles of off street workers and street based workers (see, Sagar and Jones, 2010). Arguably this needs to be acknowledged in policy and practice.

3.2 Support, Secrecy and Safety

3.2.1 Support

We wanted to know what support (if any) was available to our respondents. While we were not aware of any support networks available to off street sex workers in the Cardiff area, we did ask respondents if they were part of any sex worker support groups. Given that the off street sex market in Cardiff is a relatively closed market, and thus knowledge about the off street sex market is negligible, we considered this question important. However, we were not surprised to find that only one of our respondents was part of any formal or informal sex worker support networks. This lady was one of our 2 respondents who had previously taken part in street sex work and she identified Safer Wales StreetLife as a service which offered her support.

It was clear however from respondent comments that some did receive emotional support where they worked alongside other sex workers:

“I share with the girls...we help each other.”

“I have met some lovely people. [The manager] is great, she looks after us. She will go to the chemist when we are ill...I don't have much support at home, but here you can talk and it's great. It is comforting working here with the other girls.”

“Sometimes I am not working and I think I really want to go into work. I miss the girls. I work with brilliant people and get good support...I can always go to [the manager] if I have a problem.”

“It is good to work here because we help each other.”

However for those sex workers who work as independent escorts, they are of course less likely to come into contact with other sex workers. However, 2 respondents did indicate that they were ONLY prepared to work alone. Further, 2 independent escorts indicated that they worked alone due to the secrecy they attached to the work, and also due to the need to respect client confidentiality.

3.2.2 Secrecy

93% of our respondents indicated that sex work was a 'secret' occupation. Data further indicates:

- 80% of our respondents keep sex work a secret from family
- 73% of our respondents keep sex work a secret from friends

For 5 respondents who indicated that they had a current partner – sex work was also a secret from their partner. The stress of keeping sex work a secret from a partner is depicted clearly in the following comment:

“It’s the deceit of not telling my partner. It’s the guilt of that and the psychological impact. I have a flat away from my home which I use and choose to meet clients there.”

Nevertheless, it is an important finding that while the vast majority of our respondents were not part of any sex worker networks of support, for those that work with other sex workers there does appear to be a level of support available from peers – and that support appears to be valued by some of our respondents. However, it is worrying that peer support is the only support available. Furthermore, the data indicates that independent escorts are unlikely to be receiving any kind of support where they work in isolation.

Emotional support is important. The worry and anxiety associated with keeping sex work a secret (as illustrated above) has also been highlighted in other research. In particular, Sanders 2004 research explains how sex workers perceive ‘being found out’ as a risk that constantly has to be negotiated. Moreover, that this particular ‘risk’ (from the perspectives of sex workers) can far surpass other ‘risks’ such as risks to sexual health. However, as discussed in section 3.3 of this report, the issue of ‘secrecy’ takes on another level of importance where it acts as a barrier to accessing sexual health services in Cardiff.

3.2.3 Safety

40% of sex workers in our sample indicated that one of the reasons they sell sex in off street establishments is ‘safety’. Independent escorts however are arguably isolated in their work – working from their own homes and through private apartments and houses. Nevertheless, one independent escort did explain that there are safety mechanisms available:

“... I have an 'angel buddy' via the site and I don't accept any first-time bookings unless they are made via the site. As part of the booking process the client has to leave contact details and if it is an outcall they must also leave an address. I then set up an 'Angel Alert' where the site sends me a text message 15 minutes after the appointment should be finished. If I don't reply positively or at all, they message my buddy to check on me and take any necessary action.”

It is a welcome finding that the independent escort market is able to develop safety precautions. However despite such safety precautions, it remains true to say that we cannot confirm that such practices are widespread within the off street market in the context of independent escort working. Although some of our respondents had 'drivers' to look out for them (either managers or partners). Nevertheless two respondents stated:

“I have had contact from a few abusive people, never met them in person but I have been close.”

“I always check clients out over the phone before I meet them.”

Talking to clients is a recognised 'filtering system' to 'out' any potentially dodgy clients (see, Sanders, 2005). However, where sex workers work in isolation, this cannot be said to be a 'fool proof' system to guard against violence or sexual assault.

3.3 Sexual Health

3.3.1 Attendance at GP and Sexual Health Clinic

We asked our respondents to provide basic sexual health data with regard to their access to services within the last 12 months:

- 67% had seen their GP
- 63% had attended a sexual health clinic

However, between approximately 20 and 30% of our sample were not accessing basic health services. Furthermore, 4 respondents had not accessed any services at all within the last 12 months. Respondents explained:

“I don’t want anyone to know, it’s no one’s business. I don’t need support and sexual health or anything. I always use a condom, even for oral. I am not worried about my safety. I always check clients out on the phone before I meet them. I am fine working as I am.”

“I always use a condom; I don’t think I need services.”

3.3.2 HIV and Hepatitis B

We also asked our respondents if they had ever had a sexual health check up / HIV test / Hepatitis B vaccination.

- 80% of respondents confirmed that they previously had a sexual health check up (the majority within the last 12 months).
- 50% of respondents confirmed that they had been tested for HIV (the majority within the last 12 months).
- 50% of respondents confirmed that they had been vaccinated against Hepatitis B.

While it is a welcome finding that the majority of our sample has regular sexual health check-ups, *half of our respondents had not been tested for HIV or had a Hepatitis B vaccination.*

It is important to note also that only 2 of our respondents had accessed drug / alcohol services within the last 12 months. Both of these respondents had participated in off street and street based sex work. Street based sex work (as discussed previously) is associated with drug / alcohol misuse. The data therefore substantiates other research which has found that drug / alcohol misuse is not problematic within the off street market (Sanders, 2005; Jeal and Salisbury, 2007).

3.3.3 Disclosure

Over TWO THIRDS (73%) of our respondents HAD NOT DISCLOSED to ANY SERVICE that they were a sex worker. Our respondent explanations as to why they had not disclosed varied. However, as illustrated below, some expressed their fears about secrecy, confidentiality and also being judged for their occupational choice:

“I didn’t feel able to. I didn’t feel comfortable. I know if you tell somebody they could give you more advice. But, living in Cardiff makes it awkward. I don’t want anyone to know.”

“I would never put anything on medical records in case it’s there for life. It would be much better to have a sexual health services specifically for sex workers.”

“I don’t want anyone knowing.”

“I want to keep it private. Sex workers are regarded as lower grade and even nurses can be judgemental.”

“I don’t want my family to find out. It’s a disgrace to them.”

“I’ve never had a reason to disclose information. It is none of their business. I wouldn’t disclose to them, I have no need to.”

For some of our respondents it was clear that they perceived that given that they had ‘not been asked’, there was no reason to disclose:

“They didn’t ask.”

“There is no reason to.”

“No one asked- but I wouldn’t tell because it’s a secret.”

Others distanced themselves from the sexual health risks sometimes associated with sex work:

“I am just doing this to pay for my studies.”

“It is not relevant; I don’t give clients extras....”

“I don’t go because I am alright; I just work once or twice a week.”

However for those respondents that did disclose, there were some positive comments about the services they had accessed, for example:

“I use the GUM clinic. I say I am working girl to have tests. It’s good I like them.”

“I disclosed to the GUM clinic. I wanted to make sure I got checked properly, they gave out free condoms and they were really polite.”

Clearly where sex workers feel able to disclose they were happy with the reception that they received and did not feel judged or stigmatised. However, as discussed at 3.3.5, some of our respondents told us that 'getting' to the GUM clinic was problematic for them due to the service only being available at certain hours and due to waiting times at the clinic.

3.3.4 Access to Free Condoms

Over two thirds of our respondents bought their own condoms. Again it appeared that this was for a variety of reasons:

"I have free access but I prefer to buy my own."

"I have access to them through the sexual health clinic but won't use them because they are too cheap. I prefer to use better quality ones."

"It is easier for me to buy them...it's up to me to get them."

"If you get them from the clinic they only give you up to 10 at a time – what is the point in that?"

Providing free condoms for off street workers had been known to break down barriers and allow services to build up relationships of trust with workers (Ibbitson, 2002). Thereafter, sex workers are more likely to disclose information in confidence and welcome sexual health advice. Given that one aim of this research is to establish a relationship of trust between THT and off street sex workers we would consider it vital to this end that free condoms are provided to off street sex workers.

3.3.5 Barriers to Service Access

When we asked our respondents why they were not accessing local services, several respondents explained that they did not know what services were available locally or indeed where they were located, for example:

“I don’t know of other services other than the GUM.”

“I am not aware of services in Cardiff and I do not want to tell people I do this work.”

However, for others it was clear that the services available are not convenient for off street sex workers who perhaps can find it difficult to plan ahead, make appointments and get there during the day. This point is best illustrated by the respondent comments below:

“I would like to go to GUM in Cardiff but you have to be there at 7.30 in morning and so it is not convenient. I also live out of Cardiff (middle of nowhere really) and I just can’t get down to them.”

“Sometimes you have to wait a long time and I don’t have much time so that gets annoying.”

“If you don’t make it there on time you do not get seen.”

“Waiting times!”

3.3.6 Improvements to Service Provision

We asked our respondents what improvements they would like to see to sexual health services in Cardiff. The following selection of comments illustrate their views and opinions on this issue:

"I would like a service just for sex workers where they not judged... something for sexual health."

"If there was a service which could guarantee confidentiality I might go to them for sexual health."

"It would be better if a service came here, it would be lots easier and you could build up a friendship with them too."

"If there were certain things that could be done online or at my own home, I would."

"If there was something available at home or on the internet I would use it."

"HIV testing that came to us."

"In Birmingham someone came round to the brothels. It was very good to check us out but nobody came here."

Clearly many of our respondents indicated that they would like to avoid the pressure they feel (for a variety of reasons) when trying to locate and access available services in Cardiff. Predominantly, our respondents suggested that services were needed which would go out to their place of work, which did not judge and which could guarantee confidentiality.

We would also note that 'language' was a barrier for three of our migrant respondents. Arguably, the development of an Outreach service for off street sex workers would possibly identify a variety of problems including language barriers.

3.4 Experiences of Sex Work

Respondents were asked to share with the researchers their positive and negative experiences of sex work.

3.4.1 Positive experiences

Responses regarding positive aspects of sex work revolved around the ability to make a good living, the benefits of self employment, flexibility of working hours, job satisfaction and enjoyment as illustrated below:

“Customer satisfaction, I am my own boss so can work when I want, when work comes in the money is good.”

“The money obviously, and the flexibility to work. I don’t have to worry about child care.”

“You get to have fantastic sex, good friendships with clients and a little bit of money.”

“I get to meet nice and interesting people and provide a useful service.”

“I am able to show my clients that this is not just the act of sex, but it is also about being sensitive and caring to their needs – which they appreciate. It also gives them a chance to let their hair down and explore their fantasies.”

“I’ve done lots of different jobs but I just get bored quickly. This is the best job I have ever done. Also, I get to meet nice clients. And, I got two girls off working on the streets where it’s really dangerous.” (male sex worker and escort manager)

“I get to have sex with nice young men.”

“This work pays for my daughter’s school fees.”

3.4.2 Negative Experiences

As noted above, we asked our respondents to share with us their experiences of sex work which of course includes negative experiences. Several of our respondents emphasised that they did not have any negative experiences. However, for others, the attitude of clients and the demands of clients was clearly a cause for concern:

“Some customers think that they literally own you and that they can do what they want...”

“Sometimes clients do things that make me feel uncomfortable; sometimes I’m not in the right mood and don’t enjoy it.”

“Some customers are aggressive but it’s ok if there is good security.”

“I had a phone call from somebody being abusive but my partner drives me to appointments and provides security for me.”

“I am in a dangerous buisness and I worry about being on the end of violence or robbery.”

Furthermore, some respondents clearly did not enjoy their work. The following comments illustrate their personal reflections when feeling that they have no other alternative but to sell sex to earn money:

“I can’t think of any positive about it its degrading. It’s not a choice I would want to make.”

“I have made money for what I needed to. I have also made sure that my house is secure and my family are not kicked out.”

“There are no positive experiences.”

“The money ‘only’ the money.”

3.5 Other Issues

Finally we conclude our findings with some comments from our respondents who shared their views openly and with great articulation. The comments provide a valuable insight into the experiences and opinions of our respondents which included men, women and one transgender worker.

3.5. 1 Lack of Work Opportunities for Transgender People

The first comment is provided by a transgender sex worker who spoke with much sadness about her experiences of going through ‘transition’, her lack of support and of the discrimination she experienced when trying to secure work:

“After losing my home family etc. etc. because of transition and being homeless in Bristol, escorting has been, sadly, sometimes my only way to survive.”

While less is known about male sex workers than female sex workers, ‘much’ less is known about transgender sex workers. As Sanders *et. al.* (2009) point out:

“partly this is because this is not a recognised category in much policy”. However, research conducted in America suggests that transgender people can be *“involved in professional sexual activity...and that most work from apartments”* (Dixon and Dixon, 1998 cit. in Sanders, 2009 at p. 38). This is also true of the transgender sex worker who participated in this research. However, while Dixon and Dixon maintain that one advantage of sex work for a transgender worker can be an *‘ego boost’* to their sexuality (Sanders, 2009 at p. 39), this certainly was not evident in the comments provided by our research participant who had faced discrimination / a lack of employment opportunities. Such discrimination faced by transgender sex workers needs to be recognised in policy and practice in Wales.

3.5.2 Self worth / Providing a Valuable Service

The respondent comments noted below also reveal how women can feel empowered by selling sex. They also provide a valuable insight into the perceptions sex workers can have about their clients generally, and why clients might chose to buy sex:

“I have a very high sex drive and was putting myself in a lot of danger by having one-night stands to satisfy my 'urges'. Invariable I ended up feeling cheap and dirty after them. By working via the [website] not only do I place a value on what I do which in turn increases my self-esteem, it takes away any of the game playing involved with 'dating'.”

“The majority of the clients I have seen are very pleasant, polite gentlemen who show nothing but respect for what I do. Usually they are in loving but sexless marriages / relationships and want to have sex without any of the difficulties or problems from starting an affair. They are very lovely gents with whom I have continued contact and conversation. For them I guess it is almost like having an affair without any pressure of having to leave their current partner.”

3.5.3 Women Who Purchase Sex – A Growing Market?

The issue of the empowerment of women is also highlighted in the comments below provided by one of our male independent escorts. His views and experiences bring to light the neglected possibility that within society an increasing number of women are also opting to purchase sex:

“Two things have changed for sex workers in the last 15 years, mobile phones and the internet. It has provided white collar prostitution and I think it makes women who sell sex safer because they don’t have to go onto the streets or work in brothels, they can do it independently. I have about one female client a week... women want to pay for sex...the power of the mobile phone and internet empowers women. More and more women are buying sex. I always practice safe sex.”

Arguably, the possibility that sex workers need support but that they can enjoy their work, take pride in their work, and provide a valuable service in society is negated within current UK prostitution policy. The same can be said regarding the possibility that there is a growing demand in the market for male sex workers – whose services are taken up by women.

4. Discussion

4.1 Autonomy and Choice

The Home Office *Coordinated Prostitution Strategy* (2006), fails to recognise that the vast majority of off street sex workers are capable of making (and do make) rational decisions to become sex workers. Policy and practice in Wales needs to acknowledge that some sex workers are educated and some are highly educated individuals with a diverse work history and they have different motivations for selling sex.

Our report does indentify 'money' as the key driver for entrance into the sex market for many of our respondents. However we would argue that for these respondents they were victims of economic circumstance rather than victims of sexual exploitation (the latter of which is a predominant focus in current prostitution policy). A few of our respondents did raise negative comments about the attitude and demands of some of their clients, yet there were far more positive comments than negative comments regarding sex work. For example, our respondents spoke of: customer satisfaction, the benefits of self employment, flexible working hours, good salaries, not having to worry about child care and self fulfillment in delivering a professional service.

Our findings are thus difficult to reconcile with the 'victimhood' status of sex workers which is afforded to women generally within prostitution policy. We would also contend that central policy from Westminster arguably steers local policy and practice away from the need to provide effective sexual health policies for sex workers. However, given that 'health' is an issue that is devolved to Wales and that sexual health a priority for Wales, we would hope that this report goes some way to 'rebalancing' the policy and practice focus.

4.2 Identity and Place of Work

Only 2 of our respondents identified themselves as prostitutes. This is a significant finding. It is only very recently that the law in England and Wales has removed the term 'common' which preceded 'prostitute' in the Street Offences Act 1959 – after years of campaigning by academics, researchers and activists. However, it is not just the term 'common' that has been a source of contention for many who fight for the recognition of sex worker rights in the UK, but also the term 'prostitution' (see for example the, UK Network of Sex Worker Projects which has over 60 member 'sex worker' projects in the UK). The term 'prostitute' is associated with stigma and social exclusion for example. Given the fact that sex workers may not see themselves as prostitutes it is perhaps time for law makers to address this issue. Furthermore, our respondents also disassociated themselves with the term 'brothel'. This is something front line services should acknowledge in their practices to ensure that stigmatising language and terminology does not act a barrier of access to services.

4.3 The Sexual Health and Sexual Health Needs of Off Street Workers

While the majority of our respondents did use GP and sexual health services:

- Over 50% of our respondents had not had a HIV test or a Hepatitis B vaccination (to their knowledge).
- Some of our respondents also lacked self awareness about the sexual health risks associated with their work.
- Over 50% of our respondents were over the age of 36 years.

As highlighted in section 1 of this report, the current sexual health policy focus in Wales is overwhelmingly on young people and teenage pregnancy. However

there is also focus on STIs, HIV and Hepatitis B. Our research indicates the possibility that there is an 'invisible' community of sex workers (many of whom are older) that is neglected in Welsh sexual health policy.

Furthermore:

- Only 2 of our respondents (who had also worked as street workers) had accessed drug and alcohol services.

Our findings suggest (as other research has suggested) that there are clear differences in need between street based and off street sex workers. The sexual health of off street sex workers needs to be acknowledged (and differentiated from street based workers) in both policy and practice in Wales. Moreover, given that off street work takes up the 'lion's share' of the sex market in England and Wales, it is arguable that sexual health service provision for off street workers is being de-prioritised where services for sex workers is increasingly provided through criminal justice budgets which focus on drug and alcohol use (see, Cusick and Berney 2005).

This report also clearly indicated that there are problems regarding the non-disclosure of sex work to existing services, and also that sexual health services may need to be more flexible in order to meet the needs of off street sex workers.

- Over 70% of our respondents had not disclosed to ANY services.

The issues of non-disclosure and inflexible service provision are presented in this report as obstacles to accessing sexual health services. However, these obstacles are neglected in Welsh policy.

The issue of 'non disclosure' in this report is also linked to the 'secrecy' of sex work.

- *93% of our respondents indicated that sex work was a secret occupation.*

Both non disclosure and secrecy are issues that can be connected to a 'lack of emotional support' available to sex workers. While this report highlights the emotional support off street workers can attain from their peers when working in off street establishments, even this basic level of support is lacking for those sex workers who work as independent escorts. This report has drawn attention to the stress and anxiety independent escorts can face where sex work is a secret from everyone – including partners.

However, while sexual health policy in Wales recognises that sexual health illnesses can cause both physical and mental ill-health (Welsh Assembly Government, 2003:2), policy in Wales has yet to recognise associations between sex work, secrecy and mental ill-health. If the aims of sexual health policy in Wales are to be realised (and these aims include “enhancing the general health and emotional well-being of the population by enabling and supporting fulfilling sexual relationships, see p. 2) then the emotional impact of sex work on sex workers must be recognised in policy. Arguably, while policy does not enter into any explanation on what exactly is a 'fulfilling sexual relationship' in the context of the sexual health and wellbeing of the general population of Wales, a narrow interpretation would not be conducive to the overall aims of sexual health policy in Wales. Thus, both policy and practice need to recognise the potential emotional impact of sex work on sex workers and to develop and deliver services that are appropriate to meet this need.

4.4 Improvements to Sexual Health Service Provision

Within the research literature there is conflicting data on the levels of 'high risk' sexual activity taken by off street workers. While on the one hand Cusick and Berney (2005) amongst others point to low levels of risk taking, other research

for example Ibbitson (2002: 903) suggests that off street workers are “more likely to engage in high risk sexual activity such as vaginal or anal intercourse than those working the streets”. It is also stated that the SAFE Project in Birmingham found in their study that 44% of off street workers reported a possible ‘risk event’ compared with 20% of street based workers. Ibbitson suggests that this could be due to greater frequency of contact with the same client – leading to familiarity and perhaps lower condom use. Also that off street workers are perceived as ‘clean’ by clients which drives the demand for unprotected sex. Yet, as already stated, there is a great deal of research which suggests that off street workers are fastidious with regard to using condoms, and further that use of condoms and ‘no’ anal sex, can fall under the standard ‘house rules’ of off street establishments (see Sanders and Campbell, 2007). Unfortunately our findings do not appear to assist this debate. We can say however that although we did not find any evidence of ‘high risk’ sexual activity, the lack of a sexual health Outreach service for off street sex workers in Cardiff may indeed heighten the possibility of high risk sexual activity in the off street sex market.

Section 1 of this report quite clearly indicates that sexual health is a priority in Wales. Nevertheless, sex workers are not a focus of sexual health policy. We would contend that the findings of this report highlight the need for off street sex workers to be seen as a ‘priority’ group in the context of sexual health care provision. Further, that it is important that serious consideration is given to developing sexual health services for off street sex worker services in Cardiff.

Many of our respondents made it clear that they would like to see the development of a bespoke sexual health service that was confidential, non-judgmental and which catered for their needs at their place of work. Obviously, such a service would require significant funding. However, in considering the development of a bespoke service for off street workers we would point out that we have identified approximately 395 off street workers in Cardiff. Comparatively, there are currently 60 street based workers who are ‘known’ to

Safer Wales StreetLife. Thus, while sex work policy and practice currently focuses on street based sex work, it is failing to acknowledge the need for sexual health provision for off street sex workers which represent approximately **87%** of the sex market in Cardiff. We would also point out that the figure of 395 off street workers would have likely been higher had we been able to access the 9 Escort agencies and 4 off street establishments which declined to take part in this research.

4.5 Migrant Workers

We did identify migrant workers within our respondent sample. However, we did not identify any evidence of migrant respondents having been trafficked for the purposes of sexual exploitation within / into the UK.

Research carried out by Mai (2007) (which represents the largest research project on migrant sex workers to date) clearly emphasises the need to differentiate in policy and practice migrant workers from those who are trafficked into the UK and who are victims of sexual exploitation. Out of 100 migrant workers he found only 13% had been deceived and forced into selling sex. The life stories of his research participants also showed that migrant workers can come from a wide variety of backgrounds (privileged, average and underprivileged, from structured as well as problematic families, having different experiences of education). However, overall motivations for entry into sex work revolved around the lack of financially rewarding opportunities in their home nations. He concludes that the current emphasis in the UK on trafficking and exploitation detracts from our understanding of (and even conceals) the nature of migrant sex work. Further, that a better understanding of migrant sex work could make for more effective social interventions.

While our migrant respondents did not talk about their life experiences in great depth, each had the opportunity to talk about their educational background, work history, motivations for sex work and of their positive and negative experiences. Migrant workers came from a variety of countries and had varied educational and work histories. Overall, the desire to earn money was evident in their narratives. And, although we are careful not to generalise our findings, there are similarities / connections that can be made with the work of Mai (2007). Without entering into either speculation or generalisation, we would simply suggest that more research is required in Cardiff and throughout Wales with regard to the migrant sex worker population. This would facilitate the development of policy and practice to effectively meet the needs of migrant workers. Furthermore, such research may prove very useful to law enforcement agencies in Cardiff and throughout Wales.

4.6 Enforcement

A distinction must be made between 'good' and 'bad' managed off street establishments. Any use of section 21 closure orders should be issued with care. To issue closure orders against well run establishments would be simply to disrupt the sex market (which is of course in line with the Home Office *Coordinated Prostitution Strategy* 2006) yet workers are likely to quickly relocate themselves in other establishments – some of which may be 'covert' and less well managed – leaving workers potentially vulnerable.

As noted in section 2 of this report, access to off street establishments in carrying out this research was limited. Those establishments which did welcome the researchers were generally friendly. The researchers noted an easy going and supportive atmosphere. One 'manager' in particular was keen to share her knowledge and experiences with the researchers during discussions about the aims and objectives of the research. According to this manager, she kept an eye out for any evidence of 'trafficking' and said she would report it to the police (and

had in the past). Another escort manager explained to the researchers that he was aware of 'gangs' operating in the Cardiff area and that he regularly reported information to the police. There is therefore the possibility that where law enforcement agencies make links with managers, this could facilitate the free-flow of intelligence from within the sex market regarding trafficking and serious and organised crime.

4.7 Male and Transgender Sex Workers

Within our sample of 30 respondents we had 4 male escort workers and 1 transgender escort worker. However, while off street sex workers generally are invisible from Welsh sexual health policy, male and transgender workers appear to be an invisible entity from sexual health policy 'and' prostitution policy in the UK. The existence of male and transgender sex workers must be recognised within sexual health policy in Wales. Also, at the local level with regard to policy development which incorporates the off street market in Cardiff.

Recommendations

This research raises several issues regarding the needs of sex workers in the off street market. The recommendations below have arisen from the findings of this research.

Access to Sexual Health Short-Term Measures

At the most basic level, there is a need to provide off street workers with sexual health information and condoms.

Off street workers are reluctant to access main stream sexual health services due to issues of disclosure and the waiting time in busy GUM clinics. Off street workers need to have access to sexual health services. It is important that sexual health providers in Cardiff recognise the need for off street workers to have access to allocated time slots in existing clinics.

Access to Sexual Health Mid-Term Measures

With the exception of Safer Wales StreetLife which provides Outreach support for street based workers, there are currently no Outreach services working with off street workers. There is a need for a funded health focused Outreach to meet the needs of off street workers. STI testing should be delivered through an Outreach service or in a welcoming and secure community setting.

Access to Sexual Health Long-Term Measures

Off street sex workers would benefit from a bespoke sexual health service in Cardiff which is delivered in an alternative venue (away from GUM). Referrals to GUM should be made for reactive results – using established pathways.

Policy Considerations

The current policy focus in Cardiff is on street sex work, and it is true to say that it is on the street where sex workers face extreme levels of violence. However, off street sex workers must have access to sexual health services. The *significant numbers* of off street workers in Cardiff must be acknowledged within policy and practice.

Off street sex workers (female, male and transgender) need to be recognised / acknowledged in strategic sex worker policy in Cardiff.

There needs to be a distinction drawn within policy, practice and enforcement interventions in the Cardiff area between migrant sex workers and trafficked sex workers.

Law enforcement agencies should work to build up relationships of trust with 'overt' sex work establishments in Cardiff. Having established trustful relationships, law enforcement agencies are likely to be better informed about less visible / covert prostitution networks – enabling resources to be better targeted with regard to trafficking interventions and sexual exploitation.

Research Considerations

Further research is needed to ascertain the level and nature of sex work from private premises.

Research is needed to explore the feasibility of a service specifically focused on remote independent sex workers who advertise sexual services on the internet.

We identified sex worker students within our sample. Policy would benefit from research with students – particularly given current sexual health policy focus on young people and extending entitlement in Wales.

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