Fighting for Fair Treatment

Sex Workers Share Insights to Inform Inclusion Health Initiatives

National Ugly Mugs

December 2023

Commissioned by the UCLH Find and Treat Service

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This report was developed through funding from UKHSA via a UCLH commission. This report does not necessarily reflect the views of UKHSA or UCLH

Acknowledgements

We would like to thank every sex worker who participated in this research for your contributions, wisdom and trust. We would also like to thank our staff who have lived experience for their contributions and guidance, and the organisations and researchers whose work we've cited throughout this report.

Introduction and Context

As summarised by the NIHR, sex work in the UK *"is associated with a range of adverse health outcomes. Sex workers can be at disproportionate risk of poor physical and mental health. Social, economic, environmental and legal factors are fundamental causes of these harms."*[1]

The criminalisation, stigma, and systemic marginalisation facing sex workers facilitates both unique health burdens in the population and additional difficulties accessing healthcare support. The direct impact of disproportionate violence is clear - sex workers are, by a large margin, the occupational group most at risk of homicide[2], and research indicates that most will experience some form of sexual violence at work[3].This is due in a large part to the criminalisation of sex work, and the impact that this has on sex workers' access to labour and human rights protections.

There are complex relationships between sex work and other health areas including chronic illnesses, addiction, and mental health conditions, and the nuance and support required to meet these unique health needs is not offered through much of the UK's health system. Societal stigmas and inequalities around sex work extend into health, making previous research findings that 62% of street sex workers and 90% of parlour workers had not disclosed their work to their GP somewhat unsurprising (Jeal and Salisbury, 2007)[4].

The infrastructure that creates and recreates sex work stigma is complex and interconnected, and includes the law and legal system, the media, and the wider public[5]. The NHS must consider the role its policies and services can play in reinforcing sex work stigma as, without proper care and consideration, the NHS is likely to promote health inequalities facing sex workers rather than address them.

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[1] NIHR | Interventions to improve health outcomes for sex workers
[2] LSHTM | Sex Work and Occupational Homicide: Analysis of a U.K. Murder Database.
[3] The Gender Policy Report | How to End Violence Against Sex Workers
[4] BJOG | Health needs and service use of parlour-based prostitutes compared with street-based prostitutes
[5] NUM | Why Report? Sex Workers who Use NUM opt out of Sharing Victimisation with Police

National Ugly Mugs: Ending All Forms of Violence Against Sex Workers

National Ugly Mugs (NUM), formerly the UK Network of Sex Work Projects (UKNSWP), is a UK-wide charity working to 'end all forms of violence against sex workers' and the conditions leading to survival sex work. We provide pioneering digital safety tools, direct support programmes, and advocacy, community education and research on the conditions, trends and inequalities around sex work. We're pushing for systems change: an end to the disproportionate discrimination, violence and poverty currently facing sex workers.

NUM's Principles

Our work is guided by three core principles:

1. **Sex Workers First:** NUM privileges lived experience in sex industries as a primary way of knowing and responding to the safety, health and rights priorities of sex workers.

2. **Quality Support:** NUM works practically with sex workers to prevent violence, support victims and survivors in seeking justice and recovery, and end the conditions driving survival sex work.

3. **Learning and Innovation:** NUM is committed to consistent improvement, learning and growing in our approach to what we do, why we do it, and how we do it.

These principles frame our approach to producing work with, by and for sex workers and our efforts to push back against exclusionary practices. As such, we understand violence prevention and recovery as complex processes, and understand violence against sex workers through social determinants of health including income and social protection, social inclusion, employment, education and housing[6] - each an important part of improving the health and wellbeing of sex workers.

NUM's Work

Specific to health interventions, NUM creates and runs safety tools for sex workers including:

- A violence reporting form, a nuisance reporting form, and a means to report harms perpetrated by professionals in positions of public trust (the latter launching in 2024).
- The NUMChecker, a tool that helps sex workers screen for dangerous individuals based on past reports of victimisation.
- An alerting mechanism that sends warnings based on our reports, informing decisions workers make about who they might see as clients.

[6] The WHO | Social Determinants of Health

Our Casework Team, comprising industry experts and Independent Sexual Violence Advisors (ISVAs), provide safety information, emergency resources to reduce harms associated with survival sex work, and direct support to sex workers experiencing and fleeing violence.

We provide mental health packages that cover free therapy sessions, and run a curated Directory of Sex Worker-Friendly Therapists alongside digital mental health drop-ins. The multi-lingual team based in NUMbrella Lane, our wellbeing space for Scotland-based sex workers, work to create a sense of community and belonging among sex workers - many of whom are migrant workers. We're also developing advocacy materials and other content based on research done among racialised sex workers as part of our Racial Justice project, and a Vocational Support Services for those in contemplative stages of career change.

NUM is the only UK-wide reporting and alerting mechanism for sex workers, and a world leader in digital tools and individualised services that promote their safety and wellbeing. We work alongside other reporting mechanisms such as *Ugly Mugs Ireland* and France's *Projet Jamine*, among other reporting tools and sex worker-led groups around the world.

We hold the national database of harms against sex workers, curated over the past 11 years, and have 9,400 members at the time of writing. In 2022 we processed 519 reports of violence against sex workers, containing 794 accounts of harm, and provided individualised support to 737 sex workers. We sent over 764,000 safety alerts last year, and have sent 2.48 million since our inception.

Sex worker research is complex – while female, street-based sex workers often feel over-researched, those of other genders and types of work are often under-researched. What almost all sex workers are though, despite differing levels of academic interest, is under-served by policy improvements and adequate services. As such the participation of sex workers in studies like this is greatly valued. We hope that as a result of their contributions, and the trust they've placed in us through them, we can effect change that materially improves their health and wellbeing.

Sex Work and the Law

Many of the sex workers we spoke to report a lack of understanding by healthcare staff around the legalities of sex work, so it's worth recapping here. The legal landscape facing sex workers in the UK is complicated and inconsistent, but in England, Scotland and Wales the exchange of sexual services for money is entirely legal[7][8].

[7] The Metropolitan Police | Sex worker safety

[8] In Northern Ireland it is not a crime to sell sexual services, or to loiter or solicit, but it is illegal to pay for sex - essentially still criminalising sex work (guidance here)

However, almost all activities necessary to engage in sex work safely are criminalised under several pieces of historic and contemporary legislation. From the Contagious Diseases Act 1864 blaming “common prostitutes” for the sexual health of British soldiers and the Criminal Law Amendment Act 1885 targeting sex workers for “gross indecency”, to the Street Offences Act 1959 and the Sexual Offences Act 2003 prohibiting soliciting, loitering and brothel-keeping, sex workers have had to navigate a complicated and hostile legal environment for centuries.

So, while the sale of sex is legal, it’s difficult to do so within the law – soliciting and advertising sexual services are illegal, as is multiple people working from the same premises despite it being clear that working together is significantly safer (this is classed as brothel-keeping, regardless of who runs the premises or how). This partial criminalisation displaces sex workers from public spaces and dictates how they can operate off-street and online. Sex work is considered a public nuisance, while workers themselves are characterised as victims at best, or criminal participants in organised exploitation at worst. These perspectives on the industry shape public policy - and by extension health policy and the kind of care sex workers receive from public services.

Inconsistent or unclear regulation and enforcement further muddies the waters around sex workers in public life. For example, in 2019 Leeds-based sex workers could legally meet clients in a ‘managed area’ in Holbeck to more safely arrange services. Meanwhile, less than 60 miles away in Hull, the use of Section 222 orders allowed for the arrest and prosecution of any sex workers found ‘loitering’ or soliciting[9]. We include this anecdote to illustrate that public policy is both contradicting and severe when it comes to sex workers – with significant impact on how they can negotiate their legal rights, cultural citizenship, and health needs.

In short, this environment of partial criminalisation marginalises sex workers and undermines their health, safety, and wellbeing. NHS patients’ rights to respect, consent and confidentiality[10] - and the (currently) successful resistance of that confidentiality being breached through the Police, Crime, Sentencing and Courts Act[11] - are hugely valuable to the sense of trust required for proper healthcare. To many sex workers, however, the NHS sits alongside the police as the most visible part of a hostile state. Sex workers engaging with the NHS are placing a significant amount of trust in it, and in turn the NHS must be clear about how it understands and respects what sex workers have at stake when engaging with public services.

[9] This already uneven landscape is also ever-changing. Although the managed area was not without its limitations, its closure in recent years was not beneficial. Hull’s use of Section 222 was also abolished, this time after advocacy from sex worker groups (including NUM), however similar Public Space Protection Orders still exist across the UK – most recently in Newham.

[10] The NHS Constitution for England

[11] The BMJ | Even with amendments, the Police, Crime, Sentencing and Courts Act threatens health

Report Methodology

In October 2023, NUM conducted a survey of 60 active sex workers exploring barriers to accessing health services, alongside online workshops facilitated and attended by sex workers. Both were promoted on social media and through NUM's members-only website, and all participants self-identified as sex workers.

It is important to compensate sex workers for their contributions to surveys and research, as many take time away from seeing clients to participate. Therefore, participants received £25 in supermarket or Love2Shop vouchers, and were assured at the beginning of the survey or workshops that their responses would be entirely anonymous and would not affect the receipt of the vouchers.

NUM didn't collect the demographic information of participants beyond them being active sex workers; however, staff with lived experience recruited for and participated in this research, and we can confirm that our workshops included racialised workers, trans workers, masc workers, disabled workers, and other workers from LGBTQIA+ communities.

Our workshops were divided into three sections: one general workshop open to all sex workers, one workshop for male/masc sex workers, and four one-to-one interviews with racialised sex workers. This is a qualitative piece of research, so contributions from sex workers were provided in their own words before being analysed for common themes.

This report also includes written contributions from current healthcare workers and NUM's casework team, comprised of sex industry experts and Independent Sexual Violence Advisors We conducted a documentary review of recent published and unpublished community-based research projects at NUM, led by sex workers and sex work researchers, for inclusion. All external sources are referenced in footnotes throughout this report.

Findings

While more work is clearly needed, a thematic review of our survey responses, workshop findings, and interview transcripts extrapolated 4 key themes that represented our participants' relationships with public health services:

1. **Stigma** and discrimination appear prevalent throughout the NHS and are the main lens through which many sex workers experience and understand health services.

2. A lack of **communication** means that healthcare workers seem under-informed about sex work, and sex workers lack clarity on healthcare services and processes.

3. A lack of consistency in training, funding and policy has created a **postcode lottery** for sex workers when it comes to healthcare.

4. Sex work cannot be viewed in isolation, and the health and healthcare experiences of sex workers are deeply **intersectional**.

Stigma

Stigma was the most common theme throughout the research carried out for this project. While not used once in our questions, 'stigma' was specifically cited by a fifth of survey respondents as a barrier to access health services – and over 60% used some form of 'stigma', 'judgement' or 'discrimination' to describe their experiences of NHS services.

"I find it's the judgement level," said one workshop respondent when describing their experience accessing support for a low-level health need. *"I would find it really hard opening up if I had much more serious things to talk about, because there's already that judgement level there when you just mention [sex work]".*

Or as one survey respondent, when asked what they would like to tell the NHS, put it, *"Sex workers are not a burden to the service…services should be available to sex workers without the requirement that we be willing to label sex work a form of 'self-harm' or something we must quit/escape…"quit your job" is not mental health advice given to anyone else."*

Participants raised the idea that the stigma facing sex workers, combined with insufficient specialist services or support, means that to many sex workers being honest with the NHS can just mean creating unnecessary trouble. As one participant in our male and masc workers' session reflected:

> *"There's no incentive [to disclose sex worker status]. It's just like, you slap that label on yourself [and] you're welcoming in the stigma, the paranoia, the 'coming out' and all that. That's all you gain from putting your hands up right now".*

Service Burden and Disease Vector Stereotypes

Stigma against sex workers expresses itself in many ways, but two were raised as particularly pertinent for health services (especially services relating to infectious diseases).

Multiple participants reported being made to feel like a "burden" on NHS resources. While many proactively raised the impacts of NHS cuts and were keen to stress their understanding of the difficult situation NHS services are finding themselves in, there was still a sense that sex workers are forced to 'fight' for treatment in a way they might not otherwise have to - particularly around regular testing for STIs and other communicable diseases.

It's clear that attempts to better engage sex workers must emphasise their right to effective, accessible care. They must also be careful not to accidentally worsen the stigma facing sex

workers by feeding into the harmful and counterproductive stereotyping of sex workers as vectors of disease. As Frankie Miren, with the English Collective of Prostitutes, explains:

> *"It's an age-old trope. Sex workers as the ultimate vectors of disease. In the 19th Century, Britain's contagious diseases act allowed any woman suspected of selling sex to be subject to forced examination. During the Second World War, sex workers were cast as petri dishes, malignant spreaders of STIs among the guiltless troops.*
>
> *[During Covid-19], women in walk-up brothels told the [ECP] that members of the public had screamed at them for working during the pandemic. Outdoor workers describe being spat at and verbally abused from passing cars".*

This form of stigma should be of particular note to Find and Treat services and was raised by lived experience staff as an issue in the creation of our survey and workshops. In drawing such a direct link between sex workers and priority infections, there is a risk of reinforcing the alienating, counter-productive idea that sex workers are in any way more accepting of or reckless about transmissible diseases.

While it's likely that sex workers participating in health research are more health-aware than average, it's notable that the responses we received were less about a lack of information than accessibility, availability, and comfort – suggesting the need for a focus on inclusive, holistic care rather than traditional 'awareness' efforts. Including sex workers in the design and communication of services, anti-stigma training and guidelines for staff, and comprehensive inclusion health services (i.e., services focussing on the whole-person health needs of inclusion health groups rather than just communicable diseases) would all be significant steps to establishing more accessible healthcare for sex workers.

Communication

Several participants characterised their experiences with the NHS as a two-way communication problem between healthcare workers and sex workers – healthcare workers were under-informed about the realities of contemporary sex work, and sex workers lacked clarity about how the NHS will treat them and their information.

The Need for Knowledgeable Healthcare Staff

Workshop, interview and survey findings all pointed to a significant lack of consistency in how UK healthcare workers understood and approached sex work.

> *"I would say my experience has been trying to get healthcare but feeling like I can't get it, because I have to manage the other person's anxieties about sex*

work and about their preconceived notions and, like, instead of just being, like, 'this is my problem, how can you help me', I have to go in potentially knowing how to fight off accusations or assumptions. And no one should have to do that when they are trying to access healthcare."

- *Interview Participant*

This was echoed by a current healthcare practitioner who spoke to us:

"I have seen a lack of awareness around sex work-related issues within healthcare settings. Sex work feels like a topic that people don't know how to talk about. We know sex workers have specific healthcare needs that other communities might not have, but that is rarely discussed or prioritised."

This sense of 'not discussing' sex work is borne out in the experiences of the workers we spoke to - healthcare experiences were by no means uniformly negative, and several participants reported interactions with "knowledgeable" and "fantastic" NHS teams. This fluctuation in treatment was present in our workshops as well, seeming to reflect a sense that the NHS has no consistent way of talking to its staff about sex work.

This often results in the stigma discussed above, and understandably makes workers less likely to disclose to healthcare professionals or put their trust in health services. As one participant in our male/masc workers session put it,

"When I tell them I'm a sex worker they're just like 'okay, I'll put that in the notes'. There's no, like- you can see there's no lightbulb in their head going 'okay, this person needs this then, or this is more likely to be the case with this person'."

This lack of understanding among many staff poses a significant obstacle to better including sex workers in treatment and testing initiatives, with many workers highlighting the inability for some NHS staff to understand their unique needs around vaccination, testing and treatment. There seems a particular issue around staff being unable to engage with sex workers' need to work in order to live and reflect that in their treatment. As another worker says:

[It's frustrating to try and get tested] "and you're like, okay, I've told you that I have to go out and [potentially] expose loads of people and potentially spread these things. And you're just kind of like, 'computer says no'."

This poses a particular risk for programmes like Find and Treat. If NHS staff don't properly understand sex workers' need to work, they cannot provide them with the timely support required to prevent the exposure and spread of infections - this means the unnecessary risk of disease spread by services missing what should be a priority population, and the deepening of stigma and alienation around sex work by failing to understand that any increased risk among sex workers is driven by material need rather than individual attitudes to disease:

"I think the problem is that the healthcare professionals…from their perspective telling someone to wait two weeks to get tested [is just] 'okay, so you're not going to have sex for two weeks. And then you're going to have sex a couple weeks after that, because of the antibiotics or whatever that we're going to give you'. And that's obviously fine for the average person, but for a sex worker that's actually not okay. Because you lose, what, a month's worth of income? That's insane"

"When sex work is your only income you're very much, you know, you're just living like fucking week to week really."

"I had this experience where somebody with whom I'd had sex a couple of times tested positive for syphilis. And unlike chlamydia and gonorrhoea, it's not like you're going to get tested and it'll show. [It can] take up to three months. So then I said, 'well, I've been exposed, shouldn't I get treated now? Just to make sure?'. [They said] 'no, ideally you would wait' and I said 'well I can't wait, I'm a sex worker. You're telling me that I would have to spend months not working. I can't afford not to'."

- *Workshop Participants*

Sex work is economic activity and as sex workers have no access to work-related income support while they're unwell, such as statutory sick payments, health services for sex workers must be expedited to avoid financial hardship.

Improvement here is possible, however. Many of the positive experiences shared with us centred on the sense of being "understood" by healthcare staff. Furthermore, while negative experiences centred on STI or hepatitis testing and treatment, several workers expressed positive experiences around PrEP and other HIV prevention and treatment services – noting the rapid (if hard-won) improvements in HIV care across the country as something to emulate in the creation of fast, accessible health services.

Being able to anticipate a sex worker's healthcare needs in light of their economic circumstances, such as regular testing or priority vaccinations, or even just acknowledge the needs that they're communicating without a large number of invasive questions, is clearly an effective way of fostering trust between sex workers and healthcare services.

Misconceptions and 'Rescuing': Implications of Framing Sex Work as Violence

A lack of understanding among NHS staff has instead seemed to encourage the wrong kind of health responses, with multiple workers reporting attempts to "rescue" them from sex work when they present to the NHS:

"I once went to the sexual health clinic because I was doing some filming and needed a cert. I was saying that this was what I needed it for and I, without being asked, was given leaflets for rape crisis and, like, sexual assault services. When I've never disclosed any sexual assault, never expressed any concern about that.

It feels like, even if they don't necessarily always mean to be judgemental, I feel like so many health professionals have misconceptions about what various forms of sex work look like. There is this sort of assumption that it's full of violence, rather than letting it define us in the ways that we actually experience things".

- *Workshop Participant*

"I'm lectured about the dangers, encouraged to seek 'support to escape' and my consent towards the work is dismissed".

- *Survey Respondent*

It's true that the criminalisation and marginalisation of sex workers as a population creates unique issues around violence and risk, but this ill-informed assumption - that each and every sex worker is a victim of exploitation in need of saving - undermines the individuality and understanding required for any successful form of healthcare, and points to a lack of awareness on the part of many healthcare professionals around the realities and particularities of sex work.

Attempts to 'rescue' sex workers during health appointments may counterproductively alienate workers from accessing public services. NUM is keenly aware of how important proper safeguarding is, however that safeguarding must be considered and individual, whereas the experience of many of our participants point to blanket assumptions about sex work within parts of the NHS as inherently violent. As one sex worker put it, *"sex work is work, it doesn't have to be degrading OR empowering".*

Many current sex workers do want to leave sex industries and we can develop supportive pathways for them to explore their options - as NUM is currently doing with our vocational support services, or resources to support sex workers in taking breaks when they are ill or contemplating leaving the industry. Providing material and emotional support to sex workers taking breaks for their health or violence recovery, particularly in partnership with sex workers organisations like NUM, would be a more impactful and sustainable contribution to the health of sex workers than these 'rescuing' efforts.

Communicating Services and Confidentiality to Sex Workers

The other side of this communication issue is the lack of clarity many sex workers expressed on how the NHS can work for them - occasionally about the services available to them, but more often (and arguably more importantly) about how the NHS will treat them and their data.

Healthcare services shouldn't underestimate the trust that sex workers must place in them when accessing their services. The partial criminalisation of sex work creates a power dynamic that healthcare staff should be aware of - while the selling of sex itself isn't illegal, the criminalisation of much of the process around it can make understandably anxious patients of sex workers.

Research suggests that most women in sex work are mothers[12], and many are working in sex industries to supplement insufficient income through the DWP - particularly workers with disabilities or chronic conditions that make 'mainstream' work inaccessible[13]. Many will be navigating complicated tax or asylum issues, and NUM research has found evidence of financial discrimination against sex workers from various UK-based banks and financial institutions - from the refusal of services and loans to the shutting down of sex workers' bank accounts[14].

When asked about barriers to accessing health services, some workers responded:

> *"The worry that revealing sex work status could impact other parts of life (ie lead to social services involvement)."*

> *"Saying that you do sex work can put you in big trouble, legal trouble".*

> *"Info being put on your file what can be very dangerous for you if you consider doing something else…in the future, once it's in their books it's there forever".*

When it's not clearly addressed, this uncertainty makes it easy to draw one's own conclusions about how sex workers can expect to be treated:

> *"I know that under, sort of, NHS rules at the moment, it's basically a fireable offence to be sex working…nursing, particularly, and I know it also applies to medical students, so I'd gues it applies to doctors as well? So, yeah, there's that sort of dichotomy between not judging sex workers at a clinical level, but then also your organisation fundamentally judges and punishes people who are working."*
>
> - *Workshop Participant*

Combined with the general anxieties about health that many people feel when navigating NHS services, this lack of clarity over how the NHS understands sex workers and their rights to privacy can be a significant obstacle to accessing services. Even for those not concerned about the implications that engaging with the NHS as a sex worker could have, there's still a sense of confusion:

> *"When I told them [I was a sex worker] it was like, put on my notes. But then I asked her…but does that have any effect? Like, I'm telling you this because I'm*

[12] Elsdon et al., Becoming a Mother in the Context of Sex Work
[13] The Guardian | How austerity is forcing disabled women into sex work
[14] NUM | Payment Rejected: Financial discrimination against sex workers in the UK

kind of hoping that you're gonna give me more priority when I need tested, you know. And it was just kind of like 'oh no, I can put it in the notes, but it doesn't make a difference'."

- *Workshop Participant*

This echoed the concerns we heard from multiple workshop participants - if it's unclear how the NHS will treat sex workers, it can feel like you're opening yourself up to stigma and trouble for no benefit. More clarity around what information is kept and how that affects patient experience, as well as assurances around confidentiality given the risks associated with outing, could go a long way in making services more accessible to sex workers.

Postcode Lotteries

Postcode lotteries are an issue throughout the NHS, with differing availability and quality of treatment creating significant health inequalities in different parts of the country[15]. Sex work adds another variable here – as well as a lottery on the availability and quality of services, sex workers are also rolling the dice on how open and accepting those services will be to them:

"All NHS clinics treat sex workers and the services we need differently. As a result, it's a postcode lottery as to what services can be accessed".

- *Survey Respondent*

"I think there's a lot of privilege in like, London, Manchester, Edinburgh."

- *Workshop Participant*

[Outside of London there is] "less awareness about the unique healthcare risks faced by sex workers that need to be dealt with".

- *Interview Participant*

"When I was in London, when I applied for a sexual health screening, I could tick the sex worker box on the form, and I would get a speedy screening. Whereas now, in Cambridge, I have to pay for my oral STI tests, they are not offered for free on the NHS. There's nowhere for me to ask for an oral STI test, like unless I went to my GP in person and asked for one specifically and explained why".

- *Interview Participant*

London's dense population and issues with TB compared to other European cities make it an understandable focus for Find & Treat services[16], but it's clear that any robust inclusion health efforts must include a level of consistency across services that sex workers cannot currently expect.

[15] IPPR | NHS and care integration postcode lottery leading to unequal access to treatment and support
[16] UCLH | Find and Treat Service

This postcode lottery does provide us with some examples of services that are working well, however. A tenth of our survey respondents raised cited Dean Street as an example of a good healthcare experience – with a half of the workers who did so travelling from outside of London to access treatment there. Key themes around Dean Street's success included sex workers feeling accepted and welcomed, being confident in staff knowledge levels, and experiencing fast turnaround times on testing.

NUM's Casework Team also referenced Dean Street as an example of an accessible service - particularly its 'gold card' membership for sex workers, which creates a confidence around their ability to access regular tests and the staff attitudes and understanding they can expect.

> *"Dean Street's branding is really accessible and welcoming, and it just has that vibe of a place where all people are accepted which is really important. [That accessibility and warmth] is potentially more helpful than traditional outreach, especially when that outreach means disrupting workers while they're trying to make money."*
>
> - *NUM Caseworker*

There were suggestions of differing attitudes to sex work between LGBT+ specialist clinics and general services. As one female interview participant stated, *"if you go to the predominantly male clinics where PrEP and PEP and that kind of stuff's from, wonderful. You tell them you work with sex [and] you're part of the family".*

It is likely that this is a reflection of the difference in training and cultural considerations between specialist LGBT+ services and sexual health services in general - and that this difference will increase the depth of the postcode lottery effect for sex workers living further away from these services.

Intersectionality, Sex Work and Health

> *"In a population where we are doing incredibly non-normative, incredibly stigmatised, self-guided work, you are going to have a really high percentage of trans people, queer people, neurodivergent people, mentally ill people, people with other disabilities. You are going to have this meeting of marginalisations within these kinds of jobs."*
>
> - *Previous NUM Survey Respondent*

Racialised Sex Workers

Racism in the NHS is well-documented[17], and this extends to racialised sex workers. Racism and anti-sex worker discrimination are compounding forms of marginalisation in the UK; both have impacts on a population's health outcomes[18][19], and the way that people access health services.

As one sex worker NUM interviewed, who was also struggling to access support as a drug user, put it: *"it's that undercover racism, judging you – 1) because you're a sex worker, 2) because you are on drugs, and 3) because of the colour of your skin, so I was in a no-win situation with getting support and help".* Different forms of marginalisation can build on each other, making people feel particularly alienated from a system that should be there to help them.

As such, racial justice should be a key lens through which we understand healthcare and sex work. Racialised sex workers are an important part of any effort for sex workers' rights and safety, and are often the uncredited leaders of these efforts[20]. Work to make healthcare services more inclusive and accessible to sex workers is only half-complete if it doesn't coincide with work to make them more relevant and useful to global majority populations.

An interview participant called attention to this need for a more intersectional lens to healthcare, as well as the understandings and biases healthcare staff can bring to their roles:

> *"we have all internalised to a certain extent, like, misogyny and racism and ableism, and we project that…medical professionals aren't exempt from that, so even if they think that they are really not discriminating, they are…and they do feel differently about you if you are a sex worker, or if you are racialised, or if you are a woman, or if you are disabled, if you are neurodivergent."*
>
> - *NUM Interviewee*

Another consideration for many racialised workers is migration, and the structural xenophobia present throughout most UK institutions. Migrant sex workers are increasingly targeted by police for arrests raids and deportations[21] within a wider police environment that, while long hostile or outright cruel to migrants, has become particularly hostile in recent years[22][23].

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[17] Woodhead et al. | "They created a team of almost entirely the people who work and are like them": A qualitative study of organisational culture and racialised inequalities among healthcare staff
[18] The BMJ | Racial health inequality is stark and requires concerted action, says review
[19] NIHR | Interventions to improve health outcomes for sex workers
[20] ICRSE | Diverse, Resilient, Powerful: Intersectional Activism Toolkit for Sex Workers and Allies
[21] ECP | Migrant Sex Workers Fight Police Illegality & Racism
[22] The Guardian | The illegal immigration bill has passed, and here's what will happen: children lost, abused and exploited
[23] University of Portsmouth | What is the 'hostile environment'?

The interactions between sex work, migration and health are complex and would require their own report (for a deeper dive into this ESWA's community report, *Sex Work & Racism,* is incredibly valuable but only has a partial focus on healthcare[24]). For the purposes of this report, however, they underline the importance of confidentiality and clarity discussed above. To be truly accessible to sex workers, healthcare services must be (and *feel*) safe for migrant sex workers – many of whom will have understandable reservations about identifying as such given the UK's persecution of sex workers and restrictive policies around migration and the right to work. As such, healthcare services must be explicit and reassuring in communicating the care and confidentiality that migrant sex workers can expect from them.

Sex Work, Healthcare and Disability

The DWP estimates that around 23% of 'working-age adults' have a disability[25], but a documentary review of recent NUM research indicates that this number is higher among sex workers. 40% of respondents to our *Covid-19 Impact Report* identified as disabled, as did over 50% of the respondents to our *Sex Workers of Colour Project* and over 60% of our *Scottish Sex Workers Needs Assessment.*

Sex work is *"simply the only truly flexible source of income for some disabled people"* (survey respondent), with participants in previous NUM research discussing sex work as a "safety net" they could return to if their health deteriorated or they "burned out" in mainstream work:

> "*I rely on sex work due to physical disability and neurological difficulties which makes vanilla jobs impossible, and I worry I will be deemed 'fit for work' if I'm known to do sex work, despite it being the only income I can get consistently without major health fallout."*
>
> - *Survey Respondent*

Long-held misunderstandings about both sex work and disability act as a barrier to accessing healthcare, as disclosure can open up space for prying or insensitive questions rather than any improvement in care:

> *"I've got fibromyalgia, so it's on my record and things. And you know, it has come up, when I've mentioned other things, like, sexual things. I've even been asked, 'well, how, if you're like this?' you know, and I've found that incredibly difficult. And also, why are you asking? There shouldn't be these layers of questions on just medical advice. I don't need you to judge the rest of my life."*
>
> *"Yeah. There's almost this sort of idea that disabled people don't have sex or active sexual lives, or things like that, which acts as a sort of additional barrier."*
>
> *(Workshop Conversation Snippet)*

[24] ESWA | Sex Work & Racism
[25] House of Commons Library | UK Disability Statistics

For many disabled people, sex work can be a flexible and accessible source of income in an economic and cultural environment that's often discriminatory. While this is obviously part of a larger discussion to be had around disability and access to work in the UK, the reality is that sex work is a significantly more common occupation among disabled people than is often understood – and that the NHS must ensure disabled sex workers are represented in both its Inclusion Health initiatives and in wider consultations around disability.

Masculinity and Sex Work

Our male and masc workers session underlined the lack of understanding some NHS services seem to have around the realities of sex work, in particular around the availability of vaccines and testing. Recent experiences with MPox vaccination, as well as Covid-19 and longer-standing infectious diseases including STIs, were points of frustration in the session - male workers felt like they were being considered and treated as MLM ("Men who Love Men") in general, rather than part of a population with specific needs:

> *"Someone told me that they had tested positive [for an STI], so I was like 'okay, I need an appointment'. And nothing…it was odd to wait, like, two weeks or three weeks or something to get tested. And I was like 'I'm a sex worker, you need to, like, get on me'. There has to be some kind of priority there. I feel like the MLM treatment paths that are open are quite good, they're quite efficient. But there's no…priority for sex workers, specifically. I feel like they've just never thought much about us."*
>
> *"There's a lot of privilege in being able to say, no, I'll stop working for two, three weeks [while I wait to get tested]. That's what I always try to do, but I would never judge somebody who can't afford to, either."*
>
> - *Male/Masc Workshop Participants*

While this inability to understand the needs of sex workers was present throughout our responses, it appeared concentrated in the male and masc workers session - largely because of the contrast to advances in wider MLM healthcare. Participants reflected on improvements in healthcare for MLM and queer populations in general, and the potential this showed for change in how healthcare services operate. These improvements, though, created frustrations around a seeming inability to make similar considerations around the unique needs of sex workers – where one-size-fits-all approaches to testing are forcing people to choose between sacrificing their income or potentially exposing others to infections.

Our male and masc workers also expressed frustrations around visibility, and how the tendency to stereotype sex workers as female victims both alienates female workers and overlooks masc workers: *"I feel like, as a male sex worker, you're not taken as seriously",* one said, *"it suits that narrative of, you know, women being exploited as sex workers, women in 'prostitution' being*

exploited. For me, I don't know if people realise, you know, how many ways you are vulnerable too, because, you know, that's what you do for a living'.

Masc workers, who are inclusive of female-to-male gender identities, have distinct health needs and concerns as they relate to sex work, and we must make space for these voices to be heard.

Conclusion: Intersectionality, Sex Work and health

More work here is needed, including a more complete examination of intersectional approaches to understanding sex work and serving diverse communities of sex workers. Sex workers have differing needs and experiences, and providing effective healthcare requires being open and responsive to those nuances – sex workers must be included in conversations about equality and diversity in the NHS and vice versa.

WHAT WOULD MAKE YOU MORE LIKELY TO USE NHS SERVICES?

"Treat me normally"

"Updated training for practitioners"

"More approachable staff"

"Non-judgement, less judgement"

"More online access"

"If I could go to my local clinic for testing instead of one hour away"

"Open/ advertising as accessible for sex workers"

"Doctors not being weirded out when sex work is mentioned"

"Improved testing times"

"Better education surrounding sex work"

"Regular testing with certificates"

"Knowing my info will stay anonymous"

"Better understanding of what is available where"

"Drop-ins, sex worker-specific hours"

"Better funded, staffed with professionals with knowledge of sex work"

"More clinics & availability of appointments, less awkward questions to get appointments"

(responses from surveyed sex workers)

Employing Staff with Lived Experience

95% of survey respondents said that they would be more likely to use a health service, like a sexual health clinic, if they found out it employed “peer workers” or lived experience staff. In general, positive responses centred on an increased sense of safety, feeling less likely to be judged, and being able to expect a greater level of staff knowledge:

> *“I really found it helpful meeting another sex worker who had experience and understanding of the industry, and was able to talk to me appropriately”.*
>
> *“If it’s people with experience in sex work I’d feel open, able to ask for help and advice and not be judged”.*
>
> *“They’d be able to understand what our work entails, mentally and physically rather than via textbook materials”.*

As a NUM caseworker put it, *“any peer worker in the NHS would make a difference, in so much as that on the whole it can reduce the stigma just by having some lived experience”.* This has been the case in NUM’s experience as well - while we don’t tend to use “peer workers” as a term, the lived experience of NUM staff has been vital to developing, communicating, and delivering our work in a way that’s accessible and effective.

Rather than designated peer workers (and therefore non-peer workers), experiential staff are in positions of authority and leadership throughout NUM – and we make a point of avoiding tiered systems within our staff. By being able to speak to sex workers as equals, better anticipate the community’s needs through experience, and share insights with non-experienced colleagues, sex workers can make an immediate difference to how an entire organisation or service operates.

> *“There’s a lot of paranoia going on in your head, when you’re in the informal economy - you’re very just, generally, paranoid. So I feel like…testing being done by other sex workers, who you don’t need to be paranoid around at all, that would be very attractive.”*
>
> \- *Workshop Participant*

Hiring and supporting experiential NHS staff is likely something to be done in partnership with sex worker-led organisations, however, as combining lived experience with the requirements of a frontline service role is a process that should be invested in properly. Sex workers are already working within the NHS, but culture change and staff protections must be put in place for employees to be ‘out’ and contributing as experiential staff.

The criminalisation and marginalisation of sex workers is severe, and the material risks associated with ‘outing’ are such that even NUM, as a sex workers’ organisation, never publicly

reveal the number of staff we have with lived experience – we don't require public disclosure, nor do all NUM staff know who has lived experience and who doesn't. The logistics around running programmes 'by, for and with' sex workers without outing staff are complex, and need to be carefully considered.

As one surveyed sex worker said, *"I'd want to know the environment was positive and safe for staff, and that they were being paid fairly for their knowledge and expertise".* Working for the NHS as a sex worker can carry significant risk: stigma from colleagues or patients, public outing, and potential re-visiting of personal traumas. These risks should be properly mitigated and compensated for in the development of any successful sex worker support programme.

Each experiential worker's needs will be unique, and are best approached collaboratively – possibly in a similar vein to Reasonable Adjustment Plans[26] - however examples of specific support include external supervisions or counselling options, additional training budgets, and closer feedback paths between workers and management.

Staff Training and Guidelines

As noted above, the attitudes and knowledge of NHS staff was one of the leading obstacles to sex workers accessing health services, particularly vaccination, testing and treatment:

> *"I don't think [healthcare workers] understand that it's, like, you're almost in a panic when you're like, 'oh shit, I need to deal with this right now…oh god, my income. What's going to happen to my income if I don't get sorted now?'"*
>
> - *Workshop Participant*

Fundamental improvements in how the NHS communicates the needs, rights and experiences of sex workers to its staff is vital to improving accessibility. A reference guide, perhaps in the model of NICE's guidance on health and social care for people experiencing homelessness, which gives practitioners clarity and confidence in their responsibilities to another inclusion health population, is likely an important starting point in creating consistency in how sex workers can expect to be treated by health services. This should be complemented by training for frontline health staff around the needs and rights of sex workers, a knowledge area that seems lacking and inconsistent across the NHS.

Sex Worker Health Services

Participants were also interested in specific clinics, services, or drop-in environments for sex workers:

[26] Mind | Reasonable Adjustments

"In my ideal world we would have…a specialist sex worker, like, sexual health nurse in every borough".

- *Interview Participant*

"I really would like…a sex work clinic, where you're not judged, and you know that you're going there and they'll already know that you're a sex worker, so there's no uncomfortableness there."

- *Workshop Participant*

This is worth particular consideration given the success of Dean Street's gold cards, as noted in the Postcode Lotteries section. *"The casual nature…would be very appealing to a lot of sex workers"* one participant told us, *"because at the end of the day you usually are in hiding…like, there's lots of times you're quite scared of being around officials, because there's so many interconnected things…you're going to just kind of be afraid of the doctors asking questions".*

As noted above, for sex workers, traditional outreach approaches often mean interruptions from health workers while they're trying to make their income. Instead, a dedicated location or programme for sex workers – one advertised publicly (e.g. online, at GP services, through flyering) and which makes it clear that sex workers can expect services without judgement or anxiety – would clearly make a difference to how many workers access healthcare.

Whether it's a designated clinic or designated slots in an existing service, participants were very positive about the idea of a service that wouldn't require the 'outing' stage of most healthcare appointments. However, as with experiential staff, that risk of outing is still a logistical concern to consider. As one worker told us *'I might be a bit embarrassed if it's on, like, a public street, you know…a lof of people aren't out. So, you know, that would have to be taken into consideration as well. But if I knew that somewhere, where once I've got past them barriers, and I was there, people would understand me, I would definitely use it more than just the normal services".*

It's unclear from this research how these concerns would apply to generalised inclusion health services (i.e. services not just for sex workers but being shared by other inclusion health groups[27]). Sex workers are a diverse population and often in multiple inclusion health groups, so mixed services would clearly beneficial to some. The communication of these services, however, would need further exploration – 'inclusion health' is an unfamiliar term to most people, so the tone and promotion of these services must clarify who they are for without reinforcing the victimhood or disease vector tropes often levelled at inclusion health populations.

In general, inclusion health initiatives should involve sex workers further in the designing and delivery of services and how they're managed – including through the supporting of lived experience staff, the further engagement of sex worker communities, and the continued conversations with sex worker-led organisations.

[27] NHS England | Inclusion Health Groups

Conclusions and Recommendations

Conclusions

This is a short report given the complexity of sex work in the UK, and the work needed to provide truly open, accessible health services. We believe some key themes have become clear, but they should be the beginning of a longer journey of co-design with sex workers:

1. **Stigma** is central to the experiences of many sex workers accessing healthcare. A major barrier to accessing healthcare and often expressed by healthcare staff themselves, harmful myths and tropes about sex work – particularly 'service burden' and 'disease vector' stereotypes – seem to be an issue throughout the NHS.

2. There's a noticeable and consequential lack of **staff training and guidance** in many health services, including those relating to priority infections, which mean staff are often ill-equipped to understand and address the needs of sex workers.

3. There is a similar lack of **communication** from healthcare services to sex workers. Clarity around resources, confidentiality, and service options are lacking, and to be truly accessible healthcare services must be clear about their separation from punitive institutions in sex workers' lives including the police and the DWP.

4. A lack of consistency in healthcare provision and quality has created a **postcode lottery** for sex workers, compounding existing geographic health inequalities.

5. To be truly accessible to sex workers as an inclusion health population, health services must take an intersectional approach to marginalisation and include sex work in their **equality and diversity** considerations.

Recommendations

1. **Health programmes including or led by sex workers** would be a significant asset to the accessibility and effectiveness of healthcare services, but would need co-designing to ensure they're suitable for service users and considerate of the needs of staff with lived experience.

2. **Training and Guidelines:** stigma and misunderstanding define healthcare for many sex workers, and better training and guidelines are clearly required:

    a. There is no easily accessible universal guidance for services or staff who do want to better support sex workers. **A go-to piece of guidance**, similar to

NICE's guidance on integrated care for people experiencing homelessness, could inform a baseline for service quality by providing a consistent resource for services supporting sex workers.

   b. Guidance or resources should be embedded through proper **staff training**, as many negative sex worker experiences seem to come from a place of embedded prejudice. Co-developed training, similar to NUM's eLearnings for police or practitioners, can bridge gaps in staff knowledge and prevent some of the negative interactions that make healthcare inaccessible to sex workers.

   c. Further work should be done on ways to include intersectional sex worker populations in **equality and diversity education**. A focus of this work should be the clear and communicated separation of healthcare services from police, the DWP, immigration officials, and other institutions that can pose a threat to the safety and wellbeing of sex workers.

   d. Investment should be made into **policies and practices** that ensures the NHS is a safe environment to employ people with lived experience, and that services are equipped with the tools to help them thrive.

3. **Communication** of healthcare services should be designed with input from sex workers, especially given the marginalisation of sex workers in the UK: services must be clear about the care, compassion and confidentiality that their users can expect from them.

4. Nationwide guidance should be complemented by **regional efforts** to engage sex workers across the country and prevent postcode lotteries. This could include further mapping of sex worker needs through the existing infrastructure of service providers like NUM and advocacy groups like the Sex Worker Advocacy and Resistance Movement (SWARM) and the English Collective of Prostitutes (ECP).

Further Readings

Below is a (preliminary) list of further resources around sex workers' rights and healthcare:

- SWARM - Briefing Documents and Publications
- ECP - Resources
- NUM - Publications
- ESWA - "Two Pairs of Gloves"
- The East London Project – Research
- The Lancet – Protecting the Health of Sex Workers in the EU
- UN Working Group on Discrimination Against Women and Girls – Position Paper

FINALLY, IF THERE WAS ONE THING THAT YOU COULD TELL THE NHS...

'THE BEST THING FOR ME WAS A SEX WORKER-SPECIFIC CLINIC'

"Even basic training on sex work would be helpful'

'SEX WORK IS WORK, IT DOESN'T HAVE TO BE DEGRADING OR EMPOWERING'

'We are everywhere and everyone. Diverse in education, disability, religion, race. Many of us are loving parents'

'I APPRECIATE THE NHS SO MUCH, IT'S JUST A SHAME SOME THINGS ARE SO UNDERFUNDED'

'Be more open to sex work issues'

'There needs to be a system in place for sex workers, clinics that understand'

'SHOULDN'T WE HAVE THE RIGHT TO BE SAFE AT WORK JUST AS MUCH AS ANYONE ELSE?'

'Your inability to provide trans people with healthcare is literally killing us'

'Being welcoming and open-minded makes all the difference in a service'

'Keep up the good work with your STI clinics'

'SEX WORK DOESN'T MAKE ME A BURDEN ON THE NHS, ANY MORE THAN PEOPLE WHO SMOKE OR DRINK'

'MAKE CERTIFICATES AVAILABLE AT EVERY CLINIC'

'We're just normal people'

'THANK YOU'

'Please understand we're only human, trying to get by in life like everyone else'

'LOOK AFTER YOUR STAFF!'

' YOU CAN HELP DE-STIGMATISE SEX WORK '

(responses from surveyed sex workers)