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Stigma and Service Provision for Women Selling Sex. Findings from Community-based Participatory Research

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ABSTRACT

This article presents findings from a community-based participatory research project undertaken with sex workers in North East England. The research included peer-led interviews with 26 women who sell sex in public spaces and/or from private flats or online. Community stakeholders were also interviewed. Focusing on local service provision and interactions with the police and the criminal justice system, this article documents how stigma frames sex worker's experiences of local service provision and interactions with local criminal justice agencies. Although those selling sex in public and private spaces described different interactions with, and experiences of, local service providers, stigma remained a pervasive and dominant feature of all sex worker's experiences. In the research, those selling sex 'on street' describe the impact of public stigmatisation while those selling sex 'off street' describe employing strategies of identity management to avoid the social consequences of sex work stigma. In this article, we explore how service provision is constructed through the current governance of sex work in England and Wales, and how sex work stigma could be challenged through service provision designed by sex workers, for sex workers.

KEYWORDS
Sex work; stigma; accessing services; criminal justice; participatory research

Introduction

This article presents findings from a community-based participatory research project undertaken in North East England (O'Neill et al. 2017). The research project developed from the authors' longstanding involvement in the development of a regional forum in collaboration with voluntary and statutory sector agencies. Through a participatory peer-driven methodology, the research sought to provide an evidence base to inform service provision, knowledge, policy and practice in the region, and to build the research capacity of regional forum partners.

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The research aimed to document the lived experience and needs of women selling sex including their use and experience of services. The research also documented the experience of key stakeholders providing services to women selling sex. A key aim of the research was to produce targeted information for local service providers, policymakers and key regulators in the region, and also to contribute to research and policy debates regionally and nationally.

Through analysis of peer-led interviews and walking/ mapping methods we explore participants' accounts of accessing sex work support services, healthcare services, and experiences of the Police and the Criminal Justice System. Centrally, we consider how these experiences are framed by both the current regulatory frameworks governing the selling of sex in England and Wales and regional governance, policy and practice.

Sex work governance, policy and practice in England and Wales

The sale and purchase of sex is not illegal in England and Wales. However, the selling of sex is historically and currently associated in the public imagination and embedded in law as a form of (moral) deviance (O'Neill and Jobe 2016). In practice this means that, paradoxically, while selling or purchasing sex is not illegal, current legislation focuses on reducing the demand and supply of sexual services, and activities related to the sale and purchase of sex are criminalised. Following the most recent review of the law in the 00s,[1] criminal justice approaches in England and Wales follow elements of the 'Swedish model' (Carline and Scoular 2017) with a focus on criminalising clients, through maintaining laws on soliciting and 'kerb crawling' (Sexual Offences Act 2003: s51a) and the introduction of a strict liability offence if sex workers have been subject to force (Sexual Offences Act 2003: s53A; Policing and Crime Act 2009: s14). Although, a series of freedom of information requests discovered that the latter offence has not in practice been enforced by local police forces (Kingston and Thomas 2014), and local enforcement of the laws on soliciting differ by local area.

Historically, the policing of sex work has focused on and worked to criminalise people, especially women, selling sex in public spaces. The review of the law in the 00s maintained laws on solicitation governing street sex work, and 'brothel keeping' legislation that prevents two or more people working together from one address for safety without breaking the law. The review also introduced a new focus on the rehabilitation of sex workers through Engagement and Support Orders (Policing and Crime Act 2009: s16). Through this legislation, sex workers *must* engage with exit focused support services and still could face criminal sanctions if they do not. Carline and Scoular (2015) argued that this change to the law required support agencies to take on the role of policing sex work and sex workers. In practice, while considered by some a welcome move away from the criminalisation of sex workers towards a welfare based approach, a policy of zero tolerance to selling sex still underpinned the legislation. Sex workers were not consulted in any meaningful way about these changes to the law or asked what might work best for them. The result, as with earlier laws, exacerbated the marginalisation of sex workers and ignored sex worker's needs. The move from an enforcement- or punishment-based model to a multi-agency response with a focus on exiting sex work in practice 'operates to privilege and exclude certain forms of citizenship, augmenting the on-going hegemonic moral and political regulation of sex workers' (Scoular and O'Neill 2007, 764).

The focus of much law, policy and practice remains focused on women selling sex in heterosexual exchanges (Smith and Laing 2012). The selling of sex by women has historically been perceived as contravening the norms of acceptable femininity (O'Neill 2001). The 'Whore Stigma' first described by Pheterson (1989) remains relevant today with women who sell sex in the UK constructed in law, policy and practice as 'victims without agency to be saved or as "bad women" to be criminalised' (Scoular and O'Neill 2007). Through the criminalisation of activities associated with the selling of sex, we see the continued construction of a woman who sells sex as the morally deviant 'other', and ongoing moral and political regulation of sex work and people who sell sex (Scoular and O'Neill 2007; Scoular 2010; Elmes, Stuart, and Grenfell 2021).

In this social, legal and political context, this article, through a peer-driven methodology, explores the impact of current sex work governance in England and Wales on sex worker's lives and access to services in one local area. We explore how access to, and experiences of, service provision are shaped by national and regional governance, policy and practice.

A participatory peer-driven methodology

A peer-led participatory action research (PAR) approach was used in this study as an attempt to challenge the ideological effects of policy, practice and representations that mark people who sell sex as stigmatised others, and to address the historic exclusion of sex workers' voices in the development of policy and practice on sex work. Twelve community co-researchers were recruited by third sector partners; five co-researchers were current or former sex workers, five were project workers and two were volunteers. Co-researchers were included in all elements of the research design and delivery and the principles, participatory nature and limitations of this research will be discussed in more detail in the following context. Overall, 9 sex workers working 'off street' and 17 working 'on street' shared their experiences through peer interviews. The project also included interviews with 21 local stakeholders.

Participatory methods were used in this research to value the voices, experiences and expertise of people who sell sex and co-produce the research with them (see also Wahab 2003; Van der Meulen 2011; Bowen O'Doherty 2014, Graça et al. 2018, McGarry et al. 2021). Participatory research is a model of working that encourages the stereotypical 'subjects' of research to be involved as co-researchers. It works to challenge the stigmatisation and marginalisation of sex working communities, whose expertise historically has not been listened to and is typically absent in the development of UK laws, policy and practice that subsequently directly impact on sex workers' lives (O'Neill 2010). The ethical principles underpinning the research are also the underpinning values of PAR: (1) Inclusion: Community co-researchers were included in the research in design/execution and delivery; (2) Participation: Peer-led discussion/debate on all aspects of the process and 'what works' was central to the project, regular team meetings and participatory training sessions were central to the process; (3) Valuing All Voices: with peer researchers we were able to include women and voices that were harder to reach by university researchers; and (4) Community-Driven Outcomes: we were all committed to social change that was of importance and indeed driven by the communities taking part in the research (O'Neill and Webster 2005; O'Neill, Jobe Bilton et al. 2017; O'Neill et al. 2008).

Community co-researchers attended a series of training sessions focused on participatory methods. These sessions were in collaboration with the University research team. In the sessions, community co-researchers designed the research and research tools with the University research team and service providers. The research was approved by the Sociology Department Ethics Committee at- Durham University. Five training sessions were delivered in total. At the first training session we introduced the participatory approach and used creative methods to evaluate co-researcher's engagement in and enjoyment of the training, but also to find out how co-researchers felt about the research and how important it was to them. Co-researchers were asked to create a sculpture that expressed this. The images from this session (Figure 1) largely represent partnership working, building bridges and working together with stakeholders to address the issues experienced, including stigma, violence, feeling 'trapped', as well as the aspirations and hopes for the future.

Subsequent training sessions focused on the research process: research tools including the participant information sheet, consent form, interview topic guide and questionnaire were developed in partnership by university researchers, community co-researchers and service providers. Support in relation to research interview skills was given. Community co-researchers, supported by research buddies, conducted interviews with 17 women working 'on street'. Research buddies were project staff or volunteers from local third sector service providers, who also participated in the research training sessions. Community co-researchers and research buddies conducted the interviews together, sharing the role of interviewing, taking notes, listening and responding/promoting. A local 'off street' worker became a central part of the research team, advising and supporting the team, working with us to develop the research tools and co-conducting interviews with sex workers (working from private flats or online) and stakeholders. This community co-researcher worked with third sector research manager and interviewed 9 women selling sex from private flats or online. In addition to the peer interviews, 21 local stakeholders were also interviewed by the research team, the third sector research manager, third sector organisation and two of the community co-researchers. Interviews were transcribed and analysed using thematic analysis. Community co-researchers were involved in the writing-up process. The interim research findings were presented by the academic team and community co-researchers to local stakeholders and feedback from the

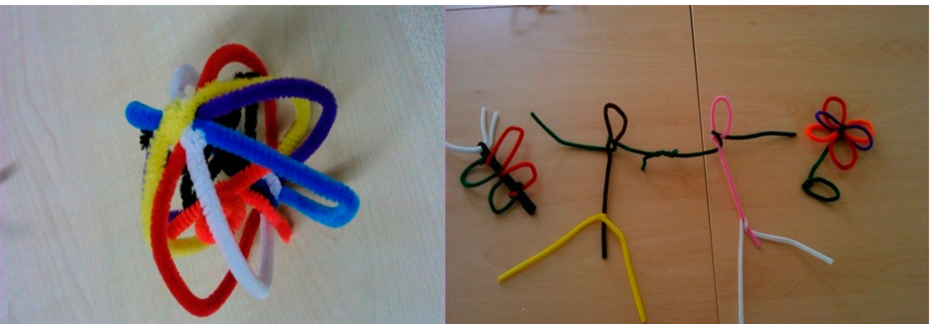

Figure 1. 'Working together, partnerships and being valued as a person'.

round table discussions on the research findings and implications for local service provision were incorporated into the final report.

In addition to the interviewing methods, walking methods were also used: as part of the training sessions community co-researchers created maps of the spaces and places that are important to them in everyday life, including the services they used and where they worked. Through these maps the university team gained an understanding of where key services providing support to women were located and how women experienced these services. One way of understanding the geography of street sex work and how the spaces of street sex work might impact on the lives of women selling sex is to map the relevant spaces and places and walk with sex workers living and working there (O'Neill, Campbell and Stoops 2017; 2019). We walked the route with one community researcher – Kath. Kath talked us through an everyday route she might take from home or from a local sex worker support agency. By walking with Kath we got a sense of the scale of the area and also the relations, that in such a small community, we [the University Team] really stood out, walking with Kath and she in turn expressed her concern that she might be taken as a 'snitch'. The importance of the participatory methods and the recruitment of community co-researchers to develop a sense of understanding of the everyday lives and experiences of people selling sex in this area therefore cannot be underestimated.

However, there are – inevitably – challenges involved in undertaking participatory research, especially when the research is led by community co-researchers supported by organisations whose primary role is service delivery. The challenge of working in partnership with third sector partners where service delivery principally focused on service delivery to women working 'on street' became apparent when we wanted to include sex workers who work 'off street', and/or male/transgender workers. Additional challenges included changing circumstances in the lives of some of the community researchers which impacted on their engagement in the research and the number of interviews completed. The recruitment of the community researchers was also impacted by a local police initiative targeting kerb crawlers, where a number of men were arrested and charged. This led to a reduced visible street presence of women, with sex work forced underground. The participatory process did not run through the entire trajectory of the research in that only two of the peer researchers undertook interviews with stakeholders and only one community co-researcher was directly involved in data analysis and contributed to the writing up. This was due to changing circumstances in the lives of some of the community researchers.

Findings from a community-based participatory project in North East England

This research found key differences between women selling sex 'off street' from private flats and those selling sex 'on street'. There were differences in experiences of sex work and different service provision needs which made these groups distinct. This paper talks through three emerging areas of discussion exploring both the commonalities and divergences of experience between on street and off street sex workers. Firstly, we seek to understand worker's experiences of accessing specialist sex work services. Second, we focus specifically on use of and access to more general health services.

Third, we consider if, when, and how workers may be in contact with criminal justice services and both their perception of and their lived experience of these interactions.

In interviews undertaken with stakeholders (sex work support, criminal justice, health and housing services) there was an emphasis on local partnership working which 'works together to reduce crime and anti-social behaviour'. Service providers described working in multi-agency partnerships to support sex workers either in a targeted direct way (specialist sex work support services), or in a more indirect way through the service they give to all service users/clients. The latter includes a general practitioner (GP) surgery, housing providers, public health organisations and drug services. Almost all service providers interviewed were focused on providing service to women selling sex on street in the local area. The following sections will focus on sex worker's experiences of these local services.

Accessing specialist sex work services

Peer interviews with off street sex workers found there was little to no engagement with specialist sex work services. For off street sex workers, there was a clear distinction between their private and public lives due to sex work stigma, as documented in other studies (Bowen 2020). All nine of women expressed a desire to keep their working lives secret and their work life separate to their home life. Women described having few friends from within the sex industry and keeping their work hidden and most chose to keep their work hidden from their wider social networks/friendship groups.

> It's the oldest profession and I think it's one the most honest profession but there's the stigma attached to it because some people don't know what it is or don't understand what it is. **Sam**

Most of the off-street sex workers described feeling 'in control' in their work and that escorting had afforded them a better quality of life. Some said that escorting had built their confidence and/or boosted their self-esteem. Flexible working hours and work/life balance were also mentioned as benefits. For these women, they did not want to – or were not yet ready – to exit from sex work, they had chosen the industry and were choosing to stay. They did not want to feel judged by the work they do or feel pressure to stop working. Women described earning large amounts of money from escorting but experienced issues in relation to what do with their money and how they perceive their income that are related to the stigma of sex work. For example, women faced difficulties in saving the money they earn from working as an escort as the money earned is cash in hand and is difficult to bank (therefore it does not get spent 'correctly', it is difficult to save, it gets 'wasted'). It also impacts on relationships with friends and family because off street sex workers felt unable to disclose how much money they have. Furthermore, it is difficult to pay tax on the money earned and so women are forced to make difficult choices which leave them feeling vulnerable, one woman described feeling open to possible blackmail by a third party:

> If you don't do this, I will tell: it makes you vulnerable, you are in a vulnerable position legally. **Harriet**

One of the main reasons off street sex workers did not access specialist sex worker provision is that many of these charities and organisations are (or are believed to be) exit

focused. As will be described later in this article, the stigma and feeling of being judged by representatives of sexual health services prevented off street sex workers from disclosing their work choices when attending sexual health appointments; thus, skewing the data gathered by these services. As Faye stated when describing the stories she has to tell to cover up her sex work to access services 'It would be nice to go in and be honest.' For off-street sex workers, therefore, their needs in relation to specialist sex work services are different to on street sex workers. Importantly they described needing their decision to work to be viewed as an employment choice, it is only from that starting point they would be open to receiving help and support, which would need to be tailored towards their circumstances. Unlike many of the on-street sex workers we spoke those selling sex off street had very little contact with local sex work support specialist support services and described more positively the protective factors associated with the employment agency who arranged their work. A key finding is that those working off street struggled most with the illegality, criminalisation, and stigma attached to their work.

Peer research with on street sex workers found there was more engagement with specialist sex work services. Many described these services as playing a vital role, particularly in relation to practical support, i.e. accessing sanitary items, guidance and support as well as condoms. For those who had since exited sex work there was a deep gratitude for the support given to them:

> [Name of local service provider] is a really good place to get support. I'd still be sex working and on drugs if it wasn't for the kind people there that helped me get back my confidence. **Christie**

The practical support, dedicated times of opening, providing a safe, supportive and social space and particularly the interaction with support staff were all seen as important elements as to why women accessed their local specialist sex work services. As this paper will discuss in the next section, for this group of women the stigma they face in their everyday lives from other services is endemic, with many reporting feeling judged, being treated differently and being made to feel worthless:

> Just always are, in general: hospitals, police, social services – anywhere they find out I'm on methadone probably. They treat you like scum, disgusting, horrible. Just horrible. **Zoe**

> [I feel] stupid you have to sit on one side for [STI] testing – it's so identifiable. I feel like I'm being judged. **Irena**

Therefore, receiving support from a specialist sex work service was really important. Local service providers were clearly focused on creating an open and non-judgemental space and a harm minimisation approach.

Accessing health services

All of the off street sex workers interviewed by their peers were concerned about the impact of their work on their sexual health and were keen to have access to regular sexual health check-ups. All wanted a non-judgemental sexual health service that they would feel comfortable accessing. While all were registered with a GP, none had disclosed their work to their GP or would feel comfortable disclosing their work to their GP. Instead, all regularly

accessed sexual health services elsewhere, either Genito-Urinary medicine and/or sexual health walk-in clinics, where there was the possibility of anonymity. All those interviewed described feeling uncomfortable about questions asked by sexual health practitioners. Many felt the questions asked were intrusive and unnecessary. One escort commented:

> (They) seem to ask questions that aren't relevant and not linked to your health. How many people have you slept with and in what length of time – they don't really need to know that. **Pam**

Most felt unable to tell health providers that they worked as escorts and believed they would be negatively judged if they did. This made it more difficult for women to feel comfortable accessing services or to access sexual health screenings as frequently as they would have liked to. Escorts described making up stories about why they were presenting at a sexual health clinic to avoid disclosing that they were selling sex.

> You've got to make up different stories every time. Because you can't get a proper full screening unless you have symptoms, so you have to make things up **Jess**

> I don't find it easy to attend. I find that I have to lie. I've got to make sure that I keep up with what I said last time. I do lie and I get anxious about the lying. I do go and get tested more than the average person would – to be safe and I feel a bit intimated when they ask questions. **Caro**

When women selling sex off street did disclose to health practitioners that they sold sex, they describe being negatively judged for this. For example, Pam, was asked by a nurse she encountered regularly at a sexual health clinic why she slept with so many people and if she had been sexually abused as a child. While Jess, describes feeling judged by health practitioners when she disclosed she was a sex worker:

> [I] went to a walk in and as soon as I said I was a sex worker – I got passed from pillar to post. They made it so complicated. I got told you need counselling. I got told 'you need help – you're not right' … It took three weeks for me just to get a full screening done because they would not drop it that I needed to go on these courses to clear my head and see what I was doing was wrong. And at first when I went in I didn't think I was doing anything wrong, but after two weeks of someone telling you are doing something wrong you start to believe it. **Jess**

However, two women described more positive experience with sexual health practitioners. Both of these experiences were with specialist practitioners who worked specifically with sex workers. This emphasises the importance of training, and for staff working in health care to follow welfare-based approaches with their patients.

In contrast to the off street workers, most of the on street sex workers who took part in this research had co-occurring mental health and substance use issues and therefore engagement with health services was more frequent and not only in relation to sexual health. As part of our commitment to creative and visual methods in the research we used mapping and walking methods to better understand women's phenomenological, spatial and lived lives in their communities (see also O'Neill and Webster 2005). Peer researchers mapped the relevant spaces and places within their local area that provided a picture of their everyday routes and mobilities. These are helpful to understand where the services providing support to women are located. As can be seen from Figure 1 the map, which has been anonymised, includes a specialist sex worker organisation, the

local doctor/GP surgery, three chemists (where methadone scripts and other prescribed medication can be collected), a needle exchange, an alcohol and substance use service, and another substance recovery service.

Through walking this area with women the stigma they experience became visceral and the way in which they were literally physically moved through the space (due to this stigma) became apparent. For example: the specialist sex worker support service had a van which would park on X Lane providing outreach support and services, the peer researcher pointed to where the van would park describing 'The van parks here, out of the way with a good view down X lane – [the sex worker support service] had to cover the sign so people don't complain, the residents, about promoting and encouraging prostitution' (Kath). At the chemist Kath noted that 'The main door is for most people, we use the side door'. (Figure 2).

This stigma was also found throughout many of the peer interviews. Erin felt judged by her GP *most definite* and the chemist *looks at me like crap*. June, also described feeling judged by nurses at the hospital, describing one particular nurse who made her wait until last for her medication. However, others described more positive supportive experiences. For all accessing health services often had practical barriers, for example having to phone for an appointment with a GP first thing in the morning was difficult for women who had been working all night. Remembering to keep an appointment was also a factor due to various co-occurring mental health and substance use issues. For women with chaotic lives or with no specific routine, making and keeping appointments is difficult and so they are not always able to access health care.

In terms of sexual health support for on street sex workers whilst many did go for full sexual health check-ups, these were not always frequent: some participants were checked every month or every two or three months, others every six months. Some had failed to have sexual health checks in the past but had started to get checked now. One participant did not get tested at all. Again, on street sex workers were happy with the service from the

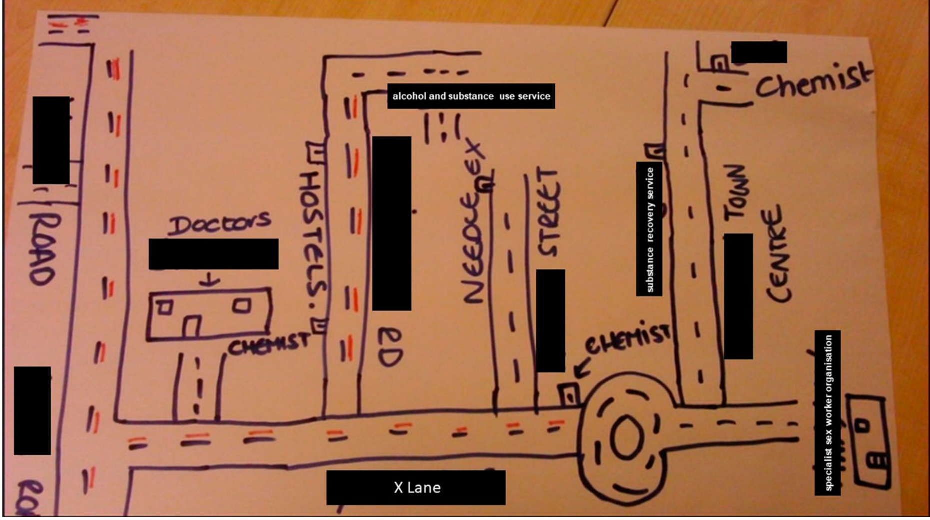

Figure 2. Peer researcher map.

local specialist centres that recognised their specific needs, for example they could access condoms with relative ease. Other things like special chlamydia testing kits/events were praised, as were the sexual health check-up clinics in the region which were open on an evening making it easier to access. This is especially important as many women struggled to make appointments, depending on how they were feeling.

In relation to their substance use care, some women felt able to tell their drug worker that they were selling sex, but some could not. Many saw a male drug worker, which was problematic for some women, and impacted on whether they felt they could disclose their sex work, although often it just depended on the individual and the rapport they had with them. Sometimes women would see different drug workers and therefore it was difficult to share information with new people, or they had had a bad experience in the past where the drug worker was judgemental, following women's disclosure about sex work.

> I always have different workers, and males – so would not talk to a male about sex working. A male worker has made fun of me in front of other staff and my boyfriend about working. **Sian**

Suggestions to improve the drug services include more female drug workers and having the same drugs worker each time would also be beneficial. Many women did not want to have to talk about their sex work:

> Going through my history all the time puts me off – seems pointless. **Irena**

There was also a feeling by some women that drug workers did not have enough knowledge in relation to their work and that this is a missed opportunity for brief interventions when women are accessing drug treatment. They feel like they just go in and collect a prescription and leave, yet this is an ideal opportunity to offer more support and other healthcare services.

Contact with criminal justice services

The off street sex workers who took part in the peer research described experiencing very little contact with criminal justice services across their lives – either as a victim of, or for having committed a criminal act. This did not necessarily mean that these women had not been a victim of a crime. Most women explained that rather than seeking help from the police if they did encounter any violence, they would be more likely to seek help from friends, or from the agency they work for. The reluctance to contact the police was mostly due to worries about being exposed as an escort and the impact that this exposure would have on their lives due to perceived stigmatisation and the impact on and from their family and friends.

> I wouldn't go to the police. I would go to the agency because I have a family, I have children and they don't know that this is what I do. **Faye**

Overall, the nine escorts interviewed by their peer reported low experiences of violence in their work with many ($n = 5$) not encountering any violence in their work. However, some women did describe isolated incidences of violence from clients. None had contacted the police in relation to a violent client and the majority stated they would not feel comfortable approaching the police for help if they needed it. There were two

clear elements to this reluctance to report; first, because they did not trust that a report would remain private, that by speaking up to the police there was a real risk that friends and family would find out about their work. Second, escorts did not trust that it would be taken seriously by the police if they did report an incident.

> It's such a secret world. I feel like I can't go to the police. I would ring my friend or ring the agency I'm working for and ask them what to do to or ask for help because it's so supressed and demonised. It's really bad because at a time when you need help you feel like you can't ring somebody so then it's like I'm dobbing myself in so where do I go for help? **Caro**

> Not sure if I would tell them [the police] I am an escort. I'd be embarrassed. I wouldn't want to be questioned about my work. **Polly**

Women selling sex who had experienced violence in their work, did not want to compound their experience: they were too afraid of stigma, and did not want to feel shame about the work they do. As a result, they were not reporting violent incidents to the police, these crimes are under-reported, the perpetrators are not stopped, and more women are being left vulnerable and at risk of violence. As Bowen (2020, 152) comments sex workers are 'disincentivised to report the harms they experience to police'.

Despite the risk of being criminalised off street sex workers highlighted the importance of working through an agency as a strategy for feeling and staying safe from violence, preferring to work from agency flats ('in calls') rather than going to client's home or hotels. Agency flats provide safety and a feeling of security for many. However, some women also had negative experiences with some escorting agencies and not all escorting agencies are viewed as provided a safe environment. Certain agencies will do safety checks, such as checking women in and out when on 'out calls'. These agencies have a positive reputation for women's safety and welfare. However, other agencies do not offer safe working practices and some reported abusive experiences from agencies.

In contrast to the experiences of off street sex workers who took part in this research the majority of those who sold sex on street had experience with criminal justice services. Fifteen of the 17 women had previous criminal convictions. The majority of these convictions were for acquisitive crime: shoplifting, theft, burglary, robbery, fraud and deception. Some were for 'violence' (two participants mentioned actual bodily harm, another stated grievous bodily harm), criminal damage, affray, drug offences, obstructing a police officer, and soliciting and prostitution.

One interviewee had an Anti-Social Behaviour Order (ASBO) place related to her sex work. She reported feeling harassed by police and felt the range of restrictions was unnecessarily punitive and impacted on all aspects of her life:

> the police in [my area] used to target me, one of the conditions [of the ASBO] was to not sit on my own doorstep! **Betsy**

Many participants had experienced high levels of violence including rape, assault and robbery. However, seven women reported not experiencing any violence in their work. For the 10 women that had experienced violence, it was not an isolated incident. For three women it had occurred so many times they had 'lost count'. Verbal abuse was also reported as an everyday experience for some.

In terms of reporting women were unlikely to report to the police as they felt they would be judged, stigmatised, not believed.

> Three times – assault, rape and verbal abuse. I reported the assaults and the rape to the police and felt judged. Verbal abuse was from passers-by. **Sian**

Here, specialist sex work organisations provided an important service, both by being able to offer support to women, to report the incident to national organisations such as National Ugly Mugs, and also immediately at a local level with other women working in the same area. It was important to women that this information be shared to keep their peers safe.

> Yes a couple of times, a bit of both – verbal and physical assault. By punters. I reported it to [support service] at the time and they reported it to the police and I think the guy did get locked up. **Fran**

> I think twice, like he hit me and tried to take my money off me, but he didn't get it. Both were violent attacks, both by punters. Did not report it, but I told [support service], so other girls would know – he did it to a few other girls too. **Maisie**

Generally, women tried to minimise the amount of risk they faced, both by employing strategies such as telling friends where they are, listening to their 'gut instinct' or looking confident when working, being aware of where CCTV cameras are, having a phone with them, or carrying a weapon. The theme of feeling both safe and unsafe came up frequently, it was clear that safety was not guaranteed, and situations had the potential to change from safe to unsafe at any given time.

Women stressed the need to be believed, that offences against them should be taken seriously and that an increase in prosecutions would help send a strong message that the police were taking crimes against them seriously. Some said the way they were treated put them off reporting.

> … if they took it a bit more seriously because as soon as you say to the police that you're a working girl and it was a punter they don't they won't even look into it … And that works both ways as well, like if I'd been attacked or raped off a punter or if a girl attacks or robs them, either way the police just won't touch it, don't want to get involved **Kath**

Being able to report a crime to the police with the support of an agency was also important to women, with many experiencing a more successful outcome, or being more satisfied with the process than if they report a crime by themselves. Women wanted more prosecutions and for the police to 'work with us, engage with us' **Erin.**

Discussion

A key finding of this research is that social stigma associated with selling sex impacted on sex workers' engagement with, experience of and relationship with local service providers and criminal justice agencies. In this section, we situate our findings in the broader sociological literature on social stigma (Goffman 1963; Link and Phelan 2001; Parker and Aggleton 2003; Tyler and Slater 2018; Tyler 2020). The aim of our discussion being to contribute to and develop explorations of the impact of stigma on sex workers (Pheterson 1989; Scrambler 2010; Benoit et al. 2018).

A recent review by Benoit et al. (2018) of the evidence on sex work stigma concludes that sex work stigma is a fundamental cause of inequality for sex workers, resulting in social exclusion and reduced life chances. Here, we respond to Tyler and Slater's call

(2018, 721) to look up to the 'forces that shape the emergence of stigma in everyday life'. Scoular (2010, 29-30) reminds us that laws on the selling of sex 'matter in shaping subjects, spaces and forms of power in line with wider forms of neo-liberal governance'. For Scoular (2010, 37), neo-liberal techniques of control … 'operate to augment an ongoing hegemonic moral and political regulation of sex workers' (see also Scoular and O'Neill 2007). Sex workers internationally have voiced through research that the criminalisation of sex work has negative consequences for those who sell sex (Levy and Jakobsson 2014; Le Bail and Giametta 2018; Mac and Smith 2018; Vuolajärvi 2018). Criminalisation and stigma work to create a toxic environment where sex workers are simultaneously vulnerable to violence and less likely to report crimes against them, with proven negative impact on police-sex worker relations (Connelly, Kamerade, and Sanders 2018). Sanders (2016) argues that violence against sex workers is not inevitable but is a consequence of the environment in which sex work takes place (See also Graham 2017).

An extensive body of evidence on the governance of sex work through criminalisation, demonstrates that this regulatory approach reinforces the marginalisation of sex workers, and that social stigma associated with the selling of sex impacts negatively on sex workers access to, and relationships with service providers (Pitcher 2015; Graham 2017; Platt et al. 2018; Ellison, Ni Dhónaill, and Early 2019; Macioti, Garofalo Geymonat, and Mai 2021). Particularly where local services follow prohibitionist rather than harm minimisation approach (FitzGerald, O'Neill and Wylie 2020). Local multi-agency partnerships are frequently focused on the reduction of visible street sex work and sex work as 'anti-social behaviour', leading to the containment or displacement of street sex workers (Scoular and O'Neill 2007; Elmes, Stuart, and Grenfell 2021).

What is clear from this participatory peer research is that ideological constructions of sex work impact on the shaping of services and access to justice for sex workers. In this study, all participants described feeling judged by some support services in a way that impacted negatively upon them accessing support when they needed it. However, the experience and impact of stigma differed between those working 'on street' and those working 'off street', and these two groups had differing experiences and relationships with service providers. On street sex workers described experiencing multiple stigmas, which were attributed to sex working, and to drug and alcohol use. On street sex workers' described feeling overtly and visibly judged by a range of service providers. Yet, felt supported by local specialist sex work projects, and valued this support, whereas, 'off street' sex workers either did not engage with services or hid their sex working from service providers and described resisting stigma by employing what Goffman referred to as 'strategies of identity management' (1963). In addition, 'off street' sex workers were reluctant to engage with local specialist sex work support services due to a perception that they focused on sex workers who worked 'on street' and support was predominately in relation to exit strategies, which was unhelpful as they wanted to continue working.

These findings suggest that sex workers experiences of service provision and of stigma significantly differ depending on the environment within which sex is sold, and the relationship of this environment to national and local sex work governance. Of course, experiences of selling sex are not heterogeneous. In this research and the broader literature, street sex work is associated with sexual health issues, drug use, physical and mental

health difficulties (Platt et al. 2018), whereas off-street sex workers are known to have different experiences (Sanders 2005).

Stigma is enacted through law, policy and the media (macro); institutions and services (meso), the public and sex workers themselves (micro) (Benoit et al. 2018). National law, policy and governance impacts on the development of local service provision for sex workers, constructing local service provision and relationships between service providers and sex workers (Scoular 2010). Local constructions and individual experiences of stigma are (re) produced through relationships between the macro, meso and micro (Johnson and Porth 2021).

Sex workers are typically not viewed as valued members of local communities and are frequently excluded from having a voice in local decision making (O'Neill, Campbell, Hubbard et al. 2008). A recent clear example is the exclusion of *Umbrella Lane* from access to the Scottish Government COVID-19 emergency funding, because 'they support the autonomy of sex workers' (Bowen 2020, 17). Umbrella Lane are a sex worker led support organisation based in Edinburgh who take a multi-agency approach to support around 500 sex workers. As Bowen states their 'inclusivity' was 'weaponised' to block their access to resources that would provide immediate and important benefit to sex workers during the pandemic. Bowen (2020) asks 'who benefits from the exclusion of sex workers … who stands to gain from the denial of their "worker" status?'. Because of sex worker's status in law they are 'blocked' from access to employment protection, and protection from anti-discrimination law. They are blocked from access to justice (FitzGerald, O'Neill and Wylie 2020).

Conclusion

Our findings support existing research that argues much of the current criminal justice legislation and practice on the selling of sex is socially harmful in practice to those who sell sex. Service provision is (in part) constructed through the current governance of sex work in England and Wales and these ideological constructions shape service provision, impacting on the experience of sex workers when accessing services.

Further criminalisation of sex work or those who sell sex is not a viable solution to violence prevention or to service provision that meets sex worker's needs. The challenge in addressing both the governance of sex work and the ideological constructions that shape service provision is to 'trouble' these by strengthening the inclusion of sex workers in research through participatory methods and working towards the decriminalisation of sex work. What is needed is more service provision designed by sex workers, for sex workers such as Umbrella Lane in Edinburgh and the former Scot Pep also in Edinburgh; Prostitute Outreach Workers in Nottingham; the English Collective of Prostitutes in London and the Sex Work Alliance of Ireland based in Dublin.

But more than this, as academics, researchers and allies we must challenge sex work stigma on all levels, trace its origins through a critical recovery of sex work governance, and work with sex workers using participatory models of research, action and interventions and with sex worker support organisations to promote justice with sex workers. Finally by sharing our co-created research in understandable and meaningful ways we can work to challenge and change both the exclusion of sex workers and sex work stigma.

Note

1. Police Reform Act of 2002 formalised use of Anti-Social Behaviour Orders, followed by Sexual Offences Act of 2003 and the Policing and Crime Act of 2009 – the latter introduced a focus on rehabilitation of sex workers through Engagement and Support Orders.

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