

Research Paper

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SOCIETY

‘Score, smoke, back on the beat’

**An exploration of the impact of
homelessness on exiting street
sex working in Manchester**

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I thank Griffin staff, trustees and associate fellow who have given me support and guidance along the way and provided the opportunity to carry out the research. In particular, I would like to thank Tina Threadgold, invaluable Operations Manager at MASH who gave me encouragement throughout and had the faith in me to take on this research; I would not have started this project if not for her. I would also like to thank Lesley Sandwith, Mary Whowell and Mike Shiner for their support throughout.

1: Introduction

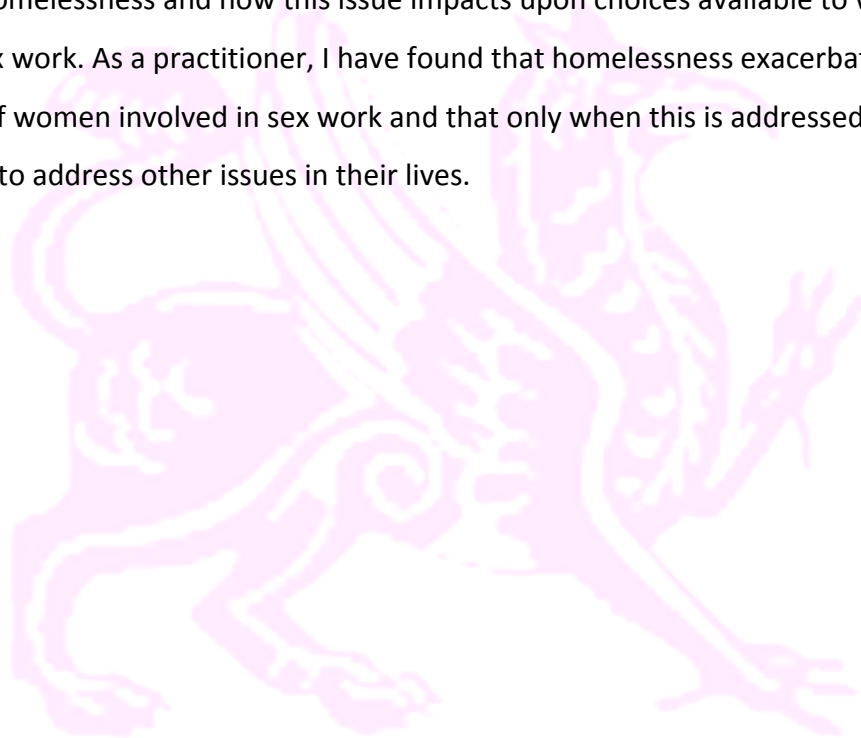
Female street sex workers are perhaps one of the most vulnerable, marginalised and hard-to-reach groups in society (Sagar and Jones 2010), often stigmatised and pathologised for the way in which they earn money (Cusick et al 2003). For several years I have worked as an outreach and caseworker, supporting female sex workers in Manchester, for Manchester Action on Street Health (MASH). One of the biggest problems encountered is housing for street working women. Over the years, I have come across a plethora of anecdotal evidence surrounding the difficulties street sex workers face in accessing and retaining accommodation. For this reason, I felt it imperative to explore the issues around why this group experience such difficulties, and in this research I hope to both test and formalise what I have learned as a practitioner.

There are significant differences between indoor sex work and street sex work, and the lives of women who work in the two arenas (Sanders 2007). Whilst one can make generalisations about the differences, this is not to say that all women working in a particular area of sex work are one homogenous group; they have different backgrounds and experiences. Some women working on the streets will not use drugs and make a positive choice to engage in sex work; however, the majority of women who work on the streets tend to experience more chaotic lifestyles and drug use is far more prevalent (May and Hunter 2006). Research suggests that women working indoors generally do not have the complexity of social problems¹ that street working women experience (Sanders 2007). Therefore, this research looks specifically at female street sex work and the term 'sex worker' will be used throughout to refer only to female street sex workers. Contemporary research around sex work accepts the use of the term 'sex worker' rather than the age old term 'prostitute' conferring a particular lifestyle and set of values upon that individual, which have negative connotations (Harding and Hamilton 2008, Cusick et al 2003, Campbell and O'Neill 2006). In UK law, the exchange of money for sex is not illegal. Instead, it is the practices around street sex work, such as loitering for the purposes of selling sex and soliciting business, which are illegal. Conviction of such crimes may result in a fine, which the woman will often

¹ Problematic drug use, homelessness and criminal justice involvement are far less prevalent indoors.

go back out to work to pay off, or will end up in prison for non-payment of fines (Hunter and May 2004). The important point to note is that women are criminalised for this activity which can contribute to stigma and is a factor in “trapping” them in the cycle of sex work (Cusick and Hickman 2005).

This research will explore how and why women get into sex work and the factors which lead them to continue in this activity, as well as considering issues for women wanting to exit sex work and the processes therein. In particular I will be closely examining the issues around women and homelessness and how this issue impacts upon choices available to women involved in sex work. As a practitioner, I have found that homelessness exacerbates the chaotic lives of women involved in sex work and that only when this is addressed can women begin to address other issues in their lives.



2: Methodology and literature review

Methodology

Statistics on homelessness are notoriously unreliable for the reasons explained in chapter 3. I therefore began this research by conducting a very small survey to ascertain the accommodation situation for women accessing Mash services. I then decided to explore the issues around homelessness and street sex work by using qualitative methods, specifically interviews, with women working in the industry and accommodation providers, attempting to gain a full, and women-centred, picture of the issues.

In order to capture an overview of the housing needs of women accessing MASH I drew up a short questionnaire to ask all women accessing the service what their current housing situation was; this is explained fully in Chapter 3. All women were informed of the research being carried out and asked whether they would like to take part in a longer interview at a specified later date.

Interviewing female sex workers

Prior to starting the research, I applied to, and was cleared by the London School of Economics ethics committee as I would be interviewing vulnerable people regarding potentially distressing events. As I know many of the women through the work I do, I had little difficulty securing interviewees and they were all relatively comfortable talking about issues which are of a very sensitive nature. I explained that I was not carrying out the research in my role as MASH caseworker but as a Griffins fellow, and as such, any decision to discontinue with the research would not affect their access to any MASH services. All women were reassured of being given adequate time after the interview to talk through any issues that may arise and if need be, fast-track referral to the in-house counsellor. This, however, was not required by any interviewee.

I was in a very privileged position as both caseworker and researcher, as this particular client group do not tend to access mainstream services and are generally considered to be hard-to-reach (Matts and Hall 2007), so conducting this research from the MASH service was essential. Some women may be so chaotic they are not even accessing specialist outreach services and thus further marginalised.

Ten interviews were conducted. These interviews were semi-structured; open questions were asked in order for the women to answer as much or as little as they felt able and could decline to answer any question they felt uncomfortable answering. The women were asked to choose a pseudonym for the research to retain confidentiality. The interview schedule broadly questioned the issues surrounding the women's working histories and pathways into sex work, drug use and experiences of being homeless, as well as discussing any support they had received over the years. Women were offered a financial incentive (supermarket vouchers) to complete the interview as this seemed a fair exchange for their time and experience (Matts and Hall 2007).

None of the women who took part in the interviews were among the most chaotic² MASH service users. Women, who at the time of interviews, were homeless and living very chaotic lives were the ones who could least afford the time it takes to be interviewed. Many women were asked to take part and whilst were all supportive of the research, the practicality of getting them to sit down to complete it proved very difficult.

Demographic of female sex workers

The women interviewed were aged between 21 and 52 with the majority being over 30. Most were white British, with one black British and one Scottish woman. At the time of interviewing, half of the women were still working and half of the women had exited. One of the women who had exited had started using drugs and sex working again at time of writing

² The most chaotic women tend to have high levels of problematic drug use and are often not in drug treatment.

up. This demonstrates the yo-yoing that women experience (Sanders, 2007) and the complex and non-linear nature of exiting sex work. Four of the women were illicit drug free and six were still using illicit drugs to varying degrees: two of these women had cut down their drug use and only used on days they received their benefits, two women used daily³ and two women used illicit drugs occasionally but also used alcohol daily. Five women had their own tenancy at the time of interview, four were in temporary accommodation and one was living with a partner but not named on the tenancy.

Interviewing accommodation providers

Temporary accommodation for homeless people is very limited in most cities and towns, Manchester being no different; my experience as a practitioner leads me to conclude availability for women is even less. I interviewed five different accommodation providers, including emergency accommodation, statutory and non-statutory temporary accommodation. The criteria for choosing which providers to interview was based on which accommodation providers the MASH client group access and from the interviews with the women. All interviewees were asked the same questions, but their answers often extended to issues not on the interview schedule. Information was gathered about the individual projects themselves and all were questioned specifically about sex workers accessing the service and their experiences of housing sex workers.

Limitations of the research

This research is specific to Manchester and small-scale. It may not be possible to extrapolate from the findings discussed below to other parts of the UK, but can be used as a good starting point to compare data from other sites. If there was scope within this project, data could have been gathered from other sites to make comparisons.

³ One of these women, however, had stopped using crack and was smoking only cannabis daily. The other used crack daily. Both women's use was problematic.

It would be interesting to extend the study to include a greater number of women and also women who were both chaotic and homeless at the time of interview, as well as including street working women who do not use drugs. Whilst this would increase the validity of the findings, it is not certain that it would add anything new from my experience as a caseworker. This research only applies to women and not men who sell sex, as that was not the focus of the research; the research cannot be extrapolated to men as the sex working scene operates differently and the men present with different issues.

There are many more accommodation providers in Manchester than the five interviewed, and this research is not exhaustive, but I felt it important to choose the ones that have most contact with sex workers.

Literature Review

There have been a plethora of studies of sex work, notably since the 1980s. Primarily, the focus has been from a public health perspective, such as condom use, HIV⁴ and Sexually Transmitted Infection (STI) prevention (Hester and Westmarland, 2004). Since the turn of the present century, more research has been carried out with the women, and to a lesser extent men, involved in the sex industry being placed at the centre of research exploring their needs, rather than looking at the ways in which society can be protected from such individuals (Phoenix, 2009). Due to the wealth of literature surrounding the issue of sex work, it was important to confine this review to research focusing specifically on homelessness and street sex work, exiting from street sex work, homelessness and women.

Sex work projects around the UK have been in operation since the advent of 'harm reduction' in the 1980s. Projects employ the practice of accepting some people will engage in harmful behaviour and trying to minimise potential health and social harms by providing the necessary tools, such as free condom provision and needle exchanges.

⁴ Human Immuno-deficiency Virus

Homelessness and sex work

Many projects, as well as other local agencies with an interest, have carried out their own research around the practical needs of sex workers. Results have consistently shown that housing for women is a crucial element in any support, whether in terms of harm reduction or more long term changes to a sex worker's lifestyle (Campbell, 1996 & 2002; Eden and Vacciana, 2005; Galatowicz *et al*, 2005; May *et al*, 2002; Mosedale *et al*, 2009; Pitcher *et al*, 2005; Poland *et al*, 2008; Rhodes *et al*, 1998; St. Mungo's, 2003; Stewart, 2000; Streetlink, 2004; Ward, 2007; Westminster Drug Project & Healthy Options Team, 2005).

Paying the Price (2006) is a review of the Prostitution Strategy derived from a Home Office⁵ consultation. This seeks to identify the issues surrounding the commercial selling of sex and to deliver a co-ordinated strategic response. Throughout, the need for housing is mentioned, as well as drug support being a primary need for women involved in the street sex industry, especially in view of supporting a woman to exit sex work.

Melrose (2009) criticises the strategy for focusing too much on drug use as being the primary factor for women engaging in sex work and ignoring the wider social factors, including homelessness, as reasons for entry into sex work and difficulties in exiting. Whilst Melrose acknowledges the Strategy's references to housing as being integral to women exiting sex work, she highlights this is merely paying 'lip service', as there is no reference in the consultation response, or thereafter from the government, to making funding available to deliver this vital need.

Whilst the *Paying the Price* strives to place women who commercially sell sex as 'victims' in the sense that they are all victims of abuse and exploitation (conferring a total lack of agency upon the women), the Scottish Executive's 2004 response to street prostitution is far more 'woman-centred' and concludes that:

⁵ For England and Wales.

a strategy to address street based prostitution needs to be based on a process which brings together a range of initiatives and activities in a co-ordinated whole and places the women clearly at the centre of that process. (Scottish Executive, 2004:31)

The Scottish report highlights homelessness can be a pathway into street sex work, as well as being a central issue to address in supporting women both in terms of harm reduction and exiting sex work. It recognises there is a need for a range of support, from emergency accommodation to longer term supported tenancies. Both the English and the Scottish reports conclude exiting sex work is a complex and long process, requiring input from specialist services, but no guarantees for funding opportunities have been made to deliver such resource intensive services. This is supported by Bindel's (2006) research on service provision for sex working women in London: she found housing was the most requested service amongst street-working sex workers but support projects were rarely able to deliver due to a lack of appropriate services.

As mentioned previously, there have been numerous references in sex work research about the importance of housing for street sex workers, but a lack of specific research solely concerning homelessness and the extent of its impact on keeping women in the cycle of prostitution. The most relevant piece of work is a 2004 report by homelessness charity, Shelter. The charity interviewed five specialist housing providers for this client group, as well as other projects nationally. They were able to highlight models of good practice (such as effective multi-agency working and intensive support) and make recommendations on working effectively with street-working sex workers who are homeless. Whilst the report focuses on housing provision, it lacks views from the client group itself, which would have made the report more client-centred; nevertheless the overall research is valuable. Shelter found that housing was considered 'an essential first step' for street sex workers to begin to address their social problems, and more importantly that *"stable housing is regarded as a key factor in enabling women to complete drug treatment and/or exit prostitution successfully."* (Shelter 2004:5)

Exiting sex work

As part of this research explores how homelessness impacts upon exiting sex work, it is therefore, necessary to review literature around the issue of exiting, from both a practical and theoretical viewpoint. One piece of research from Sweden in 1998 has been the basis of more recent work. Månsson and Hedlin conducted 23 life story interviews with women who had exited street sex work between 1981-1995, concluding that exiting is rarely a consequence of one event, but many, and that *"it often takes place over time and in many different phases."* (Månsson and Hedlin 1998:69).

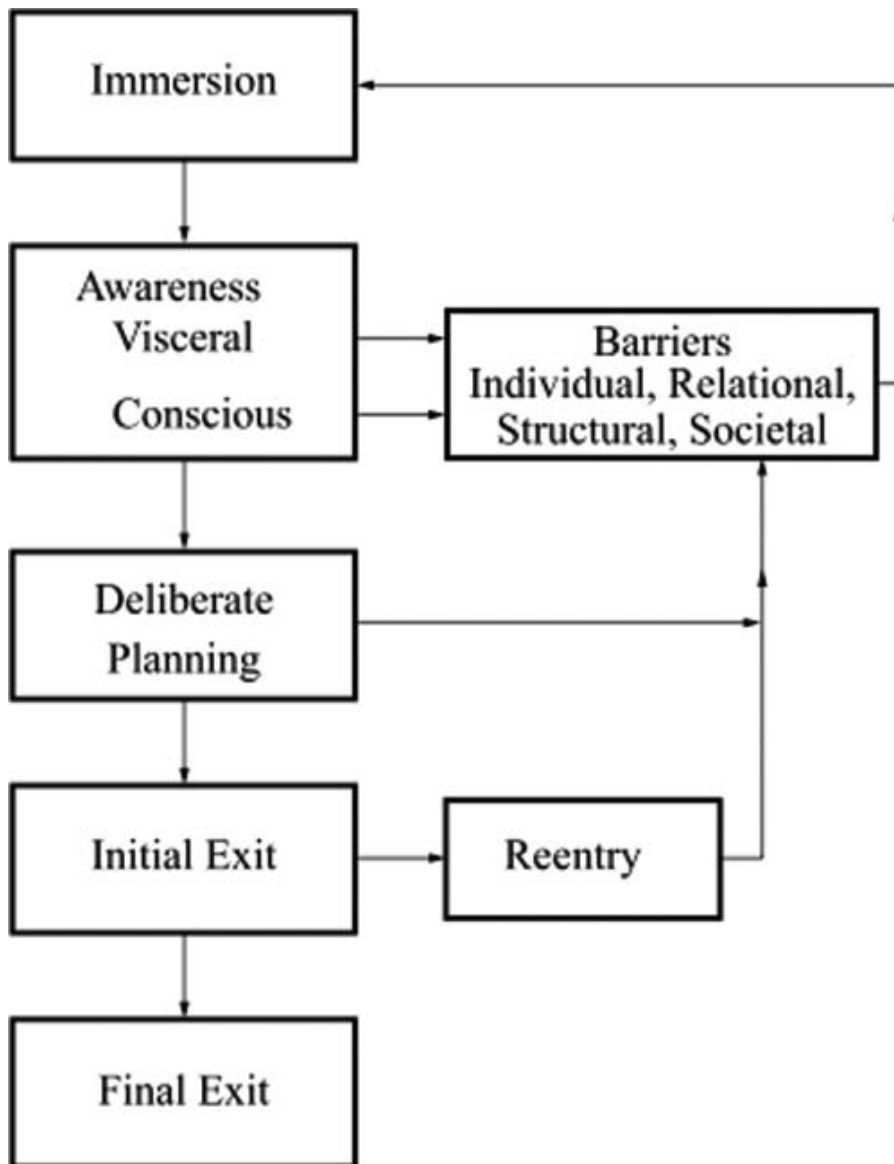
Månsson and Hedlin (1998) draw on, and adapt, Fuchs Ebaugh's 1988 study of creating an 'ex-role', meaning an individual desisting from any particular profession or lifestyle. Fuchs Ebaugh describes role exit as involving a 4-stage process: questioning one's role; seeking alternatives to that role; a turning point; and finally breaking away from the old role and creating a new identity. Building upon Fuchs Ebaugh's model, Månsson and Hedlin distinguished four challenges for women trying to exit: working through their experiences of sex work; dealing with the stigma of being a sex worker; living within a marginal lifestyle; and coping with intimate relationships outside of sex work. They found structural and relationship issues can have a bearing on how successful an exit would be, but concluded it is down to the individual's internal coping strategies and interpersonal skills as to whether she maintains her desistance from sex work. Whilst this is relevant to some extent, it fails to properly take into consideration the effect that external societal factors can impact upon a woman's ability to exit.

Sanders highlights this in her 2007 research, stating: *"...structural, political, cultural and legal factors as well as cognitive transformations and agency are key determinants in trapping women in the industry."* (Sanders, 2007:74). Sanders is consistent in the view that exiting is not simply an isolated act and has formulated four different typologies of transitions for exiting sex work. The first is 'reactionary' which is similar to Månsson and Hedlin's 'eye-opening event' in that it can be one significant life event. Sanders expands on

this by stating this alone will not always ensure successful exit as the need to earn money has not been addressed and planned for in another way. The next typology is 'gradual planning' where street sex workers would enter drug treatment, when necessary, and limit the amount of time working, seeing only regular clients and gradually spending less time working and building up other areas of life to maximise a successful exit. 'Natural progression' is the accumulation of negative experiences resulting from a sex working lifestyle, which eventually lead the woman to have simply 'had enough' and seek out alternatives. Age, as well as physical and psychological strain, also contributes to 'natural progression'. The final typology is 'the yo-yo pattern' where a woman drifts in and out of sex work due to lack of a solid exit plan. For street working women, being involved with the criminal justice system can also contribute to this, as they can end up serving custodial sentences due to their lifestyle and will be in and out of prison.

Baker *et al* (2010) explore the 'Stages of Change'⁶ by Prochaska, DiClemente, and Norcross (1992) as a basis for exiting sex work and draw upon this as well as Fuchs Ebaugh's role exit model, Månsson and Hedlin's model and Sanders' typology. They formulate a six-stage exiting model which they argue is more comprehensive than the afore-mentioned, shown below. The first stage is similar to pre-contemplation in the Stages of Change where the individual is fully immersed in what she is doing and has no thoughts of leaving. The next stage is an awareness of wanting to exit but there is the potential for coming up against barriers which can lead her back to the initial stage. Awareness is often followed by making plans to enable her to exit and she may go on to exit initially and then fully exit. It is realistic that exiting for some women is a cyclical experience, so the provision of re-entry within the model is crucial. Some women may move through the model swiftly but others may come up against barriers which bring them back to the immersion stage.

⁶ Often referred to as the Cycle of Change in UK drug treatment services.



An integrated model (Baker *et al*, 2010:590.)

Even though Månsson and Hedlin, Sanders and Baker *et al* provide differing viewpoints, all agree housing is an integral factor for women to exit sex work:

Appropriate, safe and considered housing; adequate drug treatment; and realistic vocational input are all key to resisting the yo-yo effect and making long lasting changes. (Sanders 2007:90).

All three pieces of research provide those working to support women to exit sex work with a thorough theoretical framework, but it is also important to look at the research dealing with the practicalities of exiting sex work.

Hester and Westmarland's 2004 research evaluated 11 multi-agency pilot projects supporting women and young people in sex work. From this they developed a 'needs and support' model which advocates best practice for agencies working in this area. Four stages beginning with vulnerability, leading onto chaos, then stabilisation and ending with post-exiting/moving on. It highlights vulnerabilities which lead an individual into sex work and the potential chaos which can ensue. The model lists what is necessary to stabilise and be able to move on from sex work. The issues of homelessness and appropriate housing feature heavily in the model, and the authors stress that basic needs must be met before a person can begin to think about changing their lifestyle and exiting sex work.

Research around the issue of homelessness has generally been non-gender specific, which in effect tells us mainly about the experiences of men, as more men tend to access services than women (Reeve *et al* 2006). Homeless charity, Crisis, carried out research specifically looking at the issue of female homelessness, finding that women tend to be 'hidden homeless' rather than homeless in the traditional sense (for example, rough sleeping); women would stay with friends/associates, family, at Bed and Breakfast accommodation or even exchange sex for a place to sleep. The research found that it was usually a culmination of events, such as past trauma and escaping violence, and not just one specific thing that led to women being homeless; drug use and sex work featured heavily (Reeve *et al* 2007).

3: The extent of the homelessness issue

Housing as a basic need

Abraham Maslow, American psychologist, formulated the concept of the 'hierarchy of needs' (Maslow, 1943). This sets out differing levels of human need and is often depicted in a pyramid diagram (Figure 2 below⁷). The bottom level of the pyramid is made up of the physiological needs, including the need for shelter, which must be met before any further psychological needs, such as happiness and self-esteem, can be fulfilled. It follows that for sex working women to be able to address the possibility of exiting, they need to address their basic needs such as housing and a safe place to live (Hester and Westmarland 2004).



Statistics

It would be useful to provide accurate statistics of people who are currently homeless, but this is extremely difficult. Not everyone who is homeless is known to homeless services and

⁷ <http://two.not2.org/psychosynthesis/articles/maslow.htm> visited 30 July 2011

some who are sofa-surfing⁸ or living with friends or family may not class themselves as homeless. Rough sleeping counts are notoriously difficult to make exact, as some people do not stay in the same place or might be away from that sleeping space when the count is done. Generally, teams would have an idea of the approximate number of people sleeping rough (Randall and Brown, 2006). Women in particular are less likely to get picked up by the Rough Sleepers teams (Crisis, 2009) as they often sleep out of sight to avoid being vulnerable to attacks (Randall and Brown, 2006). One way to gain an idea of the extent of the issue is to look at numbers of hostel spaces available. Crisis cite a figure of 43,000 hostel spaces for single people in England⁹. Bearing in mind that hostels usually operate full to capacity and often have a waiting list¹⁰, this provides a base figure for people accessing services, but fails to give a full picture of all those individuals who are actually homeless.

It is especially difficult to obtain true figures of homeless women as already mentioned. Additionally, only 30 per cent of people accessing homeless services are women (Homeless Link, 2011)¹¹, so any generalisations about homelessness often reflect the situation far more for men than women.

Initial survey

In order to determine how relevant the issue of housing is for street sex workers, I carried out a short survey to establish the current housing situation for women accessing the services of MASH during a four-week period. This was carried out in both the drop-in setting as well as street outreach, where the service provides harm reduction and crisis intervention support to the women whilst in their working environment. To give an idea as to how many women are working on the streets of Manchester, MASH saw 177 individual women in the period April 2010-March 2011¹². Fifty women who accessed MASH services were questioned

⁸ This is a term defined by homeless services for people who have no fixed abode but who stay at different friends/associates' houses on a short term basis.

⁹ http://www.crisis.org.uk/pages/hostel-accommodation.html#_ftn1. Visited 29 July 2011

¹⁰ *ibid*

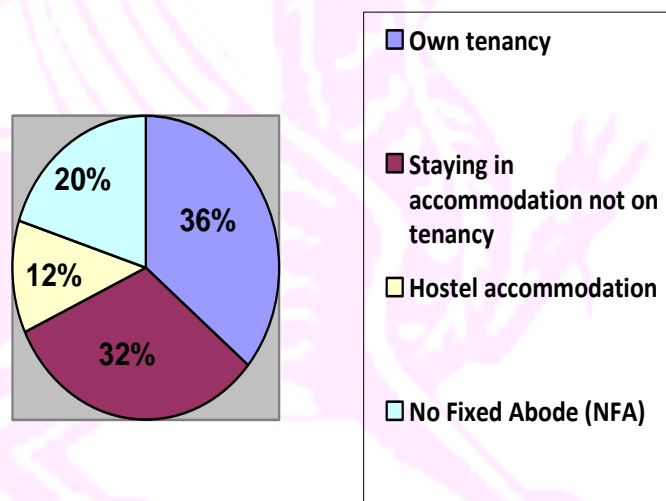
¹¹ [Homeless Link \(2011\) Survey of Needs and Provision \(SNAP\)](http://www.crisis.org.uk/pages/homeless-diff-groups.html#1). Quoted on <http://www.crisis.org.uk/pages/homeless-diff-groups.html#1>. Visited 1 September 2011.

¹² MASH end of year monitoring statistics.

over a four-week period; eighteen women on outreach, thirty two in the drop in. I had anticipated that more women seen on outreach would be of No Fixed Abode (NFA), but there were not any significant differences between the data collected on street and drop in.

The women were asked what accommodation they had at the time of questioning, whether this was stable and permanent and if they had ever been NFA. They were also asked to score from 1-5¹³ how secure they feel in their accommodation and how happy they were in it.

Breakdown of housing status (N=50)



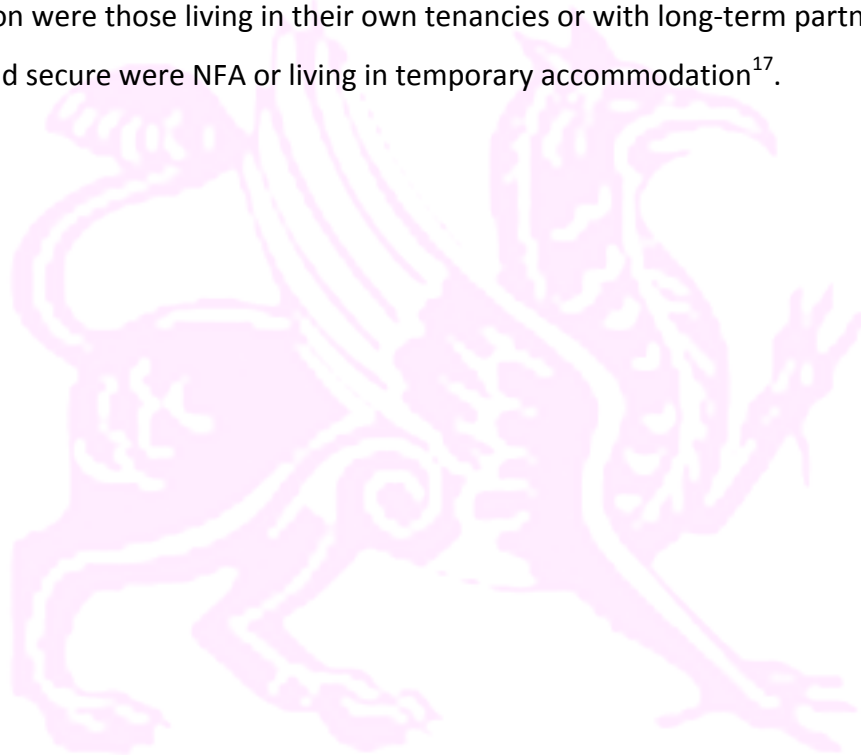
Of the women who had their own tenancy, these were either council, housing association or private rented, and one woman owned her own home¹⁴. All of these women said the accommodation was stable and permanent. When women were not named on a tenancy, they tended to be staying with friends or family and half of these were with a partner. Half of the women staying with partners said the accommodation was neither stable nor permanent.

¹³ 1 being most secure/happy, 5 being least secure/happy

¹⁴ This woman mainly worked indoors but occasionally supplemented this by occasionally working on the streets.

The women who were NFA described their situation as staying 'here and there' or sofa surfing. It is cause for concern that 80 per cent of the women questioned had been NFA at one point in their life¹⁵ and 72 per cent had been homeless more than once. Multiple periods of homelessness is consistent with other research carried out around homeless women (Crisis, 2007). Some women had been homeless for as long as 12 years, and one said she had been homeless all her adult life.

As expected, most women who said they were most happy and secure in their accommodation were those living in their own tenancies or with long-term partners¹⁶, those least happy and secure were NFA or living in temporary accommodation¹⁷.



¹⁵ Stewart (2000) found that 78% of street working women in Glasgow had experienced homelessness.

¹⁶ 15 women scored the highest for how secure they felt in their accommodation; 8 women had their own tenancy, 6 were in long term relationships and 1 was in hostel accommodation.

¹⁷ 19 women scored the lowest for how happy they felt in their current situation; 11 of these women were NFA, 1 woman had her own tenancy, the rest were either in hostel accommodation or staying with friends.

4: “How did I get here?”

Pathways into sex work

Although women who work on the street are not a homogenous group, there are some similarities as to how they become involved in sex work. Harding and Hamilton (2008) found there is rarely one factor as to why women become involved; often it is a combination, for instance, funding drug use and escaping poverty. There is much debate over what causes women to enter sex work and whether some life experiences mean they are more susceptible than others. It has been referred to as a “*means of survival*” (Scottish Executive 2004:26) and those entering into it having an “*economic need combined with emotional vulnerability.*” (Hester and Westmarland 2004:126).

Entry into sex work at a young age appears to be commonplace (Cusick and Hickman, 2005; Dodsworth, 2011). Half of the women I interviewed were 16¹⁸ and under when they had their first experience of sex work and the remainder aged under 23. Seven of the women were introduced by another sex worker, often a friend or associate (Cusick *et al*, 2003; Stewart, 2000). Only one woman said she had been pimped when she had first started working and two women reported they had been forced to work by a violent partner to fund drug use. All of the women talked about the need to fund drug use as being a more coercive factor than any individual.

I think the drugs control you more so you'll do anything for them 'cos you need it
(Gemma)

In terms of explaining the initial involvement into sex work, half said funding drug use, others said it was to survive; they were experiencing poverty and had no other means of income. Interestingly, four of these women started sex work when they were under 16, which is particularly important for practitioners when looking at ways of preventing young people becoming involved in sex work. All the women mentioned poverty as a reason keeping them sex working, which is consistent with other research (Campbell, 1996; Matts

¹⁸ Three of these were 13.

and Hall, 2007; May *et al*, 2002; Pyett and Warr, 1999; Sagar and Jones, 2010; Sanders, 2007; Scottish Executive, 2004). All women interviewed, regardless of why they first started working, were subsequently using sex work to fund drug use. Three of the women cited homelessness as another factor (Hunter and May, 2004; Scottish Executive, 2004) but seven of the women already had experienced homelessness, which will be explored further in chapter 5.

Childhood

I do blame me Mum for a lot of it [...] When I got kicked out, why didn't she say "come home". Y'know, my bedroom was given to me brother 2 weeks later, so it's like, you're never coming back. And that was really the hardest thing I think. I think if I could have had more support off me family. (Gemma)

There was no specific question asked about the women's childhood and family life, but eight of the women talked about having unstable family backgrounds, prominent issues being: violence, sexual abuse or neglect from parent/care giver/siblings and mental health issues of parents. Dodsworth (2011) found that damaging experiences in childhood is common for entry into sex work. Sandy explains she *"left home because of the abuse off me Dad when I was 16, as soon as I was old enough to leave. The only place that I knew where to stay was with a girl I used to babysit for and she was a prostitute and on drugs. Basically I weren't there long before I started doing them and that's what it all escalated from."*

Cusick *et al* (2003) talk about situational factors leading to selling sex, highlighting in particular unstable family background; they also found that sex workers questioned were more likely to have run away from home than the non-sex working women questioned. This will be examined further in the next chapter. Lucy talked about running away from home on a regular basis: *"...there's loads of times. I'd run away and got took back and everything, but I don't know why."* It was the issue of violence that made her leave home for the last time *"me mum started beating me up, didn't hurt her back and all that. She was getting that bad that me dad got up and erm, dragging her off me and everything."*

Several pieces of research have found being in local authority care as children was a common experience for many women involved in sex work (Coy, 2008; Cusick and Hickman, 2005; Cusick *et al*, 2003). Women were not asked if they had been in care as a child, but four of the women volunteered the information. Michelle explains she was *"in and out of care since I was about 12. So, from 12 I'd say I'll have been in foster placement, children's homes, secure unit, prison or hostels..."*

Those women who were in care talked about parents not wanting them or not being able to cope with them, indicating the women felt the problem lay with them as a child, which could account for feelings of low self esteem and self worth in adulthood. Jody describes how *"Me mum'd have me back and then she's get bored or couldn't cope and then I'd go back into care and it's not a nice place is it so I'd just run off."* Coy (2008:1415) avoids looking for causality of involvement in sex work but states *"the women's narratives indicated that their experiences of abuse, sense of neglect and abandonment whilst in care and institutional responses to sexual activity created the necessary psychological preconditions."*

Coy (2008), Pyett and Warr (1999) and Scottish Executive (2004) all refer to findings of many women who are involved in sex work having suffered sexual abuse as children. Seven women interviewed experienced sexual abuse as children; again this was not a question asked but was volunteered during the interviews. Whilst it is important to recognise this appears to be a common experience of sex working women, it is crucial to avoid claiming it to be a single causal factor but rather that this experience, along with other detrimental experiences, *may* lead someone into street sex work.

Many of the women experienced severe disruptions during their formative years, which is illustrative of classic theories of attachment (Bowlby, 1969), highlighting the impact early childhood experiences have on forming relationships and attachments in adulthood. The work of Ainsworth *et al* (1978) illustrated a tendency for deprived infants to be immediately reassured when reconnecting with their primary carer, in stark contrast to privatised infants,

for whom reassurance is not possible. Such individuals frequently build up resilience to forming attachments to people, places et cetera and may seem to remain blasé about ever-changing, challenging experiences. The privations these women experience as young children meant there was a lack of consistency and routine at home as well as violence, emotional and sexual abuse, leaving little room for secure attachments to form.

When children develop a strong attachment to care givers, they have a secure base from which they are able to explore the world around them in the knowledge they can return to this (Bowlby, 1988). Children with disrupted or little attachment to carers do not develop a secure base, and Dodsworth (2011:14) explains such individuals, as adults, are unable to *“manage involvement in sex work and maintain a balance between inner and outer, private and public worlds.”* She goes on to explain how a sense of security can be (re)created with consistent and bounded professional relationships with outreach workers.

Drug use and sex work

Funding illicit drug use is a well documented pathway, as well as retaining factor, into sex work (Benson and Matthews, 1995; Campbell, 1996; Cusick and Hickman, 2005; Hunter and May, 2004; Matts and Hall, 2007; May *et al*, 2002; Mosedale *et al*, 2009; Potterat *et al*, 1998; Pyett and Warr, 1999; Sanders, 2007; Scottish Executive, 2004). Sex work and drug use are closely interlinked, and those women interviewed who were not already using illicit drugs when they started working soon began doing so. All women indicated that when they were using drugs and working, their lifestyles quickly became chaotic and all were poly-drug using at times.

Eight of the ten women interviewed started smoking cannabis between the age of 12 and 17, two women had heroin as their first experience of drug use; in both cases they were injected by someone else under duress. All women started to use other drugs, often experimenting with friends, using benzodiazepines, alcohol, ecstasy, amphetamines, and

eventually using crack and/or heroin dependently. Only two women had never used heroin dependently¹⁹, but both used crack regularly.

The women who started sex work to fund drug use made a conscious decision to engage in a money making activity that would potentially minimise criminalisation (Campbell, 1996, May *et al* 2001); other acquisitive crimes are more likely to result in a custodial sentence. Gemma explains how she *“was on drugs and obviously I needed the money. I'd been shoplifting and ended up in prison a few times and I thought, I don't really want to go back, so I need to do summat different and that was what it was.”*

Attitudes towards sex working

It just ain't viable, it's not worth any kind of money. (Emma - exited)

When asked about their feelings towards sex work, there was a distinct difference between women who had stopped working and those who were still working. Four women who had exited for over six months displayed negative attitudes towards sex working, though viewing it as something they had to do due to having limited options. Jody (exited) describes it as *“doing what I needed to get what I wanted”*.

Gemma (exited) described the process of not analysing why she worked at the time but being able to reflect on sex working when she was no longer doing it:

I mean at the time I didn't really care, it was just money for drugs and that was it. And it was just, make the money, spend, smoke the drugs, back out, make the money take the drugs and do it like that. But since I've stopped using the drugs, I don't know, I feel a bit bad about it, I don't think it's a good thing to do. I wouldn't do it now.

Jean (exited) having recently been through drug rehabilitation shows insight as she illustrates the reality of sex working for herself:

¹⁹ The term 'dependant drug use' is used when the user is physically or psychologically dependant and relies on the drug on a daily basis to continue normal functioning.

If I went back that would be, I'd be defeated, I'd go back to drugs because it taps straight back in to that low self esteem. You know, it doesn't make you feel good about yourself, it makes you feel crap. It's not like what Belle's saying on the 'secret diary of a call girl' it's nothing like that at all, y'know what I mean, I wish it were but it's not. In reality, it's not. It's, erm, degrading, it hurts, there are some nasty people out there.

In contrast, women who were still working talked about how they thought about money they were making, which would appear to act as a coping mechanism. Jemima explained *"you're not thinking about what you're doing, you're thinking about what you're gonna spend the money on. I don't like it but I don't dislike it. It's a way of life now."* Lucy believed she had become desensitised to having sex with punters: *"standing out in the cold does me head in more than doing the thing, doing the deed as one would say. Erm, I don't know if that's cos I got too used to doing it and everything, I don't know."* No one talked about engaging in sex work as a positive experience, rather drifting into the least invidious of a limited range of options.

Relationships

A recurring theme which emerged from the interviews was that of relationships: partners, children, family, punters, other working women, drug-using associates, and the often complex nature of these relationships.

Seven women volunteered the information they had experienced domestic violence with partners and several of the women talked about sex working to support the drug use of a partner.

Of those interviewed, four women had no children. Six women either had parents or other guardians (usually within the care system) taking care of their children when their lifestyles had involved chaotic drug use and sex working; this is mirrored by findings in Glasgow (Stewart, 2000). Three women had children adopted at birth or soon after due to social

service involvement. One woman interviewed had presented at homeless services with her children, and had been placed in B&B accommodation with them. None of the accommodation providers interviewed accepted children; the only provision for children is through the homeless families' team.

Women's relationships with men who purchase sex were not all the same. Some talk about never trusting these men and seeing them solely as a financial interaction, others have 'regulars' they see and with whom their relationship is more than just exchanging sex for money. Lucy explained when she moved into her own accommodation a 'regular' had bought groceries for her, and said *"as much as they are a part of my life, I'm becoming a part of their life"*. Michelle talked about how she had become friends with a number of punters and would rely on them for getting lifts and not necessarily doing business with them anymore, but said she could still never let her guard down. It would appear that some relationships evolved, but still consist of a form of transaction. It might not be sex for money but is the exchange of the women's time, usually socially, for her to get something out of it. This is an area of research which will be explored further in the next chapter.

5: Being Homeless

Homelessness has its roots in a specific set of circumstances and experiences. Disrupted childhoods, emotional trauma, loss and bereavement, and sexual and physical abuse are all features of the lives of homeless women. Drug and alcohol use, mental and physical ill health, coping difficulties, and low self-esteem – whether as causal factors in, or consequences of, their homelessness – add to the difficulties they face. (Reeve et al, 2007:50)

Becoming homeless

Six women interviewed were aged 16 years or under (the youngest being 12 years) when they first experienced homelessness; other women were in their twenties with one woman aged 39 when first homeless. Of the six women first homeless under 16, two were thrown out of the family home by parents or carers, the other four ran away to escape violence and/or sexual abuse from parent or guardian. Two women had lost their accommodation due to chaotic drug use²⁰. One woman was homeless due to fleeing domestic violence and another had fallen out with a friend she was living with and had nowhere else to go.

All women interviewed had experienced several periods of homelessness; some for a few days, others for months or years at a time. The majority were homeless for long periods, ranging from 19 months to 35 years. These long periods of homelessness would be interspersed with periods in prison or the occasional brief spell in a hostel.

Where is she sleeping?

The women's experience of being homeless included staying at friends or family, with drug using associates or other working girls, at punters houses, dealers' houses, crack houses, squats, B&Bs, and also rough sleeping.

All women except Emma had slept rough at some point in their life. Some had slept rough for a few days at a time as a last resort when they were unable to find anywhere else but

²⁰ Both women's drug use had made their lives so chaotic that they were not engaging in any kind of daily routine and as such benefits were stopped and rent arrears accrued.

three women had slept rough for longer periods of time, one for 2½ years. The women tended to sleep rough in similar places: train stations, car parks, bus stops, doorways, abandoned buildings, alleyways, under bushes, under bridges and in a tent near the beat area²¹. All women described feelings of fear when sleeping rough and tried to remain invisible to avoid assaults (Reeve *et al*, 2006). Michelle even talked about being watchful in case people urinated on her when sleeping as she found this was commonplace.

All but one of the women²² had used drugs as a currency to stay at another drug user's house. Emma spoke about the power someone with accommodation has over someone who is homeless and how this is used to get that person to supply drugs in return for the night's stay, "*you gotta remember that she knew that she had the ace card, she had her roof.*" All those who had done this said they end up working much more in order to fund the other person's drug use and often the person with the accommodation would take advantage of this knowing the woman was desperate.

Almost every house you go in, they either want you to share what you've got with them or they want something themselves for letting you stay there. So, it's like you're supplying two habits if you like, just to have a roof over your head and to be able to have a wash and that. (Katy)

Jeal *et al* (2008) found this practice was commonplace and increases women's working hours. Michelle commented how in retrospect the amount of money she spent on others' drug habits, she "*could've probably paid for a hotel room.*" From an outsider's perspective, one might ask why these women did not just do this instead of funding someone else's drug use. None of the women talked about using drugs in isolation from others so it would appear there is some kind of community here. It was more comfortable for the women to be out working longer hours to fund others' drug habits to stay within the community of drug users than to cross over into the non-drug using world and pay for a hotel.

²¹ Vernacular for area in which street sex work takes place.

²² Gemma said she simply didn't know people to stay with as she was new to Manchester and kept herself to herself.

All the women talked about the concept of 'friends' when they were sex working and using drugs, noting how the people they thought of as friends were really associates, always wanting something from them. Sandy sums this up:

I mean, sometimes, I used to walk down the street and I'd just want an hour's sleep or a cup of tea and I'd think, you're supposed to be me friends, and I'd think, you know what if I had £20 to get some gear I could go to Kath's or if I had £20 to get some gear I could go, you know what I mean? It's supposed to be me friends but I can't go there for nothing

Another common experience for the women was staying with punters; all but Janet had done this. Kinnel (2008) states that being homeless increases the vulnerability of women as they may be more likely to stay at a punter's house and she goes on to say "*the marked rise in homicides occurring at the home of the killer illustrates new levels of vulnerability arising out of increased homelessness...*" (Kinnel 2008:178)

The overwhelming attitude of the women interviewed toward staying with punters is they may do it in times of need but would never fully trust a punter, most would only stay if they got paid for the full night. Michelle says she only stays overnight at regular punter's houses, but even then she never lets her guard down. Both Jean and Jody talk about how, in principle, they would charge for staying overnight but that often, in times of desperation, they would accept the roof over their head as payment but felt the men "*get a bargain*" (Jean). Many spoke about the pressure to constantly deliver sexual services throughout the night:

It seemed like every ten minutes he was poking his thing in me back and I thought no not again. In the morning he paid me for every time he done it, but I was asleep.[...] How can you have sex with someone when they're asleep, it's just nasty innit. (Jody)

...in my experience when us girls have got nowhere to stay and a man puts us up they think sex is on tap. They think we should do it whenever they want... (Sandy)

Only two women spoke about staying for longer periods with punters, but that came with its own difficulties, in particular blurring of the relationship boundaries. Both Lucy and Emma explained they would stay with punters as long as the man was funding their drug use. Interestingly, they reported that the men would not like them to be out sex working while they were with them. Lucy stayed with one man for 6 months, he paid £100 for her daily drug use until it got “*too heavy*”, as the man started seeing her as his girlfriend. Emma explains her feelings when the punter would start to view the relationship as more than a fiscal transaction.

...that was completely repulsive as well cos they paid money in the first place, and once you've done that you've crossed the boundary, you know, you can't ever pull that one back, you've done it by then, you're never gonna get any respect from me for that. (Emma)

When asked how the women felt about being homeless, there was a mixed response. Some women said they could not afford to stop and think about it, they were too busy surviving; too few options just meant they had to get on with it. Many of them highlighted practical issues such as difficulties washing, having clean clothing, storing belongings and how the lack of these basic amenities fed into their low self worth.

Having to go into public toilets and have a wash, wearing the same clothes over and over again, it's just really demoralising and other people pick up on that as well, know what I mean, you do, you do feel really worthless. (Emma)

Jean describes being homeless as “[*it*] just takes your soul away, don't it, you're just existing, you're just nothing.” For most, the feeling of being homeless perpetuated feelings of low self-esteem; as a result, increased drug use was common to blot out any feelings and to escape this.

Impact of homelessness on lifestyle

Only Janet claimed benefits when she was homeless, using her mother's as a 'care of' address; she was not using drugs at the time she did this. All the other women never

claimed benefits when homeless and financed themselves through earnings from sex work. Katy did not know she could claim through a 'care of' address when NFA²³ and others said they were too chaotic to think about it. These nine women said they only claimed benefits when staying in a hostel where they were required to make a claim for housing benefit to cover rent. Emma who had not claimed benefits for approximately ten years whilst homeless had only ever stayed in hostels short term as she never claimed housing benefit. She would make a cost/benefit analysis as to whether to claim benefits; deciding she would prefer to sleep in during the morning instead of going to the jobcentre and then to work during the night to make her money.

There was a consensus among the women that being homeless made their drug use increase exponentially, in turn increasing the amount of time they work to fund this. Having nowhere to go and nothing else to do featured heavily in the women's accounts:

[...] you're bored, there's nowt else to do, but work, use, work, use. That's all you do all day and night. 'Til basically, you can't do it any more and you you've got to get a couple of hours sleep and then it's the same again the next day. Your habit just goes right through the roof. (Gemma)

[...] when I've go nowhere to stay I'm walking the streets at night (Sandy)

Increased drug use was seen to offer a form of escapism from the situation they were in at the time, as well as the practicality of avoiding feeling cold.

[...] you're out doing nothing so you just want to take drugs to sort of be warm, it keeps you warmer, and sorta forget what's going on. You know, you're oblivious then. (Gemma)

The "work-score-use" cycle which is common for women who are homeless and sex working (Jeal *et al*, 2008) was summed up by Jody:

²³ No Fixed Abode

I was constantly working, some days I didn't sleep for 3 days, I was just constantly on the beat, I was scoring and smoking and then back on the beat, score, smoke it, back on the beat, score smoke, that went on for days. (Jody)

Katy talked about how being homeless impacted upon all areas of her life and that she had to work more to try to *“pay for accommodation, a hotel, or whatever, bed and breakfast or for drugs. For clothing, food, or whatever I needed.”*

Engaging with accommodation providers

All women had at least one experience of staying at a hostel; most had stayed in more than one. Sandy had only ever been to a bail hostel and had not accessed others as she felt she could never keep to the rules. Janet had only one experience of staying in a hostel. All the other women had stayed in different hostel accommodation and often returned to the same hostel time after time. Lucy had actually been to the emergency hostel over ten times but never managed to stay there longer than a couple of weeks, as she says she was too chaotic to engage.

There were mixed responses to women's experiences of accommodation. Stewart (2000:63) found *“Hostel living is a negative experience for women which exacerbates already difficult situations”* and this was definitely the case for some. Emma explained she would only present to homeless agencies in *‘desperate situations’*. For others, however, it was a lifeline and even though hostel living can bring with it additional difficulties²⁴, they are, arguably, necessary to get women out of often violent and dangerous, chaotic living situations.

When asking the women what their experiences of accessing hostels were, I found it often depended on the relationship between the woman and staff, not necessarily the amenities of the accommodation. It was imperative for the women to feel staff actually cared about them as people and were not judgemental; this validates the importance of the therapeutic alliance between client and worker.

²⁴ For women who have been homeless for some time, the structure and rules of hostel living in itself is a difficulty. There are also issues such as the dynamics of other residents and bullying of vulnerable women.

They should just be a bit nicer, a bit more understanding. It might be our own fault that we're in that position but we don't need them to rub our faces in it, sort of thing, or look down their nose because we're homeless, that's not good. (Jemima)

She's just there for me, you know, when I need to talk and obviously you need a good relationship with your drugs worker (Gemma)

All but two of the women had used the emergency accommodation and whilst some had positive experiences, most commented on how they felt staff suspected their involvement in sex work but no one asked them about it, for many of them this translated as staff not caring and reinforced feelings of low self worth.

I think they had an idea, but I don't think they like to get involved (Gemma)

The project confirmed they do not ask outright if they suspect someone of sex working, but the reason behind this is complex. As Manchester City Council (MCC) employees, staff at this project feel there is a tension between supporting the women and adhering to housing benefit rules. If a woman discloses she is sex working, staff are required to document this as a source of income which then impacts upon her housing benefit claim. Whilst staff say they do try to support women who disclose they are working instead of going down the benefit route, they feel it hinders the support they can offer to those who do not disclose. Staff at other MCC projects interviewed regarded the issue of women sex working to fund a drug habit primarily as a support need but also commented on the difficulty of the housing benefit issue. This is clearly something which needs clarification from MCC; it is counter-productive, in terms of support, to class earnings from sex work which are solely to fund drug dependency as income. One might ask whether someone who steals cars to fund a drug habit would also have to disclose this as income for housing benefit purposes.

None of the accommodation providers have a formalised policy if a woman discloses she is sex working but instead rely on staff's experience to deal with this. Additionally, none of the staff interviewed were able to access any specialist training around the specific needs of sex workers. Whilst staff can access training around drug and alcohol use, sexual health, safer

injecting, there is a distinct lack of training available on the complex issue of sex work. Interestingly, when the question around training was asked, several interviewees stated that such training would be invaluable.

Staff awareness of the complexity of sex workers' needs varied from project to project and seemed to reflect the numbers of sex workers their project has housed. The more experience staff have working with sex workers, the better their understanding of need. Staff would consider safety issues in particular when working with sex workers, as well as ensuring the women are engaging with drug treatment where necessary. Staff from all projects included in the study reported that, in their experience, a common difficulty with this particular client group is that some women bring punters back to the accommodation, or will work outside the building. Stigma was another issue highlighted as sex working women can be looked down upon by other residents for engaging in this activity. Staff at all projects stated that sex workers are complex clients, who bring with them a myriad of issues: mental health, drug/alcohol addiction, sexual abuse/assault, self harm, amongst others. As one staff member noted, how the women present and how they are underneath that persona can often be very polar opposites:

The whole front of a lot of the women,[...] looking like they're on a catwalk going, you know, 'eff' the world, kind of thing. And actually, they are these really hurt young girls inside these 20 year old women (Statutory emergency accommodation)

Barriers to accessing accommodation

Prior to conducting the research I imagined the major barriers for women accessing accommodation would be rent arrears, not having identification to present with, and prior evictions. None of women said rent arrears had been an issue and only the non-statutory provider said it would. This provider deems anything over £300 too high, but there was the potential for negotiation if these arrears were from a joint tenancy. The other providers stated as long as payment plans to address the arrears were set up once accommodated, there would be no issue with rent arrears.

Three of the women said not having identification had been a barrier in the past and this was echoed by some of the accommodation providers and has actually prevented women gaining accommodation. Some women assumed if they had been evicted in the past they could not access the same hostel but providers described a more nuanced approach in that while women would not be accepted after eviction if it was for something very serious such as violence to staff but even then the risk would be re-assessed.

To be able to access MCC hostels, a woman must have a homelessness assessment completed. The assessment team was previously based at the emergency accommodation but has now moved to a plush and potentially intimidating council building on the outskirts of the city. Some MCC staff deem this to be a barrier, especially as women must present during office hours. Additionally, if a woman had been evicted from a council property in the past or left accommodation of her own accord, she would be classed as making herself intentionally homeless.

Four of the women (three of whom were new to Manchester) did not know where to go to find housing support when homeless and were eventually signposted by other agencies or sex workers. Crisis commissioned research which found 40 per cent of respondents said they did not know where to access support (Reeve *et al*, 2007). One of the providers interviewed made the same point. Not having a local connection to the area was also a barrier for women from out of the city.

Two women were given misinformation from the local authority about whether they could access homeless services and as a result both did not do so for many years until they were given different advice from other agencies.

The non-statutory provider has a midnight curfew and it was felt this could be a barrier to those women who are still working, they might be put off as they feel they cannot abide by the rule.

One of the most common responses to being asked what the women deemed a barrier was their own drug use. Many felt they were simply too chaotic to access accommodation and to

engage in any support. Their daily drug dependency was such that their whole day revolves around making money to buy drugs, obtaining the drugs and using them and starting the cycle again.

Other issues highlighted were staff attitudes being judgemental, waiting lists, and being discouraged by those they are staying with whilst paying rent in drugs.

Engaging with drug treatment

Nine out of the ten women interviewed had all been in drug treatment at some point. Jemima had never been in treatment and was the only woman who had never used heroin though she did use crack and cannabis, both of which she felt there was no available treatment option.²⁵ For the others, there was a prevalent attitude they were not able to fully engage in drug treatment when homeless, which is consistent with other research (Galatowicz *et al*, 2005; Hunter and May, 2004). Missing appointments was commonplace as women would not know where they were staying from one night to the next.

[...] it's been pretty chaotic, my, you know, drug treatment, cos once you're homeless, it's hard, cos you don't know where you're gonna be so you just end up fucking it off basically, after a bit, cos you gotta go the same chemist and if you're staying somewhere miles away you can't get to it, so you just end up buying your drugs the night before and then making sure you've got enough. (Jody)

The physical and psychological addiction of drugs takes precedence over everything else as Michelle explains:

Yeah, because, it's like when you're homeless and you've not scored and you're rattling, all you're thinking about is trying to get money to score, you tend to miss appointments a lot. (Michelle)

²⁵ There has been a specific stimulant service as part of Manchester Drug Service for several years but since there is no medical substitute for crack use, some people are often reluctant to seek support from agencies.

Jody spoke about waiting times being a barrier: presenting in crisis to the drug service only to be told there was a month-long wait for a doctors appointment. When living day-to-day on the streets, a month seems an eternity and these hard-to-reach, vulnerable individuals often feel the futility of accessing mainstream services. This has been recognised by many service providers, including MASH who have worked in partnership with Manchester Drug Service since 2008 to provide fast track treatment for sex workers.

Lucy and Sandy had both only achieved stability in treatment after they had been using for 20 and 30 years respectively and homeless throughout this period. This was solely down to acquiring stable housing; Lucy securing a place in supported accommodation and Sandy staying at a friend's long term.

Whilst it is clear that securing accommodation is important to be able to begin to address drug use, it does not follow that all those with suitable accommodation will therefore achieve success in drug treatment. Jean had her own flat and was still in and out of treatment for some time before having a Drug Rehabilitation Requirement (DRR) imposed upon her by the courts by way of sentencing. She felt that the threat of custody was enough for her to keep her appointments and, now that she is living drug free and exited from sex work, talks positively about the order.

Leaving custody

For many women, accommodation can be lost at the point of imprisonment (Clarke, 2006), if they indeed have it in the first place. Seven women interviewed had spent time in prison and all but Jody experienced more than one stay in custody. Jody had spent time in a Young Offenders institute and was released back into local authority care.

Of the other six women none had any housing support whilst in prison and all described being released with nowhere to go. The common response to this was to go back to the same lifestyle and behaviour as prior to prison (Van Olphen *et al*, 2009). Emma had two custodial sentences of two and a half years and eleven months and was released without accommodation both times. Her response was to go "*back straight out on the beat, discharge grant, go and score, back out on the beat find somewhere I could go and stay*".

Sandy spent seven and a half years in prison and opted to serve the full length of her sentence in order to access a RAPt²⁶ programme and work on herself and address issues from childhood. She felt strongly that she did not want to return to her old life of using and sex working but as she had no accommodation to go out to, she soon reverted back to her old lifestyle. In retrospect, Sandy felt that leaving prison and not being on licence was the wrong choice for her.

[...]when I come out of jail I weren't on licence, so Probation didn't have to find me anywhere to live so after doing 7½ years in jail I walked out the gates with 2 carrier bags. (Sandy)

Whilst there was no scope within the study to speak to anyone within the prison service, it is clear from the experiences of the women that there are serious gaps in resettlement provision from the prison service. Short sentences cannot be blamed for failure in securing accommodation for homeless women leaving prison as several of the women had sentences of more than a couple of months.

²⁶ Rehabilitation for Addicted Prisoners Trust; they run rehabilitation programmes in prisons nationwide.

6: "How do I get out of here?"

Exiting sex work is often a complex, long and non-linear process (Hester and Westmarland, 2004) and there is no standard formula for this. It is vital to examine why a woman engages in sex work to work towards supporting her to exit, taking into consideration external and internal factors.

Exiting and homelessness

I asked all the women specifically if they thought they could exit sex work whilst homeless. All apart from Katy categorically said they could not. Katy said she thought it would be possible in theory if she was engaged in drug treatment but said she had never been able to do it as she had always been too chaotic. All the women mentioned being too chaotic in their drug use to be able to stop working and reiterated the vicious cycle 'work-score-use'. Being stuck in this cycle and having nothing else to do kept them trapped. As Gemma explained "*you end up going working then 'cos you've got nowt else to do all day.*"

Whether it was to fund drug use, buy food or to pay for somewhere to stay, the women explained they always had to work when they were homeless. As previously mentioned most women did not claim benefits when homeless so money earned from sex work was their only income.

There's no chance to stop when you're homeless at all cos where else are you to find the money to live. Jemima

The women's inability to keep appointments and initially get into and remain in drug treatment meant the need for working was always there when homeless²⁷. From the women's stories, most managed to attain some semblance of stability once they had secured some housing, even in emergency temporary accommodation. The interviews with accommodation providers backs this up:

²⁷ Obviously this applies only to women who primarily use sex work to fund drug use, as this was for the women interviewed.

I think being stable when you don't have accommodation is virtually impossible, so, it's a good point of contact. It generally means that services can start being involved, you can start linking people into appropriate mental health services, drug services, and they've got a starting point of somewhere they know they can come back to.

(Statutory, mixed accommodation)

Providers were asked whether they were aware of any woman decreasing her involvement in sex work or exiting once she was stable in accommodation. All five reported a consistent trend of women not necessarily exiting from sex work, but definitely decreasing their involvement. This was not for all as for the very chaotic women this did not always happen, but many were able to take a step back from the chaos once housed. The non-statutory provider had worked with residents who had exited and remained so. This project provides self-contained flats, away from the beat area, with multi-agency support and 24-hour staff and this set up can perhaps give the best opportunity of exiting, if the woman chooses to.

All providers agreed stable housing is vital to sex workers before they can address other issues, but acknowledged this is not enough in itself and it is vital for drug-using women to be in treatment, to be in receipt of benefits and for the women to have multi-agency support around the multitude of other complex issues they are likely to have.

Support networks

It is important to consider what support networks the women have around them when wanting to exit or decrease their involvement in street sex work. None of the women talked about having non-drug using friends or family as their support but several of the women mentioned being able to decrease drug use when together with a non-drug using partner.

Most of the women used different agencies for specific issues. Most women (apart from Jemima and Janet who were not heroin users) had a drug worker at some point and dipped in and out of treatment. The level of support women got from their drug worker appears to vary. Some women reported never feeling supported, others had very positive relationships

with their worker. These women tended to receive support outside of solely drug treatment as some workers had referred women in for housing, made sure the women had their benefits in place and worked closely with MASH to provide holistic support. A minority of women did not engage with any agency apart from MASH; they would access the outreach team for harm reduction provision. This reiterates the importance of specialist sex worker projects, otherwise these women would slip through the net.

In terms of support from accommodation providers, all providers put together a support plan for residents which include areas of need such as drug use, sex working etc. Since staff are primarily housing support workers, most would signpost onto other agencies to provide specialist support, often being unable to provide support specifically around exiting (Bindel, 2006). One provider said due to funding cuts there were often staff shortages and support plans were not completed. If staff are stretched and can only manage to keep the accommodation running they cannot, through no fault of their own, begin to address deep-rooted issues of this client group.

The therapeutic alliance between client and worker is important, whether drug worker, housing worker or caseworker and a positive relationship is more likely to sustain a good level of engagement and retention in services (Meier *et al* 2005).

The complex nature of exiting sex work

At the time of the interviews Emma, Jody, Jean, Katy and Gemma had exited sex work and Jemima, Michelle, Sandy, Lucy and Janet were still working. At the time of writing²⁸ Katy had started working again, which gives an indication of the difficulty of remaining exited. It is common for women to attempt to exit sex work on more than one occasion (Hester and Westmarland 2004).

The women were asked whether since starting sex work they had had any breaks. Jody said she had not but now in drug treatment and housed, she had exited. Five had only had a break from working whilst in prison. Other women said the breaks were dictated by their

²⁸ Approximately 6 months after the interview.

drug use; Lucy had long breaks when someone else was funding her drug use and Jean had a 12year break when she was abstinent from drugs²⁹.

I asked the women what they felt they needed to exit sex work, five commented specifically on needing somewhere to live and four of these women said they needed to be stable in drug treatment. Jean already had her own tenancy but was not managing it well as she was still using; she said needed to be stable in treatment to exit, as well as having a stable place to live. For the women who were working solely to fund their drug use, being in treatment is vital (Campbell, 1996) but it is clear that being in treatment is not sufficient in itself.

Three women said that long term they need another source of income to be able to fully exit. They explained they wanted to go back to education and to try to find another way to earn money.

Sander's (2007) typology of exiting comes out through the women's interviews. Five talked about feeling they could not carry on working as they were getting too old, which falls under the 'Natural Progression' typology. Jean in particular talked about how she felt the rehab she had completed had felt like her last chance:

It was after me 45th birthday, I got run over for someone nicking me drugs [...] and I said that's it, that's it, I'm not doing this any more. This is not happening to me, because next time I'm gonna be dead. 'Cos I'd been raped that year, the year before that, then it was the attack and I thought what's gonna happen to me next? You know, I might not make it out this time, plus, I had a grandson that hadn't been born, he'd just been conceived so I had that to look forward to and I didn't know what kind of grandmother I was gonna be. You know, I didn't know what kind of person, didn't want to be a junkie, you know, I wanted to be doing summat. (Jean)

The typology of 'gradual planning' is illustrated through several of the women's stories. Lucy has been through supported accommodation and is now in her own flat. She is in drug

²⁹ A culmination of health problems and unresolved psychological issues brought Jean back to drug use and in turn sex work after 12 years of abstinence.

treatment but still uses once or twice a week and sees a couple of 'regulars' to top up her benefits and fund extra drug use. She has been decreasing her involvement in sex work and eventually wants to stop. Jemima is in supported accommodation and is paying off her rent arrears to be able to get her own tenancy. She wants to go back to education and eventually cease sex work, so she is putting together a plan of action to achieve this.

Barriers to exiting

When talking about barriers with the women, it was clear the barriers were often dictated by how far along the exiting path they were. For some, it was simply about not being in drug treatment, but for others who had perhaps already started to consider exiting or alternatives to earn money, they felt that lack of qualifications, education and previous work experience were the main barriers. However, all mentioned housing was a fundamental barrier for them in being able to think about ceasing sex work.

Several of the women mentioned they could never exit sex work when still using drugs as the drug use is their primary reason for working. Cusick *et al* (2003) found that successful drug treatment is vital for such women to exit.

For some women, such as Jody and Gemma, as soon as they were stable in drug treatment and had suitable housing, they ceased sex working. Other women found it difficult to stop working when they were in need of money. Sandy explains how she views working now that she is stable in treatment

Well, if I'm sat in the house and I've got no food and no electric and no tobacco and I know that I can just cross over the road and get 20 quid, so I think it's something that's always gonna be there, but now I only do it if I'm desperate. (Sandy)

Baker *et al* (2010) recognise women will often stop working but are not able to exit fully and keep coming back to it. In their integrated model of exiting, they highlight this by marking a category 're-entry' and state it is normal for women to try to stop several times before exiting fully as this is a difficult process.

All but one of the women have criminal convictions and Jemima felt this could potentially be a barrier for her gaining employment in the future, and in turn, preventing her from exiting as having a lack of options.

There are many external factors which may help or hinder women to exit sex work but there are also internal factors, such as unresolved psychological issues, which have considerable bearing on whether a woman is able to exit. A woman could be housed and have a full support team working with her, with whom she has a positive relationship, but if she still has unresolved internal issues these can perpetuate a lifestyle which is detrimental³⁰ to her. A woman should be supported fully to make choices that are right for her and to cease her involvement in sex work if and when she is ready to. It is important to note that the external factors need to be addressed before internal issues can be explored and dealt with. One would not expect a woman to start addressing issues of childhood abuse before having somewhere to live.

Månsson and Hedlin (1998:75) stipulate it is solely the “emotional commitment” of the individual which dictates the success of exiting. Whilst this is a crucial element of exiting, it is not enough on its own and it is vital to have external factors in place, such as drug treatment, suitable housing and other sources of income for a woman to exit sex work fully.

³⁰ By 'detrimental' I refer to the drug using chaotic lifestyle that most women interviewed were working to fund.

7: Conclusion and Recommendations

Conclusion

For the women interviewed in this research, most became involved in sex work as teenagers to fund drug use or to escape poverty and were often introduced by another working woman. The majority had unsettled and damaging experiences as children such as being in local authority care, parental neglect/violence or sexual abuse. It is imperative to recognise the commonality of these experiences, but it is unhelpful to extrapolate causal factors, as no single experience can cause a person to become involved in sex work.

Drug use and sex work are closely inter-linked and all women confirmed they had sold sex to fund drug use at some point, if not throughout, their sex working 'career'. Drugs were commonly used as currency for somewhere to stay which often accounted for increased working hours for the women.

Homelessness is a common experience for sex working women, in particular repeated homelessness. It occurred for the women interviewed due to domestic violence, chaotic drug use and unsettled family life as children; teenage homelessness was common. When women were sex working and homeless, this inevitably meant an increase in both drug use and sex working. Women rarely claimed benefits when homeless, so in addition to funding their drug use, they were also working for money to survive and also to pay for somewhere to stay each night, whether this was at the home of other drug users or in hotels.

Many had spent time in custody, often serving multiple sentences. None of the women in adult prisons had been released having had their housing needs met and were often released NFA³¹. Leaving prison without appropriate accommodation meant women went straight back to old lifestyles; often using drugs and sex working on the same day of release.

The need for appropriate housing is abundantly clear. Women reported they cannot begin to address their drug use or sex working when they are homeless; this was backed up by

³¹ No Fixed Abode

accommodation providers who confirmed there is more potential to become stable once housed and often their involvement in sex work decreases.

Drug using sex workers need to be engaged in drug treatment. The women reported that they are unable to be stable in treatment without suitable housing as keeping appointments was difficult when homeless, as well as feeling too chaotic in their lifestyle.

Support is crucial for this client group, as is the therapeutic alliance between client and worker. Women who have had damaging experiences need consistent support, encompassing firm boundaries with a compassionate and non-judgemental approach. Women have reported feeling judged and unsupported by some staff at hostels they have resided in. Staff from projects reported having no training around the issues and complexity of sex work which, if addressed, would be useful in challenging attitudes held by some staff. Individuals interviewed from accommodation providers were knowledgeable and had a good understanding of the women's needs, but this is often down to their own experience as workers not from any specific training delivered.

A difficulty facing statutory accommodation providers is that of classing money earned from sex work as an income, putting housing benefit at risk. Some providers regard sex work when funding drug use as a support need, but others felt they were unable to prompt disclosure of sex working due to this conflict. This lack of clarification means vulnerable women are having a substantial support need overlooked.

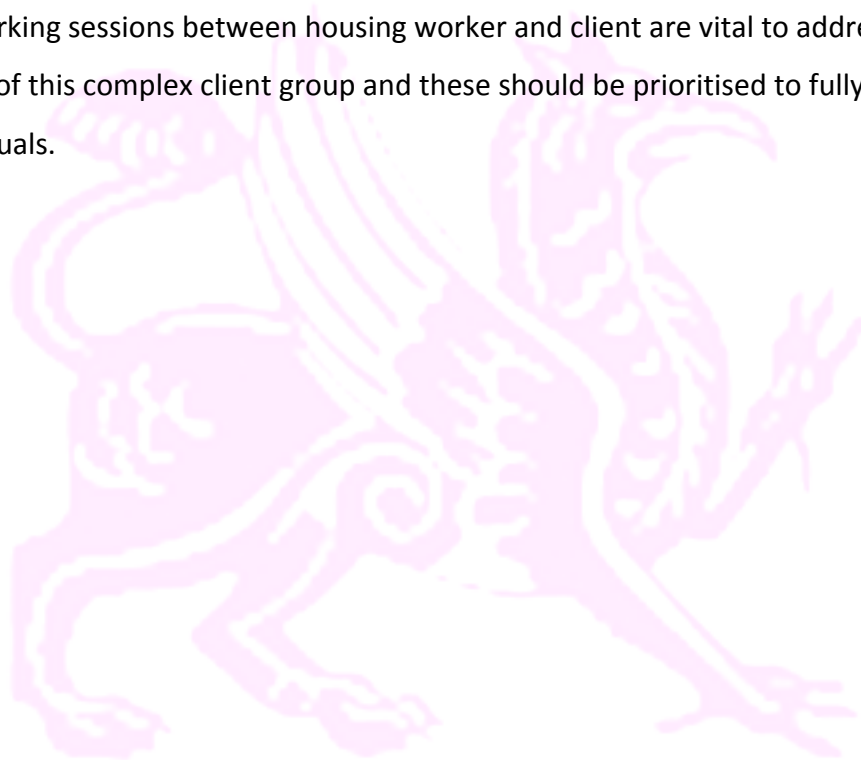
There are external and internal factors which influence whether a woman is able to fully exit sex work. If a woman is not able to address internal issues that keep her trapped in the chaos of daily drug addiction and subsequent sex work, then an abundance of support available to her will not in itself help her make lifestyle changes until she addresses internal issues.

Most women felt they needed suitable housing in place as well as being stable in drug treatment, but additionally require a source of income to alleviate poverty and the ability to do that. Criminal records, lack of qualifications and work experience and potential poor health from long-term drug use all act as barriers for women wanting to exit sex work. When it is hard enough in the current climate of recession for skilled and qualified people to secure employment, it begs the question how would a woman with no qualifications or legitimate work experience, an extensive criminal record, history of long term drug use and potentially poor health, get a job.

Recommendations:

- The provision of specialist housing specifically for female sex workers is imperative to work holistically with this client group (Campbell, 2002; Galatowicz *et al*, 2005). This should be staffed 24 hours with easy referral routes in, having provision for emergency access. In order to accommodate the most chaotic women there should be no curfew and good links with the local drug team. This project should be a 'one-stop' shop to address health and social needs of this vulnerable client group, working from a harm reduction ethos but also providing holistic exiting support to those women ready to do so.
- Fast tracking into drug treatment is vital to begin to address reasons for sex working. This should be commonplace in drug services to engage and retain this hard-to-reach group.
- Specific training for accommodation providers around the needs of female sex workers. This would promote understanding of the issues and would aim to increase the confidence of staff when dealing with, and responding appropriately to disclosures of working.

- The conflict around housing benefit needs to be addressed. It should be clearly defined that someone who is sex working to fund a drug habit cannot be considered to have an income; this should be pragmatically classed as a support need.
- The practice of multi-agency working cannot be overstated. One agency cannot meet all needs so referral to appropriate agencies should take place and regular meetings should be scheduled for review of the individual's progress and to avoid duplication of work between agencies.
- Keyworking sessions between housing worker and client are vital to address the needs of this complex client group and these should be prioritised to fully support individuals.



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