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LOCATING FEMALE BLACK AND MINORITY ETHNIC OFF STREET SEX WORKERS IN CARDIFF

Report produced by:

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A special thank you is also extended to Pete Clark, National Director of Terrence Higgins Trust Cymru (THT) who offered his support for this project. The report draws on data collected during the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2011) which was carried out by Swansea University in association with THT and funded by MAC Aids.

While little is known in Cardiff regarding off street sex workers, even less is known about off street female BME sex workers, and access is to this group of women is particularly problematic. Thus we are extremely grateful to the Welsh Assembly Government and Safer Capital for funding this exploratory research.

We would also like to take this opportunity to thank the many professionals and front line service providers who are members of the Cardiff Sex Worker Forum (The Forum). With the support of The Forum, Swansea University and partner organisations have been able to build up a sound evidence base in relation to both street based sex work and off street sex work in Cardiff. This evidence will assist the development of a strategic policy framework for sex work in Cardiff.

BAWSO would also like to extend a personal thank you to the Foundation for Refugee Education (FREd) for their assistance in providing access to potential participants.
Authors

Acknowledging the recommendations in the literature regarding the benefits of adopting a multi-disciplinary approach to researching issues involving race and ethnicity, this study was conducted by researchers from a number of disciplines. The project team was led by Dr Tracey Sagar and conducted in partnership with BAWSO. A note about the authors is detailed below.

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EXECUTIVE SUMMARY

Introduction
This report presents the findings of a research study which aimed to locate and identify the needs of female Black and Minority Ethnic (BME) sex workers who work off street in Cardiff. The research was conducted over a two month period between February and March 2011.

The aims of the study were:

- To carry out ‘exploratory research’ in an attempt to locate BME female sex workers
- To gain a better understanding of BME women in the off street sex markets in Cardiff
- To identify the needs of female BME sex workers
- To identify gaps in service provision / barriers to service access
- To produce an evidence base to inform policy and practice

The overriding aim of the research was to ascertain if female BME sex workers are accessing services in Cardiff, and to outline their service provision needs. Similarly, the research process aimed to bring about an increased awareness amongst BME sex workers with regard to available services, and in particular sexual health support. A key objective of this research project was to provide evidence to inform the development of policy and service provision in Cardiff.

Methodology

In recognition of the hard to reach nature of the target population (female BME sex workers), the researchers adopted a mixed-methodological ‘exploratory’ approach. The methods included:

- A literature review
- A mapping exercise to ascertain the location of BME sex workers including:
  - Website searches to identify sex work establishments
  - Website searches for ‘visible’ female BME workers advertising:
    - Independently
    - Through escort agencies
Local newspaper searches for ‘visible’ BME sex workers advertising in newspapers

Where identified, off street establishments were contacted by researchers and asked to participate in the research. Sex workers advertising via the internet (independently or through local escort agencies) and those advertising in local newspapers were contacted by either email or telephone as appropriate.

Regrettably, access to BME sex workers who are recognised as a vulnerable, hard-to-reach and hidden population proved extremely problematic – despite the multi-dimensional approach adopted by the researchers, and despite the research making good use of the expertise of BAWSO.

Only one BME sex worker who advertised independently via the internet participated in this research. Unfortunately, BAWSO who acted as gatekeepers in this research did not gain access to off street establishments in Cardiff. Nevertheless, there is value to the exploratory research process and the research findings. Furthermore, with the support of Terrence Higgins Trust Cymru (THT), this report revisits data from interviews carried out with 9 female BME sex workers between November 2010 and February 2011 (Sagar, Jones and Clark, 2011). The interview data was further analysed and the findings included in this report. We also draw on data collated from 2 interviews carried out with sex worker ‘managers’ in February 2011. Again, these interviews formed part of the THT research project.

**Summary of key findings**

There are at least 75 female BME sex workers in Cardiff, however given that research has yet to access ‘closed sex work markets’ in Cardiff, this figure is likely to be much higher. The findings below are based on our analysis of 10 female BME off street sex workers who work in Cardiff.

- BME off street sex workers in Cardiff can have diverse socio-economic and ethnic backgrounds
- Some of the women profiled had migrated to the UK with boyfriends / partners / husbands and had not previously been employed as sex workers
• Financial necessity was the most commonly cited reason for choosing to become sex workers

• Many of the women profiled had attempted to find alternative employment in the UK before opting to earn a living selling sex

• Most of the women were introduced to sex work by friends

• Some spoke very positively about their work, particularly with regard to comparatively high earnings; flexible working hours, and supportive relationships with colleagues

• Some women spoke very positively about their relationships with clients

• Negative experiences revolved around the inability to disclose sex work as an occupation to services, and fear that family or friends would find out

• Some women spoke of their lack of awareness of services in Cardiff, and their negative experiences of GP services

• For most women, language was not a barrier to service access

Summary of key recommendations

• Off street sex workers need more information about sexual health and available services

• Outreach services should be developed for all off street sex workers

• Outreach services for off street sex workers should also act as a conduit to other specialist services where appropriate – particularly (given the significant migrant sex worker population in Cardiff) Outreach services should forge firm working relationships with BAWSO

• Law enforcement agencies should begin to build relationships of trust with off street managers and sex workers
Section 1: INTRODUCTION

Background to the study
In recent years there has been a major overhaul of the laws relating to ‘prostitution’ in England and Wales (see, Home Office, 2004 and 2006). The Home Office ‘Coordinated Prostitution Strategy’ (2006) seeks to prevent young peoples’ coercion and exploitation into prostitution, and provide protection and support for those already engaged in prostitution by assisting street based sex workers to exit sex work. It aims to provide justice for ‘all’, which includes protecting communities from the nuisances associated with street based prostitution. The strategy also recommends tougher measures to bring to justice exploiters, pimps and traffickers. However, the focus of law reform has been firmly fixed on the practice of street based prostitution (see, Sagar, Jones and Harris, 2010; Sagar, Jones and Clark, 2011). Furthermore, despite criticisms from academics, the Coordinated Prostitution Strategy fails to properly prioritise the safety sex workers who work in the off street market in England and Wales (for example see, Cusick, 2005; Scambler 2007; Mai, 2009).

The off street sex market is less visible and thus it is generally accepted as causing less social disturbance to the general public. However, this also means that the safety of off street workers and the need for appropriate services is currently ignored in policy and practice. In Cardiff for example, at the time of writing there is no Outreach service for off street sex workers, nor are off street sex workers the focus of any local strategic policy response. While this is problematic in terms of providing appropriate services and support for all off street sex workers – it is particularly so with regard to off street female BME sex workers who may experience additional obstacles to accessing available services (for example, language barriers).

The significance of a female BME population working in the off street market is highlighted by the increasing cross boarder movement of migrant workers into England and Wales (Scambler, 2007). Yet, the current legal and policy approach in England and Wales does little to provide adequate services and support for female BME sex workers. Arguably, this is the result of an overpowering political focus on ‘rescuing victims of trafficking’ which draws attention away from the increasing numbers of migrant BME sex workers in the UK and the need appropriate services (Agustin, 2006a). This situation has been in part created because
of the lack of distinction in political rhetoric and policy with regard to ‘trafficked persons’, ‘migrant workers’ and ‘prostitutes’. As Agnes (2008: 115) states:

“Migration is not trafficking; irregular migration is not trafficking and even smuggling is not trafficking. And, yet, there is an overwhelming tendency to address cross-border movements of women primarily through the framework of trafficking. Trafficking is the harm that may occur in the process of migration. The singular attention on trafficking turns attention away from the larger context of migration and distorts the broader picture of women’s movements”.

Sanders and Campbell have criticised the ‘one size fits all’ approach to coercion, exploitation and trafficking within the sex markets in the UK (2008). Indeed, trafficking, procuring, controlling, aiding, abetting and living off the earnings of sex workers was already criminalised in England and Wales before the publication of the Home Office Coordinated Strategy in 2006 (see, Brooks-Gordon, 2006). However, in an attempt to tackle trafficking, the then New Labour Government perceived that this could be best achieved by a reduction in prostitution, leading to a decrease in the demand for prostitution, and thereby to a reduction in the demand for trafficking (Home Office, 2008). Thus New Labour introduced a new law under section 14 under the Policing and Crime Act 2009 which criminalises paying for sexual services of a prostitute subjected to exploitation. To ensure maximum deterrence, the measure was introduced as a strict liability offence – it is irrelevant whether or not the purchaser knew of the exploitative conduct. The Coordinated Strategy also encouraged the disruption of the sex markets – including the off street market. However, in adopting this approach, New Labour failed to distinguish between those who are trafficked and exploited for the purposes of prostitution, and those who choose to work in the off street sex market. The notion that simply disrupting the off street market on the premise that it will resolve the issue of trafficking has been criticised by many academics and researchers who believe that disruption would in fact lead to sex workers being sent to the streets where they can face danger and violence (see for example, Brooks-Gordon, 2006).

While the authors of this report are certainly not suggesting that coercion, sexual exploitation and trafficking for the purposes of sexual exploitation is not taking place in England and Wales, we do draw attention to the problematic nature of current law and policy which focuses on trafficking and ‘victimhood’. This approach denies the reality that
the vast majority of women (including BME women) who work in the off street sex market do so voluntarily, although this decision can be made in very difficult circumstances. It should also be remembered as Sanders and Campbell point out, that off street sex work takes many different forms and that the act of selling and buying sex between two consenting adults is legal. Furthermore, indoor sex work it is believed to be safer than street based work, and it is not associated with drug use (2008). However, because policy predominantly focuses on sexual exploitation, it fails to deliver an appropriate response to indoor sex work.

**Partnership work and policy development in Cardiff**

Directed by the Home Office *Coordinated Strategy* (2006), prostitution policy in England and Wales has developed in recent years at the local level. However, in line with central policy, it has focused primarily on street based sex work. Since 2009, professionals and front line agencies in Cardiff have come together and collaborated to develop a sex worker strategy for the capital city. To date, agencies working in a multi-agency capacity under the umbrella of the Cardiff Sex Worker Forum (The Forum) have worked hard to develop a strategic response to the problems associated with street based sex work in Cardiff. However, part of the longer term strategy of The Forum includes incorporating off street sex work within the policy framework.

It is true to say that until very recently little was known about the off street sex market in Cardiff. However, research carried out during November 2010 and February 2011 by Swansea University in partnership with Terrence Higgins Trust Cymru (THT) has assisted to fill a significant gap in knowledge with regard to the nature of off street sex work, the needs of off street sex work and also service provision gaps (see, Sagar, Jones and Clark, 2011). As already noted, due to the problems we experienced gaining access to the female off street BME sex worker population in Cardiff while carrying out this research project, it has been necessary to revisit the data collated from the THT research. In doing this, our report utilises previously collected data specific to the off street female BME sex worker community. By maximising available data in this way, we have been able to profile 10 female BME off street sex workers in Cardiff. Thus while this report alerts professionals and policy makers to the many difficulties regarding access to hard to reach (and relatively invisible) female BME sex
workers and makes recommendations for improving access to this extremely hard to reach community, it also represents an important addition to the growing body of data on sex work in Cardiff and in doing so furthers the development of an all encompassing sex worker policy framework in Cardiff. Also, importantly, given the current policy focus on sex work and trafficking in Wales, the report will be of interest to law enforcement agencies and policy makers who are concerned with sexual exploitation and the trafficking of women for the purposes of sexual exploitation in Wales.

Structure of the Report

The report is organised into five main sections which focus on:

- The aims and objectives of the research and research methods used
- A review of available literature
- Data and findings
- Research discussion
- Recommendations

Importantly, despite the many issues raised by the exploratory research with regard to access to BME sex workers, the report provides:

- Profiles of 10 female BME sex workers in Cardiff
- An outline of service and support needs
- An analysis of barriers to service access
- An outline of gaps in the current service provision
- Evidence based conclusions and recommendations

Definitions / terms used in the report

This research aimed to locate female BME sex workers in the off street sex market in Cardiff. Through empirical research, we aimed to provide a better understanding of BME women who are sex workers; to ascertain the needs of BME sex workers, and to identify barriers to service access (if any). For the purposes of this research the following terms were used:
‘BME’ sex workers

The researchers adopted a multi-dimensional working definition of the term ‘Black and Minority Ethnic’ (BME). In the report the term BME incorporates sex workers who are:

- Non-British nationals who are working as sex workers in the UK and who represent a minority group in terms of ethnicity within the UK, i.e. non White or those whose ethnicity is White but where the country of origin is not England, Wales, Scotland or Ireland
- British nationals who are working as sex workers and who represent a minority group in terms of ethnicity within the UK

In adopting such a broad definition, the research incorporates the views of the wider and often marginalised off street sex worker population. We believe that this is valuable in creating an understanding of the barriers to services that moves beyond the boundaries of race alone, and it also has the potential to consider issues such as immigration status and cultural differences.

Our definition of BME is also in line with that of Equalities Team for Cardiff Council who kindly offered ‘definition’ advice. While Cardiff Council does not have a specific definition of ‘BME’, there are instances where the council has adopted a broad definition of ‘ethnic minority’ which is anyone who is not White Welsh, White English, White Irish or White Scottish.

‘Sex workers’

Despite the historic tradition within law and policy in England and Wales which applies the term ‘prostitute’ (see for example the Street Offences Act 1959; Paying the Price (Home Office, 2004); The Coordinated Prostitution Strategy, (Home Office, 2006); the Policing and Crime Act 2009), this report refers to women who sell sex as ‘sex workers’. The authors agree with many other academics, organisation / agencies and the Cardiff Sex Worker Forum that the use of the term ‘prostitute’ to describe people who sell sex is stigmatising and inappropriate (see, Sagar, Jones and Clark, 2011).
‘Migrant’ sex workers

The UK has a long history of immigration. The term migrant has been and can be used to refer to a number of different immigrant groups (Agustin 2006a). An example of this in the UK would be the tradition of referring to non-Europeans as ‘migrants’. However in line with other work (Mai, 2009; Agustin, 2006a), this report uses the term ‘migrant sex worker’ to refer to anyone who has moved to the UK and who sells sex in the UK.

‘Trafficked’ sex workers

There is heightened interest today in the UK with regard to ‘trafficked’ women and children for the purposes of sexual exploitation. This has resulted in the resurgence of a ‘victim focused’ approach to sex workers within criminal justice policy (Agustin, 2006a; Mai, 2009). Nevertheless, many authors have been critical of policy in England and Wales which neglects to recognise that the majority of migrant sex workers in the UK have not been trafficked (Mai, 2009; Agustin, 2006a; Agustin, 2006b). Furthermore, as Agustin (2006a) discusses, there are a number of ways to become ‘trafficked’ into the sex industry. Each individual’s experiences can be different and complex (Agustin, 2006a). Thus, despite the existence of a widely accepted international definition of ‘trafficking’, practical applications of the terms ‘trafficking’ and ‘trafficked women’ remain problematic. Nevertheless, for the purposes of this study, the term ‘trafficking’ is that defined by the United Nations (adopted by BAWSO):

(a) “Trafficking in persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs;

(b) The consent of a victim of trafficking in persons to the intended exploitation set forth in subparagraph (a) of this article shall be irrelevant where any of the means set forth in subparagraph (a) have been used;
(c) The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph (a) of this article;

(d) "Child" shall mean any person under eighteen years of age

'Off street' sex work

Off street sex work includes a variety of sex work within indoor establishments such as lap dancing and stripping, sexual services delivered out of massage and parlours, sexual services offered by sex workers who work out of escort agencies and sex workers who sell sexual services independently from working flats or domestic residences (see, Sanders et. al. 2009; Sagar, Jones and Clark, 2011). However, while the authors of this report acknowledge the wide range of sexual services offered in off street establishments in Cardiff, the focus of this research is on independent workers working out of flats / domestic residences, those who work out of escort agencies, and those who work in sauna / massage parlours in Cardiff.

'Open' and 'closed' off street sex work

It has already been established that there are 7 ‘open’ or ‘overt’ off street establishments (saunas and massage parlours) and 10 ‘open’ / ‘overt’ escort agencies in Cardiff which offer sexual services (Sagar, Jones and Clark, 2011). However, some front line professionals who are members of the Cardiff Sex Worker Forum have spoken of the potential for less visible sex work to take place in Cardiff. The possibility that there is a closed sex work market in Cardiff (defined as sex work organisations taking place through word of mouth, see Jackson et. al. 2010) was also raised by BAWSO. The possible existence of a closed sex work market suggested by BAWSO was based on local information received through the organisation’s community networks. Therefore, utilising BAWSO’s community networks, the research aimed to locate BME sex worker women in both ‘open’ and ‘closed’ establishments.
Section 2: AIMS AND METHODOLOGY

Aims of the Research

Working with BAWSO, the overall aim of the research was to inform service provision and policy development to ensure that off street BME sex workers have:

- Access to services
- Increased awareness and knowledge of available services including sexual health services and support mechanisms
- Reduction in stigma and social isolation

In order to achieve these overall aims the research intended to:

- Locate Black Minority Ethnic (BME) female sex workers who are working in the off street sex market in Cardiff
- Identify the needs of off street female BME sex workers
- Identify gaps in service provision
- Produce an evidence base to inform policy and practice

Demographics of the study area

There are approximately 336,200 residents of Cardiff (Cardiff Council, 2011). Cardiff has an ethnically diverse population which includes approximately 25,500 people from BME communities (figures supplied by BAWSO).

Cardiff also has high levels of deprivation. Statistical data available from Cardiff Council’s Research and Community Engagement Team suggests that where areas have higher levels of deprivation, there is also a higher BME population. In some parts of Cardiff, for example Butetown and Adamsdown, between 14% and 20% of the population are born outside of the UK. Within these areas, indicators of poverty and deprivation can also be found. For example, 19% of the working age population have a long-term illness, and 13% - 14% of the population are not in good health. Generally, available indicators suggest that areas of Cardiff with large BME and migrant populations tend to have higher levels of unskilled occupations and higher levels of poor health (Cardiff Council, 2011).
Methodological Framework

Exploratory Research

We adopted an exploratory methodological framework. Exploratory research is commonly used in instances where not much is known about the situation at hand; when little or no information is available on how a similar problem or research issue has been resolved in the past; or when data is difficult to collect (Stebbins, 2001). In order to ‘explore the unexplored’, exploratory research adopts a flexible and pragmatic approach to inquiry, and does not follow any methodological formula; both qualitative and quantitative approaches may be involved, which may include literature reviews, case studies, surveys or any other research methods deemed as appropriate (Jupp, 2006).

The findings of exploratory research can provide a significant insight into a situation / issue / problem. Both methodologically and practically it can create avenues for a more focused research agenda (Schutt, 2006). This is of particular significance to this study, as very little is known about the service needs of BME off street sex workers in Cardiff. Other sex work researchers have adopted exploratory methodological frameworks for the same reasons. For example, a recent exploratory study by Sloss and Harper (2010), found that sex workers in Canada expressed the need for services to help with abuse, violence and legal problems, but most were reluctant to access such services because of mistrust and fear of repercussion. While, in 2007 the Population Council undertook exploratory research to assess female sex workers’ sexual and reproductive health needs in India. Exploratory research has also been used to try and understand the nature of sex work in Kenya by Elmore-Meegan et. al. (2004).

Underpinned by an exploratory research framework, this study utilised both quantitative and qualitative research methods. This included a review of policy, legislation, research and academic literature; a mapping exercise to ascertain the location of female BME sex workers in Cardiff; a questionnaire, and secondary analysis of existing data obtained from the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2011).
**Ethical Considerations**

As identified elsewhere (see, Churchill and Sanders, 2007), ethical issues are a priority for those conducting social research. This study was approved by the Ethical Standards Committee of the Centre for Criminal Justice and Criminology at Swansea University. In relation to this study, the following issues required particular consideration: over-researching of the sex worker population in Cardiff; informed consent and assured anonymity for those participating in the study; and issues of payment for participation in the research.

*Over-researching sex worker populations*

The over-researching of visible sex worker populations (i.e. on street sex workers and those working in off street establishments such as saunas / massage parlours), has been identified as an issue which researchers should be concerned with (Sanders *et al.*, 2009). Indeed in this study, this issue was considered at some length by the research team. Because, as already noted, at the end of February 2011 a research project with THT was concluded and this also focused on the off street sex market in Cardiff (Sagar, Jones and Clark, 2011). Off street establishments and independent sex workers had already been contacted in Cardiff and asked to participate in the THT research. During that research, only 3 off street establishments out of 7 had opted to participate. Thus the researchers were aware that some off street establishments may again decline to participate, and those that had participated might not want to participate in more research so soon. However, the research took place with an understanding of the importance of voluntary participation in research and the rights of participants who (regardless of taking part in previous research) had the right to decline to participate in further research.

This research aimed to approach both ‘overt’ and ‘covert’ sex worker establishments in the hope that female BME sex workers would participate in the research. As this project specifically targeted BME women, the research expertise of BAWSO was utilised to facilitate the participation of BME sex workers. BAWSO made use of their professional and community networks in an attempt to locate both overt and covert off street establishments in Cardiff.
Informed consent and anonymity

Given the importance of obtaining informed consent and the potential for female BME participants to be faced with language barriers, it was agreed that BAWSO would provide the services of interpreters to facilitate the inclusion of those wishing to take part in the study and to carefully explain the right of participants to decline to answer specific questions and to withdraw from the study at any time.

For those taking part remotely, i.e. via the internet, an introductory email accompanied by an information sheet detailing the purpose of the research was sent to each participant invited to take part in the study. Consent from those taking part electronically, was taken as return of the completed questionnaire. For those interviewed over the telephone, consent was obtained verbally.

In line with other research (Shaver, 2005; Sagar and Jones, 2010; Sagar, Jones and Clark, 2011) the anonymity of research participants was an overriding consideration. Data was anonymised and stored securely within the University and data protection legislation adhered to.

Paying for participation

There are arguments for and against paying sex workers for participation in research due to the notion that women who sell their bodies as a commodity are always vulnerable to exploitation, and that paying women who sell sex to take part in research is akin, in some circumstances, to exploitation (O’Neill, 1996; Jones, 2010). Further arguments put forward by those opposed to paying for participation is the strong association with street sex work and addiction to drugs and or alcohol (Home Office, 2006; Litchfield et. al., 2010). This is because the money paid to the women may be used to ‘feed’ their ‘habit’. However, the views of the researchers in this study were that payment has been shown to increase participation in research (see Mai, 2009; Sagar, Jones and Clark, 2011) and, importantly, that it is not the role of researchers to make ‘judgments’ about how research participants spend the money offered in return for participation. Therefore, in accordance with previous research into the sex markets in Cardiff (see, Sagar and Jones 2010; Sagar, Jones and Clark, 2011), a small sum of £10 was offered to those who took part in recognition of the time taken to participate in the research.
Research design and methods used

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

Phase 1

The first phase of the study had two aims:

1. In collaboration with BAWSO to secure access to participants by:
   - Monitoring newspapers and internet sources to identify BME sex workers in Cardiff
   - Liaising with service providers to assist with the identification of BME sex workers in Cardiff
   - Liaising with South Wales Police in relation to Police intelligence relating to the locations of sex establishments (including massage / parlours) in Cardiff
   - Utilising BAWSO’s community networks, to locate covert sex work establishments

2. To conduct a literature review of policy, legislation, research and academic discourse in relation to the following themes:
   - Sex work in Wales
   - Service provision and barriers to services for BME women in Wales
   - Service provision and barriers to services for BME female sex workers in Wales and the UK

The results of this comprehensive review can be found in section 4

Phase 2

The second phase of this project was concerned with data collection. The research aimed to:

- Approach BME women advertising sex via the internet or through local newspapers and ask them to complete an online questionnaire or a questionnaire by telephone, or participate in a face-to-face interview
- Approach BME sex workers working in off street establishments and ask them to take part in a face to face interview guided by the semi-structured questionnaire
BME women advertising sex via the internet and local newspapers were approached by researchers at Swansea University. In line with the objectives of the research (to facilitate the inclusion of BME women) it was agreed that all face-to-face contact with BME women would be carried out by Dr Mwenya Chimba from BAWSO with translation provided as necessary. Unfortunately data collection proved extremely problematic in this study. Issues of data collection are discussed in section 2.

Phase 3
Due to the significant lack of data obtained in this research, a decision was taken to use Excel to analyse the data retrieved from the one telephone interview. Also, with the support of THT, the research team re-visited data obtained from interviews with 9 BME female sex workers who had taken part in the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2011). Quantitative and qualitative data was re-analysed in order to identify common themes which were valuable to the objectives of this research project namely:

- characteristics of BME sex workers
- access to services
- barriers to service access

This research also re-visited 2 interviews with sex work managers which had been carried out as part of the THT study. Both interviews contained relevant data on BME sex workers. The qualitative analysis of these interviews are located on page 31 of this report.

Phase 4
The penultimate phase of the study was report writing.

Phase 5
The research will conclude with presentations on the findings to appropriate stakeholder agencies / organisations including The Cardiff Sex Worker Forum and other strategic partners in Cardiff.
Target population and sampling

Previous research had illustrated that female BME sex workers are not found in significant numbers working the streets in Cardiff (Sagar and Jones, 2010). Thus, this research aimed to locate BME female sex workers in the off street sex market in Cardiff. For the purposes of this research the ‘off street market’ was identified as:

- Saunas and massage parlours
- Escort agencies
- Independent sex workers advertising via the internet / local newspapers
- Covert establishments where local intelligence (collated by BAWSO) indicated sex work was taking place

Contacting Participants

As noted, this research identified BME off street sex workers via four means; saunas / massage parlours, internet sites, local newspapers and escort agencies. Most of the advertising with explicit reference to ethnicity or nationality (by independent off street sex workers in Cardiff) appeared to be of women of Asian (Japanese, Oriental, Chinese) origin, particularly in newspapers. The sex workers from European countries tended not to advertise using explicit references to ethnicity or nationality – although nationality was often provided as part of factual information available. An exception to this was sex workers of French origin who appeared to use their nationality as a selling point in their advertising. We also noted that in comparison to other UK cities such as London, Manchester and Leeds, there were far fewer adverts for Black British or Indian female sex workers. Figure 1 illustrates where BME sex workers were identified from in Cardiff.
• 7 saunas and massage parlours were identified, however, regrettably, none opted to take part in this research

• 56 independent BME sex workers advertising via the internet were identified, however only one participated in the research

• 6 independent BME sex workers advertising via local newspapers were identified, none accepted our invitation to take part in the research

• 2 escort agencies advertising BME sex worker services via the internet, none of which opted to participate

Thus, while we identified 9 establishments / organisations which potentially employed / did employ female BME sex workers, and while we located 62 BME women advertising sex independently in the Cardiff area, only 1 woman opted to take part in this research. Also, unfortunately, with regard to less visible sex worker establishments, despite making use of local intelligence and BAWSO’s community networks, we were unable to identify and access any ‘closed’ sex worker establishments in Cardiff. Figure 2 is a bar chart which illustrates responses to our requests for participation in the research.
Given the exceptionally low response rate and the limitations of self-selecting sampling procedures, the findings presented in this report do not assume to represent any generalisations in relation to female BME sex workers living and working in Wales, or indeed Cardiff. However, as an exploratory study, this research has true value in terms of highlighting the potential difficulties in accessing populations which remain hidden and inaccessible for a variety of reasons. It also utilises available data to provide profiles of 10 BME sex workers in Cardiff which is helpful to gaining a better understanding of the needs of BME sex workers. The report is further enhanced by the inclusion of data provided by 2 sex worker ‘managers’ who spoke openly about sex worker related issues.

**Barriers / challenges to the research**

Numerous studies have identified the problematic nature of researching sex work (Shaver, 2005; Sanders et al., 2009). Reflections by sex work researchers generally focus around issues of access and the need of gatekeepers to facilitate access, and the hidden nature of sex work (Phoenix, 1999; Sanders, 2005). It has been noted in previous research carried out in Cardiff that the lack of gatekeepers hampers access to off street sex workers (Sagar, Jones and Clark, 2010). This study however was even more problematic in that it specifically focused on BME women.

The difficulty in identifying potential participants from ethnic minority communities to take part in social-science research is well documented (Eisner and Parmer, 2008). In order to increase the potential of research to facilitate participation, the careful planning of any
study should include issues about barriers to participation such as: language difficulties; overcoming issues of trust where residency / immigration status is disputed; participants maybe unsure / untrusting of the motives of the researchers; and cultural understandings between the researchers and the participants (Eisner and Parmer, 2008). Although overcoming these issues can be difficult, mobilizing community stakeholders and gatekeepers has been found to be successful in terms of recruiting participants in social-science studies.

**Gatekeepers**

Gatekeepers can facilitate the growth of trustful relationships between researchers and participants allowing honest and truthful dialogue to take place (Bryman, 2004). In terms of sex work, gatekeepers are traditionally drawn from health agencies or Outreach services that work with sex workers. In Cardiff, however, there no such services available to the off street sex market (see, Sagar, Jones and Clark, 2011). Nevertheless, working in partnership with BAWSO, the research made use of BAWSO’s community networks to assist in ascertaining the locations of less overt sex worker establishments. BAWSO use community networks for various purposes because they have proved a source of expert knowledge for the organisation, and in particular they have been helpful with regard to locating research participants. According to BAWSO, community networks are invaluable when carrying out research in order to reach ‘hard to reach groups’. Particularly so with regard to BME women and children who are vulnerable due to language barriers, economic constraints, immigration status and who may have negative experiences of mainstream agencies and so forth. Furthermore, community networks and community groups can provide ‘a reality check’ on a variety of issues that impact on vulnerable communities and they are able to offer advice on how to approach sensitive subjects. As such, engaging with community networks and groups has shown to be very useful for BAWSO, particularly with regard to the development of local services. BAWSO also emphasise that this engagement and involvement encourages ‘buy in’ from the local community which has proved vital in the successful delivery of projects in Cardiff.

Regrettably, however, despite the efforts of BAWSO, and the use of their community networks, the organisation did not have success in accessing female BME sex workers. Thus, although some studies have suggested that ‘ethnic matching’ is desirable because of shared
understandings and interpretation of culture etc. (Eisner and Parmer, 2008), our study did not find that the ethnic matching of researchers to participants facilitated participation.

**Online communities**

Off street sex work is far less ‘visible’ than on street work. Although, the changing dynamics of off street work in terms of the increased use of the internet as a method of advertising (Sanders, 2005) has meant that sex worker populations are becoming increasingly ‘visible’. Nevertheless, this does not necessarily mean that access can be achieved easily. The internet may provide opportunities for those researching sex work (Jenkins, 2010), but securing face-to-face contact remains difficult where there is no gatekeeper or third party to ‘vouch’ for the integrity of the researcher. This was certainly a major problem encountered in this study.

**Responding to the challenges of the research**

There are few research projects which do not face methodological challenges. This project however ran into significant problems as already outlined. Nevertheless, this research is extremely important because it represents the first empirical attempts to explain female BME sex worker’s experiences of sex work in Wales.

To present the most accurate picture of female BME sex workers in Cardiff, the study (as already noted) utilised existing data from the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ that was conducted by Sagar, Jones and Clark in 2011. The relevant data (BME women’s experiences of sex work in Cardiff) from that project has been re-analysed and incorporated into this report.
Section 3: LITERATURE REVIEW

Off street sex work and BME sex workers: knowledge from the UK

As already noted, far less is known about off street than on street sex work. Thus, estimating the numbers of off street workers in the UK is problematic. Nevertheless, the research of Cusick et. al., (2009) set a precedent in calling for transparency in how those researching and quoting sex worker numbers arrive at their estimations. It has been suggested by Sanders et. al., (2009) that off street sex work represents approximately 90% of sex work in the UK. While in Cardiff, the off street market is estimated to make up at least 87% of the sex market (Sagar, Jones and Clark, 2011).

Furthermore, Scambler’s research led him to estimate that 85-90% of off street workers are female (2007). Evidence also seems to suggest that the number of men who report paying for sex has more than doubled from 2% in 1990 to 4.2% in 2000 (Ward et. al., 2005). Thus, sex work in the UK appears to be a vibrant market.

Although it is impossible to determine the exact numbers of female BME sex workers in the UK from what can be described as a very limited research base, it has been suggested that BME sex workers are more likely to be working off street. For example, Ward et. al.’s (2004) research into the off street sex industry in London revealed that most were non-UK nationals. This study also showed that in London, the percentage of foreign born sex workers in the UK had increased from 25% in 1985 to 63% in 2002. While research undertaken by Dickson (2004) (also into the off-street sex industry in London), suggested that Ward et. al.’s estimations were too low, and that the figure of migrant workers was more likely to be around 81%. Dickson’s study found the most common regions of origin to be Eastern European, South East Asia and Western Europe. More recently, Scambler (2007) has suggested that between a quarter and a third of migrant sex workers in London come from Eastern Europe or the former Soviet states.

Research appears to attribute the rise in migrant sex work to the partial intrusion of capitalism into countries such as Eastern Europe and the former Soviet States, which has led to many changes and left many people in a precarious economic situation following the closure of state industries, the ending of food subsidies and declining welfare provision (see,
It is asserted that women in particular have been harshly affected by these changes and that sexual inequality has increased. Consequently, Ward (2002:80) suggests there has been an expansion in the informal economy – ‘including trade in sex as a temporary survival strategy or, for some, a medium term strategy out of poverty’ – and that this is ‘inevitable’.

Nevertheless, although the vast majority of BME sex workers in the UK are likely to be migrants, research has only just begun to examine the policy implications of this. Indeed, as has been pointed out by others (see for example, Agustin, 2009b; Mai, 2009), very little research exists on migrant women who sell sex. A notable exception is the work of Laura Agustin whose research into migrant sex workers has pointed to many issues directly linked to immigration status – in particular, the legal status of migrants and the lack of civil rights (see, Agustin 2006a; Agustin 2006b).

In general however, where research does address the issue of migrant sex workers, it tends to be dominated by inferred links drawn between off street sex work, organised crime and trafficking (for example, Barry, 1995; Taylor and Jamieson, 1999; Stepnitz, 2009; Di-Tommaso, et. al., 2009; Kelly and Regan, 2000; Agustin, 2005; Goodey, 2004; Craig et. al., 2007; House of Commons Home Affairs Committee, 2009; Jackson et. al., 2010; Schaeffer-Grabiel, 2010). However, it has also been argued by Munk (2006) that the dominant public view that the majority of migrant sex workers are ‘victims of trafficking’ does not correspond to reality. Munk also suggests that in the struggle to combat trafficking, policy must not detract from the need to secure better working conditions and improved health services etc. for women who have chosen to work in the sex industry – and that this is indeed, the right way to fight exploitation.

Recently, the work of Nic Mai (2009) has provided a much needed and valuable insight into the migrant sex worker population in the UK. Like Munk, Mai is critical of the current public debates which conflate migrant sex workers, trafficking and exploitation. Mai’s research with 67 migrant sex workers in London suggests that only a small percentage felt that they had been deceived or forced into selling sex in circumstances within which they had no control or consent. Contrary to the emphasis given in current public debates, Mai’s evidence shows a great variety of life and work trajectories within the migrant sex market, which are
influenced by a number of key factors: socio-economic background; educational aspirations and achievements; immigration status; professional and language skills; gender and sexuality; family history; and individual emotional history.

Likewise, Mai found that most migrants had not worked in the sex markets before coming to the UK, and had only decided to do so after a long string of work experiences in other sectors, which were seen as comparatively less rewarding both in terms of remuneration and of the working conditions offered. Indeed, by working in the sex market, many migrant sex workers were able to maintain dignified living standards in the UK while dramatically improving the living conditions of their families back home. Mai’s study also revealed that only a minority of migrant sex workers experienced violence or abuse from their clients. However, the stigma of sex work in the UK was regarded by his participants as one of the worst aspects of the occupation and this impacted negatively on both their professional and private lives. Similar findings have been reported in research undertaken by Scambler (2007).

Arguably, there appears to be a dichotomy in research and policy with regard to off street sex workers generally, and off street workers who are migrant / BME women. For example, on the one hand research suggests that off street work is less violent and far less associated with drug use than the on street market (Sanders and Campbell, 2007). Also, that women who work off street are believed to have higher levels of education than street based workers (Sanders, 2005). Many researchers also believe that women working in the off street market are capable of making and do make rational decisions to sell sex (see, for example Sagar, Jones and Clark, 2011). However, despite the research carried out by Mai (2009) for example, which aims to draw attention back to the actual needs of migrant sex workers in the UK, policy in the UK focuses on issues of vulnerability, safety, exploitation and trafficking. Thus, there is a danger that the BME female sex workers who choose to sell sex in the UK will fall through the policy gaps and their service provision needs will not be met.
BME Services in Cardiff

There are several organisations which work with BME populations in the Cardiff area offering health, mental health and social welfare support. BAWSO is, however, the lead organisation working with BME women offering a range of important services. Over the last ten years or so BAWSO has collaborated with a variety of stakeholder agencies and has been at the forefront of the battle against domestic abuse. The work of the organisation has been fundamental in raising awareness regarding a variety of neglected issues in the UK such as female genital mutilation, honour crimes and forced marriage. In recent years the organisation has expanded to provide advice, support and shelter for female BME victims of trafficking for the purposes of sexual exploitation in Wales. In 2009 BAWSO developed the ‘Diogel Project’ in partnership with Eaves Housing (Stepnitz, 2009). The project provides accommodation for up to five women over the age of 18 who have been trafficked in the UK / forced to work as prostitutes in the UK. Within the last year, BAWSO have had 11 referrals to the Diogel Project, from across the UK. Within Wales however, the organisation has only received 3 referrals from Outreach in Cardiff. Therefore while there is evidence that the trafficking of women for the purposes of sexual exploitation is taking place in Wales, the number of referrals to the Diogel Project is extremely low.

Given that migrant BME sex work is taking place in Cardiff (as identified by the numbers of visible BME female sex workers found in the course of this research, see page 20) policy in Wales needs to focus on meeting the needs of ‘all’ female off street sex workers and not simply focus on locating victims of ‘trafficking’. By reaching out to all off street workers, improving service provision, and ensuring that the needs of female BME sex workers are met, the protection of all off street workers would be enhanced and this would also increase the potential for victims of trafficking to be better identified and supported appropriately.

Off street sex work research and policy development in Cardiff

Until very recently there was a complete lack of knowledge regarding off street sex work in Cardiff. However, this knowledge gap has partly been filled by research carried out by Swansea University in association with Terrence Higgins Trust Cymru (Sagar, Jones and Clark, 2011). 30 off street sex workers (male, female and transgender) took part in the research which focused on sexual health needs. The research found that there was no
typical profile of a sex worker. The personal characteristics of those who took part in the study varied in terms of ethnicity, age, gender, occupational status, education background, self identification and motivations and experiences of sex work. The study did find however, that the majority of participants carried out their work in secret and the research concluded that the issue of ‘secrecy’ had implications in terms of safety, support and access to services.

In terms of access to services, the research noted that 30% of respondents had not accessed basic health services such as a GP or a dentist in the previous 12 months. And, whilst over 80% of the sample had undertaken a sexual health check-up, 73% had not disclosed to services that they were sex workers. The reasons for non disclosure revolved around fears of being judged by services, a lack of trust in the confidentiality of services, and simply not being asked.

The research carried out by Sagar, Jones and Clark represents an important addition to the knowledge base in Cardiff. The research was carried out with the support of the Cardiff Sex Worker Forum, and it is anticipated that the report will assist The Forum to fulfil its aims and objectives which includes expanding the policy base in Cardiff to incorporate off street workers.

However, this research (also supported by The Forum) focuses on the neglected issue of female BME sex workers. It reports on the problem of gaining access to this hard to reach community; provides 10 profiles of BME women working off street in Cardiff, and identifies gaps in service provision.
Section 4: FINDINGS - BME FEMALE SEX WORKERS IN CARDIFF

Unfortunately, only one sex worker who advertised via the internet opted to participate in this research. However, when this data was analysed with that collected for the research report ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2011) we were able to maximise knowledge on BME women in Cardiff.

Demographics

Figure 3: Age

![Age Distribution Chart]

- 18-25: 6
- 26-35: 1
- 36-45: 2
- 46-55: 1

Figure 4: Nationality

![Nationality Distribution Chart]

- Austrian: 1
- German: 1
- Hungarian: 1
- Lithuanian: 1
- South African: 1
- Romanian: 4
- French: 1
Descriptive profiles

The following nine descriptive profiles in this section of the report are based on data that was collated while carrying out research for the report ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2011). Although that research was primarily focused on the sexual health needs of off street workers, much of the data collated is appropriate for inclusion in this report. For example, the 9 female BME participant responses include descriptions on: motivations for selling sex, access to services, barriers to service access, and positive and negative experiences of sex work. The tenth descriptive profile is that of the only sex worker that opted to take part in this research study.

As noted, the data is presented in the form of individual descriptive personal profiles. In doing this we believe that we are able to add a richness and depth to the study which is to a certain extent lost with statistical (quantitative) and thematic (qualitative) data analysis. By presenting the narratives of female BME sex workers we are able to capture the reality of hard working women (from a variety of backgrounds), with interesting work histories who shared their personal feelings about selling sex in Cardiff.

1. Fiona

Fiona advertised as an independent sex worker on an adult site which marketed sexual services. She described herself as aged between 46-55, White and French. Prior to working as a sex worker, Fiona had worked in other occupations and she had formal qualifications in hairdressing. She had also previously worked as an image consultant, a nail and makeup
artist, and she had also worked in a variety of administrative roles. However, although Fiona had been actively applying for jobs in the UK for approximately 2 years, she had not been successful in securing an interview and indeed had thus far had no opportunity to take up an alternative occupation.

Due to the lack of work opportunities, Fiona had been selling sex in Cardiff for less than a year — and this was her first experience of sex work. She worked independently from a private house / apartment and described herself as an ‘escort’. Although Fiona lived in Cardiff, she did not have any formal support networks which she could access as a sex worker. She worked alone and kept her identify as a sex worker a secret from her friends.

Furthermore, while Fiona had accessed a sexual health clinic in Cardiff during 2010-2011, she had not disclosed to the service that she was a sex worker, explaining: ‘I want to keep it private as sex workers are regarded as lower grade, and even nurses can be judgemental...I do not want to tell people I work in the sex industry’. Thus, while Fiona appeared to regard her sexual health as a priority (having had a sexual health check up and a HIV test within in the last year) she was clearly reluctant to tell services that she was a sex worker.

For Fiona, working as an escort was a positive experience, she explained that she had made ‘good money’ and met ‘very nice people’, and she stressed the benefits of being self employed: she was her own boss, she had control over who she saw, she worked according to how much she needed to earn and she worked when she wanted to. Her negative experiences as a sex worker in fact mirrored criticisms that could be raised by many people who are employed in other occupations. For example she complained about clients not turning up, time wasters, and long waiting periods between clients. She also commented that any future decision she may make to stop selling sex would be entirley her own, ‘I enjoy what li am doing and will not go back into a normal 9 to 5 job, working for a boss. I will stop when I find the right partner to share my life with’.

Fiona opted to take part in the research remotely via email correspondence; therefore the researchers were unable to assess her levels of spoken English. However, her capacity to understand written English and her written responses indicate that language is unlikely to be a barrier to accessing services for Fiona.
2. Rachel

Rachel took part in a face to face interview in an established massage parlour in Cardiff. She described herself as being aged between 18-25 years and of Romanian origin. Rachel also described herself as a ‘working girl’ who had been engaged in the sex industry for 1-5 years. She also told us that although she was currently working in Cardiff, over the last year she had in fact worked in other saunas / massage parlours in other parts of the UK – notably Swansea and Birmingham.

In the massage parlour, Rachel worked alongside a number of women who were White Welsh, other European citizens and Black women from outside Europe. She seemed very relaxed before and during the interview, which was conducted alone with a researcher in one of the rooms used by the women. The researcher observed that the women who worked in the massage parlour appeared to get on very well. This was later confirmed by Rachel during the interview where she explained that one of the benefits to being a ‘working girl’ was working with the other women. It was clear to the researcher, as is often the case between work colleagues that friendships had developed. It was also clear that these friendships provided a very valuable level of support to Rachel. Particularly given that she had no formal networks of support outside of her working environment. Also because she kept her work a secret from all of her family and most of her friends.

Rachel told us a little about her background and why she had become involved in sex work. She was a single mother having parted from her baby’s father some time ago. Quite simply, she explained: ‘I needed money and friend told me about it’, interestingly she also added ‘I have never been forced.’

We did ask all of the women we interviewed to share with us their positive and negative experiences of the sex industry, and in taking this approach we provided semi-structured questions to draw out the participants’ perceptions. However, we did not ask any questions about coercion for example – to do so would have been to ‘lead’ the participant. It seemed to us that in offering this information Rachel perhaps was aware of the issues and current debates surrounding migrant sex workers and the use of force.
In terms of sexual health and access to services, Rachel had not accessed any services in the past 12 months, she explained: ‘I always use a condom I don’t think I need services’. She had never had a sexual health check up, or an HIV test but she had been vaccinated against Hepatitis B in Birmingham 2 years previously. Although Rachel didn’t believe that she needed to access services in Cardiff, she went on to say that she did not want to disclose to services that she was a sex worker. Furthermore, although she was clearly able to speak and understand English, she said that language was problematic for her.

Rachel was a young woman, who had no formal qualifications, and she had no experiences of any other forms of employment. She was a single mother, who needed to earn money and sex work had provided her the opportunity to do this. Indeed, she described ‘the money’ as the main benefit to working. The only downside (negative experience) of sex work Rachel shared with us is that she had ‘too much sex’.

3. Gail

Gail worked in the same off street establishment as Rachel. Gail was also interviewed face to face, in private, with a researcher. Gail stated that she was aged between 36-45 years and that she was German. She had formal qualifications and her English was excellent and she spoke very confidently to the researcher. She had worked in the massage parlour for 1-5 years and she had no experience of working in other areas of the sex market.

Gail appeared to adopt a pragmatic approach to her work and explained how she became involved: ‘I needed money to pay bills...a friend introduced me to it...it helps you financially’. She adopted an equally pragmatic approach to her sexual health needs; explaining that she had received a sexual health check in the past 1-3 months and that she did access local services (the local GUM clinic) and that services knew that she was a sex worker. Gail made it clear to the researcher that she valued her sexual health, she emphasised this point when explaining that she had taken an HIV test (over 12 months ago) and that she had been vaccinated against Hepatitis B, stating: ‘I look after my health...it is important to me for the sake of my children’. Although Gail felt able to access services such as GUM clinics she did point out that a service which visited women in parlours was beneficial in terms of on the ground support, ‘there used to be this lady came round to help us....I have used some services but I miss the lady who used to come round’.
Gail lived in Cardiff, she had children to support but she did not have a partner. Although Gail appeared very contented with her work and told the researchers: ‘I have never had a bad experience, clients are nice and sweet’, she also explained that her occupation was a secret from all of her family including her children and also from some of her friends. Nevertheless, she took the time to explain how much she valued the support that she was offered in her working environment. Indeed, during the interview a young lady put her head around the door to see if Gail wanted anything fetching for lunch – much the same as any other place of work.

4. Lucy

Lucy also took part in a face to face interview that was based around the completion of a semi-structured questionnaire. The researchers had been greeted at the door of the off street establishment by a middle aged White woman who described herself as a receptionist. Unfortunately, the researchers were not granted the opportunity to speak to Lucy alone, and instead the interview was conducted in the presence of the receptionist. This may have impacted on the validity and reliability of the data (given that most employees would perhaps speak differently about their work life in the absence of an employer or manager). Nevertheless, Lucy did appear comfortable in the company of the receptionist and looked to her to be included in the conversations between herself and the researchers. She also later in the interview told the researchers how working there, with other women, was a source of support to her.

Lucy described her working environment as a brothel (although the premises where she worked was advertised locally as a massage parlour), and identified herself as a ‘working girl’. She was aged between 18-25 years, White, and her country of origin was Lithuania. Given her age, and the fact she had been working as a sex worker for between 5-10 years, it is perhaps unsurprising that she had had no other work experience. Lucy also told us that she did not have any formal qualifications.

Lucy lived in Cardiff and she explained that her work was kept a secret from almost everyone she knew, except the women she worked with in the parlour. She explained that she was not aware of any support networks specifically for sex workers.
Lucy was reluctant to explain how and why she became involved in the sex industry: ‘I don’t want to answer that question’. She clearly expressed to the researchers that she did not want to talk about her family and her homeland. However, she appeared at ease with herself and she was happy to answer all other questions put to her suggesting that perhaps she simply found talking about family and the past difficult. Although Lucy was sending money ‘back home’, she explained that the establishment she worked out of offered her the opportunity to meet clients and that she believed it provided her with a safe working environment.

Lucy told the researcher that she had accessed sexual health clinics in the past (the GUM clinic) and that she had disclosed to them that she was a sex worker: ‘I say I am working girl to have tests…it’s good, I like them’. Nevertheless, she had not had a sexual health check up in the last 12 months and when asked about HIV tests Lucy appeared a little confused by the question and replied: ‘Yes I had all my injections’. She also said she had been vaccinated against Hepatitis B. However, when the issue of barriers to accessing services was raised, Lucy dismissed the necessity of such services: ‘I don’t want to use services…I know I am safe, I use condoms, I am careful…I use a service when I think something is wrong – but not for a regular check-up’. For Lucy it was clear that services were a form of ‘safety net’ rather than a means of preventive action. Lucy did not raise language difficulties as a barrier to access, and at least as far as spoken English was concerned, this did not appear to be a problem for her.

Lucy made it clear to the researchers that she only was a sex worker because of the money it gave her, she repeated this several times. She also repeatedly explained that off street sex work was different from on street work, and in distinguishing herself from street sex workers she implied that off street work was better – safer, less dangerous etc. For example, in the context of explaining to the researchers how the girls helped each other, she stated: ‘I am happy, I share with the girls, we help each other. It’s not on the street; it’s just a normal job’.

Lucy clearly began selling sex at a relatively young age. She was sending money back home to her family. She also explained to us that she understood that she was young to be doing this kind of work: ‘It is not good for me because I am young’. However, she appeared to
value the fact that she sold sex ‘off street’, and she valued the safety and support offered by the off street establishment and her colleagues.

5. **Sarah**

Sarah described herself as a Black South African woman aged between 18-25 years. She worked in the same premises as Rachel and Gail and took part in a face-to-face interview in private with the researcher. Sarah identified herself as a ‘working girl’ and explained that she had been working in the sex industry for between 1 and 5 years. She worked out of what she described as a sauna / massage parlour but added that she had worked in other saunas / massage parlours in Preston and Stoke-on-Trent. She had also worked independently and used the internet to sell sex outside of Wales. At the time of interview, Sarah was only conducting 25% of her work in Cardiff. In fact she lived in Birmingham and travelled to Cardiff by train to work.

Although she was not aware of any local support networks available to her, Sarah had only been working in Cardiff for two weeks, thus she did not know the city very well. However, she also stated that she did not need any support. Sarah kept her occupation a secret from her family, including her children, and from her partner and her friends. She explained that no one knew what she did apart from her work colleagues: ‘*I don’t want my family to find out...it is a disgrace to them*’. It was also clear from her responses to questions regarding her sexual health that Sarah was concerned about how services would react to her if they knew that she was a sex worker. She believed that sex work should ‘*be legalised and then we could access services without being judged*’. Although she had taken the decision not to disclose her occupation to services, she had received a sexual health check-up and a HIV test within three months prior to the interview taking place. She had also been vaccinated against Hepatitis B.

Sara explained that she had no concerns about her personal safety when she worked independently. However, she did later state in the interview that some customers can be aggressive, although this was not so much of a problem where ‘*there is good security*’. It appeared that Sarah believed that she was in control and that she could manage difficult clients. Indeed, she indicated that she opted to work out of the massage parlour for purely financial reasons rather than due to any concerns she had about her safety.
Sarah had a sound understanding of English and explained that she had come to UK to study, ‘I am studying accountancy with the Open University, and I am in my second year’. She also explained that she had previously worked as a journalist in South Africa. Sarah told us that she had decided to sell sex after hearing about it through a friend who was working. She also stated: ‘...it is easier work than the work I was doing before and the hours are flexible’. For Sarah, ‘money’ and ‘flexibility’ were key issues and she outlined them as being her most positive experiences of sex work.

6. Lara

Lara is a white Romanian woman aged between 18-25 years. Lara described herself as a ‘working girl’ who had worked for the past 1-5 years. Lara’s working environment was a well established overt massage parlour in Cardiff. The manager of the premises was a White Welsh middle aged woman. All of the sex workers interviewed at this particular establishment spoke very fondly of the manager and were keen to emphasise the support that she provided. Lara was interviewed in a private seating area, away from other workers and her manager. Lara spoke freely and she had a good command of English. During the interview Lara filed her nails and appeared extremely relaxed.

Lara explained that she had no Romanian qualifications and that she had come to the UK with her boyfriend but that they had broken up since arriving in the UK. Although she had previously worked in a coffee shop in the UK, she did state that it was very difficult for a single girl and added that ‘bosses take advantage of you...it’s much easier to work here’. For Lara it seems that working in the parlour was a much better option than being taken advantage of in other occupations. Lara appeared to live at her place of work, she explained that: ‘It’s difficult to find a proper job without papers and it’s hard to get [a] house if you can’t show where you work’.

Lara was currently living in Cardiff but carried out only 75% of her work in Cardiff, with the remaining 25% conducted in massage parlours in London and Birmingham. She was unaware of local services in Cardiff, but had accessed a GUM clinic in Birmingham in the past 12 months. She explained that she had disclosed to services which came to the ‘brothels’ in Birmingham, ‘in Birmingham someone came round to the brothels...it was very good to check us out, but nobody came here’. In terms of sexual health Lara had been for a
check up in the previous 1-3 months but was unclear as to whether she had been tested for HIV or vaccinations against Hepatitis B, ‘Not sure I have all my injections and tests but I’m not sure what they are for’.

Lara was not aware of any support networks for sex workers but felt that there was support within the parlour. Furthermore, while Lara kept sex work a secret from her family, she explained that inside the parlour the work was just a ‘normal job’ but outside of the parlour it was not seen as ‘normal’.

Furthermore, Lara felt that there were benefits to working in a parlour for women who are away from home and family: ‘When we are away from family it’s good to work here, because we help each other’. Her only negative experiences of being a sex worker was working when clients and were drunk.

7. Paula

Paula worked at the same establishment as Lara. It appeared that Paula also lived in the off street establishment. The interview was conducted in ‘her room’ which displayed evidence of her personal possessions. In fact at the time of the interview she was cleaning her room.

Paula identified herself as a White Romanian and indicated that she was aged between 18 and 25 years old. She stated that she had worked as a ‘sex worker’ in the parlour for less than a year, although she had previously worked as a lap dancer for 3 years. As with all the other participants, sex work was kept a secret from family and friends.

According to Paula, she had come to the UK to earn money. She had decided to sell sex because of the financial benefits which it provided her with: ‘Good money for my future’. She explained that she did not know of any support networks for sex workers but that working in a parlour offered her financial benefits, emotional support and it was also safe, as well as being necessary to meet the needs of clients.

Paula had previously had a sexual health check up but said that she would like it if she could get free condoms, which she currently bought herself, but which were ‘very expensive’. However, the only service Paula had accessed in Cardiff during the previous 12 months was her GP due to a blood disorder. She explained to the researcher that her visit to the GP had
not been a pleasant experience, and that the GP himself had been very unpleasant to her. She has also struggled to fully understand UK procedures. Regrettably, she had made the decision (based on her experience) not to make a follow-up appointment. Paula said that she did not disclose to the GP that she was a sex worker because ‘they didn’t ask’. However, during the interview it became evident that she did not want to tell people what she did for her occupation.

Paula had a good level of spoken English. She had studied many languages at school level and although she told the researcher that a lack of confidence in her spoken English did act as a barrier to accessing services, it was clear to the researcher that her only experience of a UK service (namely the local GP) had negatively impacted on her and that she seemed reluctant to try further service access because of this.

8. **Julie**

Julie was aged between 36-45 years. She identified herself as a White Australian woman. Julie described herself as an escort who had been selling sex for between 1-5 years. Julie had not worked in any other area of the sex industry and explained that she had chosen to work in a massage parlour because of the safety it offered her.

Julie had a wide range of alternative work experience, she was a qualified travel agent and had worked in the travel industry as both an agent and receptionist. She explained that she had lost her job in Australia and then came to work in the UK. However, she also lost her job at Heathrow and had to consider all her options. She said that being an escort provided her with work flexibility because she could work when she chose to.

Julie, at the time of interview, lived in the Cardiff area. Her family back home and her friends in both Australia and in Wales did not know what she did for a living. She had, however, disclosed her occupation to the local drug addictions unit. She was very keen to explain that although she visited the addictions unit to receive support from a service worker there who had years of experience working with sex workers, that this was only a means of attaining free condoms, and she did not have any addiction problems.
However, Julie clearly valued the support from the service worker at the addictions unit, and went on to explain how she could really talk to her and she emphasised that she received excellent support.

Julie was also concerned about her sexual health and had received a recent check-up, she had also had a HIV test over 12 months ago and been vaccinated against Hepatitis B.

Importantly, Julie was at pains to stress that for her, the barriers to accessing services were not about language or culture etc. but instead they centred on issues of confidentiality and her lack of confidence in feeling able to disclose her occupation to services. Although she did state: ‘I might tell people I work in the sex industry... if it was a confidential service’.

9. Sue

Sue described herself a White Romanian female aged between 18-25 years. She had been working in a massage parlour in Cardiff for less than a year. The interview took place in ‘Sue’s room’ – which had her personal belongings in it but which did appear to be a room for her to see clients in, rather than a room which she herself ‘lived’ in. Sue was very friendly and happy to assist with the research. Her spoken English was very basic and the researcher was very careful to explain the purpose of the research. Several questions had to be repeated to ensure that Sue fully understood what was being asked. Likewise, Sue’s answers were repeated to her to ensure that she was happy with the information being recorded. Indeed, Sue expressed her own desire that the information was recorded accurately and she was happy to take the time to work closely with the researcher in this respect.

Sue had not worked in any other area of the sex market. She explained that she had previously been employed in a number of manual jobs including sewing, cleaning carpets, cleaning houses and also leaflet dropping. She had come to the UK with her boyfriend but neither of them had managed to secure a job. She was still with her partner and they had taken the decision together that she should sell sex in order to earn money. Her partner didn’t like what she did, but they had simply needed the money. She also explained how having sex at work was ‘just work’ and that this was very different from what she shared with her boyfriend.
When Sue was asked about her positive experiences of selling sex she explained that apart from the money she did not have any. She repeated several times during the interview that she was doing this work only for the money and other than that ‘there is nothing really good’ about the job.

Sue was not aware of any support services or sexual health services in Cardiff. Like Paula, the only service she had accessed was a local GP when she was pushed to go because of a pain in her side. Again, like Paula, she had a negative experience of her local GP service. To the point that when she was asked if there were any services she would like to access she simply replied that she would like to see ‘better doctors’. She explained how she believed that the GP had not taken her concerns and her pain seriously and had put her on a waiting list which had not been good for her. However, she did not know what else she could do ‘apart from wait’.

At the time of interview, Sue had not received a sexual health check-up, she struggled to understand what was meant by an HIV test and Hepatitis B vaccination, but in any event she did not believe that she had received any vaccinations or tests of that kind although she remembered having some vaccinations as a child in Romania.

Sue did explain that she had to buy her own condoms and that they were really expensive. And, although she was not accessing local services, she did explain that language was a problem for her and also that she did not want to tell anyone her occupation.

10. Rona

Rona advertised as an independent sex worker on an adult sex worker internet site. She described herself as being 27 years of age, White European and Hungarian. Rona had been in the UK for less than 6 months and had been working independently from a private house / apartment in Cardiff during this time. She explained that this was her first experience of sex work, and that her motivations for selling sex were to provide for her children: ‘I came to the UK with husband and the marriage broke down, and I have children so I must work’. Therefore, although Rona indicated that she had not come to the UK with the intentions of becoming a sex worker, she had taken the decision to sell sex in order to provide for her children.
Rona worked with other women from a private apartment. Although Rona kept her occupation a secret from her family back home and from some of her friends, her children were aware of her occupation.

Rona was fluent in speaking, reading and writing Hungarian but had a very basic understanding of spoken English. She did not appear to have any understanding of written English. Although Rona did not suggest that a lack fluent of English was a problem for her, and she was very keen to take part in the research, it became clear throughout the telephone interview that she had difficulty in understanding the questions posed by the researcher. Therefore the researcher was unable to complete all the questions on the questionnaire.

Although Rona lived in Cardiff she did not have any formal support networks which she could access as a sex worker. As for service access, Rona explained that in the past 6 months she had accessed her local GP. Rona was also aware of the health services provided by GP’s, and Accident and Emergency. She also explained that she was aware of social services but did not feel she needed to access them and in fact made it very clear to the researcher that this was because: ‘my children [are] good [I] do not need them’. However, she felt her support needs were in fact met by her clients whom she described as ‘nice’ and who treated her well: ‘I not have any problems; my clients very good’.

The barrier Rona faced in accessing services in Cardiff appeared to be her lack of interest in using any service; she did not appear to have knowledge about what services are provided locally. She did however speak positively about her experiences of sex work, explaining that her clients had been very helpful and had allowed her to earn money. Rona also emphasised that she had no problems at all – so far.
Profile summary

Some of the women profiled in this report had arrived in the UK with boyfriends / partners / husbands and when their relationships broke down they turned to sex work to earn money to support themselves (and in some cases their child / children). There also appears to be a general trend about starting to work in the off street sex market through friends that are already working. It was clear that some of the women had tried to get other jobs in the UK but that they had not been successful. Most lived and worked in Cardiff.

Figure 6: Sex work location of the women profiled

The reason that most of the participants worked in the off street sex market was for money, and this was seen as a positive experience – as was the flexibility of the work and the support and friendship provided by colleagues. It is important to note that 6 out of 10 women emphasised that they had not had any negative experiences in their work. 2 women explained that they also had never had a ‘bad experience’ with a client. Some also spoke very positively about their ‘client experiences’.
It appears from the findings that the majority of women had been working in the UK for between one and five years.

**Figure 7: Length of time in the UK**

<table>
<thead>
<tr>
<th>Number of Women</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 6 months</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-9 years</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>10 years or more</td>
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</tr>
</tbody>
</table>

Thus, it is concerning that BME sex workers can be living in Cardiff for a period of over 12 months and yet they struggle, for a variety of reasons, to access sexual health and support services. The data suggests that reasons can include a lack of awareness and negative experiences of GP services. In particular, women spoke of their fears of being judged and worry about disclosing their occupation.

**Figure 8: Disclosure of occupation of sex worker to service providers**

Did you disclose your occupation to services?

- yes 40%
- no 60%

Where BME woman are working in the UK there is always the potential for language to act as a barrier to service access. However, it appeared from the data that language was not a significant barrier for the majority of women profiled. As illustrated in figure 9, the majority had basic to fluent levels of English comprehension.
All of the participants stated that working in the sex industry was a secret. Figure 10 provides the break-down of who the women keep their occupation a secret from.

Figure 9: English language comprehension

Figure 10: The secrecy of sex work
Interviews with sex worker managers

Whilst carrying out the empirical data collection for the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (Sagar, Jones and Clark, 2010) Sagar and Jones had the opportunity to talk to two sex worker managers who kindly gave their permission to record the interviews. Some of the key issues raised by the managers are valuable to the aims and objectives of this research in the context of locating BME women in the off street sex market in Cardiff, and the approach adopted by managers where BME women are in their employment.

Elizabeth

Elizabeth met the researchers at the door of the establishment. She was very welcoming and invited the researchers in and commented that she was very happy to help. The researchers (Sagar and Jones) sat in the waiting area of the establishment with the manager. Following a brief discussion of the purpose of the research it became clear that Elizabeth understood the value of the research. She spoke of how a few years ago a service worker used to visit the premises quite often; she identified this person as Jill Coles. Jill, being a member of the Cardiff Sex Worker Forum, was also known to the researchers. Elizabeth spoke very highly of Jill and emphasised how much the girls valued the service Jill had provided.

Elizabeth appeared to have her ‘ear to the ground’ regarding the off street sex market generally in Cardiff. She spoke of the majority of off street workers being of European origin, particularly Romanian. She also raised the issue of trafficking with the researchers, explaining that she personally had experience of two girls that had come to the establishment to work, whom she suspected had been previously been coerced into sex work. Elizabeth told the researchers: ‘If I ever suspect anything, I don’t ask questions straight away, I just give them chance to settle because it all comes out eventually’. Given her experiences of working with women whom she perceived to be vulnerable, she maintained that she ‘kept an eye out’ and that if ever anyone ‘disclosed’ to her that she would contacted the police (as she had done in the past). Indeed, Elizabeth was very knowledgeable about the work of the Poppy Project in London, which she believed had offered support to the two women she had referred to the police.
Although Elizabeth pointed out that there were several girls ‘in that day’ working who would be happy to participate in the research, she also explained that two women were unlikely to be any assistance. The two ladies Elizabeth referred to were both Black women and in fact they did both decline to meet with the researchers. According to Elizabeth, this was simply because they were not interested, and she also added laughing, ‘they are just miserable’. Elizabeth explained that the two women argued ‘with everyone’ and very often they even got into ‘fights with each other’. Thus, it appeared to the researchers that this was not an ethnic or cultural issue, but rather simply a matter of indifferent (and perhaps difficult) individual personalities.

It was the opinion of both Sagar and Jones (who entered the establishment together – in accordance with a lone working protocol), that Elizabeth had the best interests of her girls at heart. The establishment appeared well run. At interview the women we spoke to also spoke very fondly of Elizabeth who seemed to adopt a ‘motherly’ role.

Elizabeth had been ‘raided’ several times over the years by the local police and had been taken to court. Nevertheless, she maintained that she had a good relationship with the police and emphasised that she would not hesitate to contact them if she felt women were being exploited in any way (as she had done before).

Kevin

Kevin is an Escort manager who at the time of interview had 14 girls working for him. He had started his business less than a year ago. He proudly explained that he only took a 25% cut of the girls’ money, unlike most other managers and indoor parlours which took on average 40-50%.

Kevin came from a manual labour background, he told the researchers that he had not achieved any academic qualifications and had drifted from one job to another. He actually became involved in escort work because one of his friends began work as an independent escort, and he had offered to drive her to appointments to ensure that she was safe.

He spoke about ‘his girls’ with great affection. Kevin stated that this was the best job he had ever had. He said the girls had taken over his life, they used his flat to hang out and get ready in, and he laughed when describing the lipstick, hair dye and stockings strewn around
his home. He emphasised that he really ‘looked after’ his girls – they always had a driver when they were working who waited outside to make sure they were safe. Safety was ‘the’ most important issue for Kevin who explained that: ‘If I had a daughter doing this I would want her to have someone like me looking out for her’.

Kevin did not have any migrant sex workers in his employment. Neither did he have any ‘Black girls’ working for him, he said that and that this was ‘a shame’ (explaining that this would be good for business because he did get a lot of requests for Black women). Most of his work was located within hotels – the ladies who worked for him were called out to what Kevin described as ‘the best hotels’ across the South Wales area. He explained that the majority of clients were business men from London in particular – the overwhelming majority of whom treated his girls exceptionally well.

The overriding importance of including Kevin’s interview is that he appeared to have a good understanding of the off street sex market in Cardiff. He told the researchers that he only operated at the ‘high end’ of the sex market, but he knew that there were ‘Polish gangs’ operating in Cardiff and that they did not treat their girls well. As the interview progressed it became clear that Kevin regularly informed the police of illegal activities. And, like Elizabeth, he implied that he had a good relationship with the police.
Section 5: DISCUSSION

BME sex workers in Cardiff

As already noted, some academics have been very critical of the current approach in policy and practice in the UK which conflates the issue of trafficking and prostitution. There is also much criticism of the lack of recognition in policy and practice regarding the high numbers of migrant sex workers in the off street market (see for example, Agustin, 2006b).

In Cardiff we identified 62 BME female sex workers advertising independently in Cardiff. Previous to this exploratory research project, Sagar Jones and Clark had identified 9 BME women who took part in the research project ‘Off Street Sex Work in Cardiff: Identifying Service Provision Needs’ (2011). During the course of data collection for that research project, Sagar and Jones also identified a further 4 BME females in off street establishments who declined to take part in the research. Therefore, at the time of writing this report, evidence suggests at the there are over 75 female BME sex workers in Cardiff. However, given that research has yet to access ‘closed markets’ in Cardiff, this figure is likely to be much higher.

Nevertheless, as this exploratory research demonstrates, accessing female BME sex workers is extremely problematic. Without access it is impossible to build up a true and accurate picture of BME sex workers in the Cardiff area. Despite this, the data thus far collated and documented in this report is an important indication of the presence of female BME migrant sex workers in Cardiff, and this arguably needs to be recognised in both local policy and practice. In developing sex worker policy to incorporate female BME sex workers, it is also important to clearly distinguish migrant sex workers from trafficked sex workers and respond to both issues appropriately.

As noted, we were very careful to ask sex workers about both their positive and negative experiences (see, also Agustin, 2006b and Mai, 2009 who also emphasise the importance of adopting an objective approach). Our findings tentatively suggest that female BME migrant workers in the off street sex market in Cardiff may come from a variety of socio-economic backgrounds, and that many may have been introduced to sex work through friends (rather than having been coerced or forced). Furthermore, that female BME migrant sex workers
can have a good relationship with colleagues and clients. However, there does appear to be a problem with regard to ‘disclosure’ due to the stigmatisation of the profession (some of the women profiled in this report spoke of their ‘shame’ and of their ‘fear’ that friends and family would find out). In this respect, the findings from our very small sample are similar to those of Mai’s (2009) much larger research project on migrant sex workers in London.

The need for Outreach services

It should be noted that none of the women profiled in this report identified themselves as British. Indeed, all of the women profiled are migrant sex workers. While other research has indicated that the majority of migrant sex workers are accessing NHS services in the UK (Mai, 2009), access to services is clearly a problem for some BME women working as sex workers in Cardiff. Particularly worrying is the two negative experiences with regard to GP services as recorded in this report.

As already noted, there is no Outreach provision for off street sex workers in Cardiff. However, the development of such a service would enable relationships of trust to build between Outreach and sex workers. This would ensure that all off street sex workers are provided with advice, guidance and assistance to facilitate service access. Indeed, in suggesting this we acknowledge that we are simply repeating what has been advocated elsewhere (see, Sagar, Jones and Clark, 2011). However, we would re-emphasise, that despite the lack of research into the off street sex market, and particularly with regard to BME / migrant sex workers, there is a need to develop appropriate services and an Outreach provision (see also, Agustin, 2006b). The benefits of an off street Outreach service are perhaps self evident. As already indicated in this report, all of the women profiled had basic to fluent levels of spoken English; however, an Outreach service could help women overcome their fears with regard to disclosure. And, where language is problematic, an Outreach service would be able to liaise with BAWSO for example. BAWSO could also provide assistance and additional support where cultural issues or barriers to accessing services require a specialist response. This would be particularly valuable where a sex workers immigration status is problematic (which has been found to be a restrictive factor – migrant workers being able to exercising rights and access services, see, Mai, 2009).
For those BME sex workers who are advertising independently in newspapers and via the internet, services should be developed which are innovative and which can reach out to ‘remote’ sex workers.

**Accessing closed markets and policy development**

Even where Outreach services are developed in Cardiff, there remains a problem accessing closed markets (only 3 out of 7 identified off street establishments have thus far engaged with researchers). It is quite clear however, from the interview with Elizabeth, that where Outreach is provided, a strong and trusting relationship can develop. Yet, where establishments are closed and hidden, Outreach would obviously find access difficult. In this respect we would highlight the importance of law enforcement agencies developing relationships of trust with off street establishments. The interviews recorded in this report with Elizabeth and Kevin clearly indicate that ‘managers’ might be open to sharing important information with the police. But, also, very importantly, good relationships between the police and off street managers could pave the way for Outreach access.

We acknowledge that there are laws pertaining to off street sex work (brothel keeping for example, see, Sexual Offences Act, 2003). There is also the opportunity for the police to make use of new closure orders where they have reasonable grounds to believe any premises is being used for the purposes of prostitution related offences (see, section 21 Policing and Crime Act 2009). However, at the local level, the police also have a degree of discretion in enforcing such laws. The benefits of adopting a pragmatic law enforcement approach to the off street sex market is perhaps best illustrated by the experiences of Gwent police force in Newport. According to Supt. Julian Knight (Gwent Police), working closely with those involved in the off street sex market enhances police monitoring, enhances police intelligence gathering, and also builds up trust, which can enable trafficked women to be identified. It also creates an environment where sex workers, more generally, feel able to report instances of violence without fear of arrest (see, BBC News, 2010). Thus, experience local to Wales appears to indicate that there can be clear advantages in building up good relationships with off street sex workers and their managers. Such collaboration could not only provide a much needed point of access for an Outreach service, but it could
also fulfil an overarching objective of the Cardiff Sex Worker Forum – to keep all sex works in Cardiff safe.

**Migrant sex workers and trafficked sex workers**

At the moment there appears to be much anxiety and worry amongst policy makers regarding the numbers of women who are trafficked into Cardiff (and Wales generally) for the purposes of sexual exploitation. The research that does exist on this issue suggests that 60 trafficked women are currently located in off street establishments (see, *Amnesty International, 2007 ‘Under the Covers: Trafficking for Sexual Exploitation in Wales’*). This figure has been used by academics (see, Jones, 2010), policy makers (see, Watson, 2010) and it has been reported by the media in Wales (Wales Online, 2011; Guardian Cardiff, 2011). However, close inspection of the Amnesty report, reveals that the figure of ‘60’ appears to be based on the personal opinions of one or more professionals working in Cardiff and Vale NHS Trust. Unfortunately, the report offers no methodology on how this figure was derived at, nor does it state how many professionals were consulted. As such, the report should not be taken as conclusive evidence that 60 trafficked women are working in the off street market in Cardiff.

As already noted, the authors of this report are careful to state that there is some evidence that the trafficking of women for sexual exploitation takes place in Wales. However, the current policy focus on trafficking in Wales must not detract from the need to provide services to off street workers – to ensure the protection of all off street workers in terms of sexual health and safety.

Where trafficking is taking place, the specialist services provided by BAWSO are fundamentally important to ensure that women who are trafficked are supported. BAWSO also recognise the need to reach out and work with and support female BME sex workers, who may be British nationals or migrant workers. There is a danger however, that sensationalist media stories based on inconclusive research could detract from the need to provide services to female BME sex workers (the majority of whom may be migrant workers) who work off street in Cardiff. It is therefore vital that policy makers clearly distinguish migrant sex workers from trafficked sex workers, and services must be put in place for both.
Chapter 6: RECOMMENDATIONS

Short-term recommendations

There is an urgent need to provide ‘all’ off street sex workers with sexual health information, free condoms and information regarding local services.

It is important to build up ‘trustful’ relationships with all off street sex workers – to encourage sex workers to seek assistance and advice.

BAWSO have experience of working with BME women (regardless of their immigration status). Female BME sex workers need to be provided with information regarding the services of BAWSO which can offer specialist support and advice. Where necessary, BAWSO can draw on their expertise to assist sex workers with language difficulties to facilitate access to services.

In order to achieve the above, it is recommended that law enforcement agencies begin to build up good relationships with off street managers and sex workers, and in doing so to pave the way for other professionals (Outreach) to access off street sex workers.

Mid-term / long-term recommendations

Although the vast majority of sex work in Cardiff takes place off street, there is currently no Outreach service specifically for off street sex workers. We therefore recommend the development of an Outreach service to work with all off street workers to provide much needed sexual health advice and support, and to act as a conduit to other specialist services as appropriate. Particularly (given the significant migrant sex worker population in Cardiff), Outreach services should forge firm working relationships with BAWSO.

The success of any Outreach service for off street sex workers is dependent on enhanced multi-agency work. In particular, Outreach, law enforcement agencies, sexual health specialists and BME support agencies need to work together to provide a streamline service for off street sex workers.
Policy considerations

Off street sex work must be acknowledged within policy and practice in Cardiff. However, in doing so, there must be a distinction between ‘sex workers’, ‘migrant sex workers’ and those persons ‘trafficked for the purposes of sexual exploitation’. Responses to ‘off street sex workers’ and ‘off street sex workers who are female BME / migrant workers’ must be developed appropriately. The implementation of an all encompassing strategic sex worker policy framework would also assist in the detection of women who are trafficked into Cardiff for the purposes of sexual exploitation.

Further research

This research identified over 60 female BME sex workers advertising sexual services via the internet and in local newspapers. Previous, research found approximately 350 sex workers advertising via the internet and local newspapers in Cardiff (Sagar, Jones, and Clark, 2011:7-8). Research is needed to explore the feasibility of developing a service specifically focused on remote independent sex workers.

This report has highlighted the current interest from policy makers, the media and academics regarding the trafficking of women for the purposes of sexual exploitation in the UK. However, there is a paucity of empirical research, particularly in Wales, which seeks to broaden understandings of trafficking or provide reliable estimates of the numbers of trafficked women into Wales. Accordingly, the authors of this report join the call of policy makers in recommending further research into trafficking for sexual exploitation.

Unfortunately, however, this research has also illustrated how conducting research at this time is methodologically difficult, given the absence of gatekeepers to off street establishments in Cardiff – particularly to ‘closed’ establishments where trafficked women are more likely to be located. Therefore, given that empirical research at this time is methodologically challenging, we recommend that a literature review of trafficking in Wales should be commissioned. The urgency for such a review is made more pressing given the current fears and anxieties surrounding the Olympic games in 2012 and the potential negative impact that this may bring in relation to an increase in trafficking for Cardiff. A literature review would bring together and analyse existing research, policy documents and
academic thought within Wales ensuring that strategic policy development in relation to trafficking in Cardiff (and across Wales) is informed by a valid and reliable evidence base.
REFERENCES


