

# The East London Project

*A participatory mixed-method evaluation on how removing sex work-related police enforcement could affect sex workers' safety, health and access to services, in East London*

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**Collaborators:** Open Doors, Homerton Hospital, National Ugly Mugs

## Qualitative Study Protocol (component A), version 2

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## Overview

For a number of reasons, sex workers are sometimes more likely to experience violence<sup>1</sup>, HIV and sexually transmitted infections (STIs)<sup>2,3</sup> than people who do not sell sex, and some sex workers have higher levels of emotional health problems (e.g. stress, anxiety and depression) – disparities referred to as ‘health inequalities’<sup>4</sup>. International research shows that sex workers who have experienced police enforcement (e.g. arrest, displacement via police raids) are more vulnerable to these health problems than those who have not<sup>5-7</sup>, for several reasons. Firstly, their work environments, safety strategies and access to health services may be disrupted: for example, they may move to more isolated places to avoid arrest, and where outreach services are less likely to reach them, or they may work alone to avoid being prosecuted for ‘brothel keeping’<sup>8-11</sup>. Secondly, criminalisation can reinforce existing inequalities (e.g. housing and financial insecurity, stigma, insecure immigration status) – factors that, themselves, can have a negative effect on sex workers’ safety, health and access to services<sup>5,7</sup>. For example, a police record can make it difficult to access housing and, if desired, alternative employment; police fines can exacerbate financial insecurity; and stigma, coupled with fears of being arrested or deported, can discourage sex workers from reporting violence to the police<sup>8,12,13</sup>. Data from Sweden<sup>14</sup> and Canada<sup>15</sup> show that criminalising sex workers’ clients (similar to targeting ‘kerb crawlers’ in the UK) has similar effects. Research also shows that decriminalising sex work (as in New Zealand) can improve sex workers’ safety, health, and access to services<sup>16</sup>. There is a lack of quantitative evidence on this issue specific to the UK, where most aspects of sex work are criminalised (e.g. soliciting, kerb crawling, working with other sex workers or third parties) but where enforcement of these penalties differs by area. In East London, for example, the extent to which police arrest sex workers and their clients varies between the boroughs of Hackney, Newham and Tower Hamlets.

This research project will evaluate how removing sex work-related police enforcement could affect sex workers’ safety, sexual and emotional health (e.g. risk of HIV, STIs, depression and anxiety) and access to health and social care services, in East London (Hackney, Newham and Tower Hamlets). The project has four key components (A-D). (A): We will carry out a qualitative study to understand how sex work-related laws and police enforcement affects sex workers’ safety, health and access to care, in the three study boroughs (Hackney, Newham and Tower Hamlets). This will include interviewing sex workers, other people working in the sex industry and ‘key stakeholders’, and carrying out neighbourhood walks with sex workers and outreach workers, in the study boroughs. (B): We will also carry out two quantitative surveys, which will measure how much these laws and enforcement affects sex workers’ safety, health and access to care, and how this changes over

time. We will invite sex workers to fill in a questionnaire and, if they wish, to undergo screening for HIV, chlamydia and gonorrhoea, twice, about six months apart (when needed, we will facilitate access to treatment via Open Doors and Homerton Hospital). (C): Using the qualitative and survey results, we will develop a mathematical model – a simulation designed to resemble the ‘real world’ – to predict how removing enforcement across all study boroughs could affect sex workers’ safety, health and access to care. (D): Throughout, we will collect information on number of arrests and other enforcement used against sex workers and their clients across the 3 boroughs, to help develop the mathematical model.

**This protocol relates to component A** but will make reference to the other components, and the wider project, as appropriate.

Using a participatory, mixed-method, evaluation design<sup>17,18</sup>, academics, practitioners and sex workers will work as partners to make decisions over how the research is designed, conducted and used (see Project Team). Together, we will use the results to advocate for evidence-based policy and practice to improve the safety, health and well-being of sex workers in the UK and internationally. We will present the results of the project at various events for sex workers, key stakeholders, local residents and the wider public.

### Conceptual framework: a ‘theory of change’

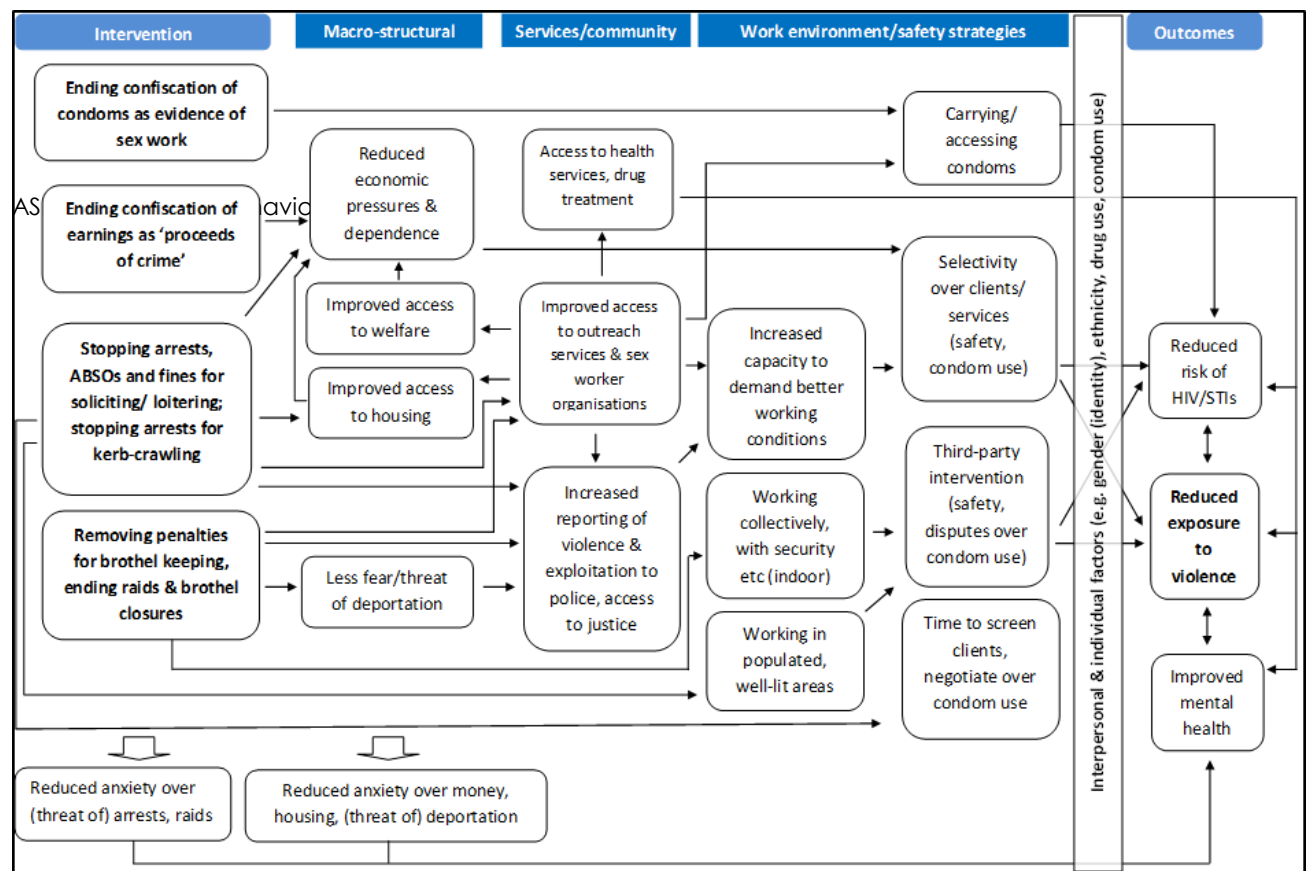
Theory-driven approaches consider the role of context through ‘process’ evaluation<sup>18</sup>, whereby a ‘theory of change’ maps causal pathways through which an intervention achieves its effects - developed based on existing literature and in collaboration with key local stakeholders and affected communities.<sup>21</sup>

The ‘risk environment’ is a useful analytical tool for exploring the context on HIV and violence experienced by sex workers, taking into account how different types of environments (physical, social, economic and political) and levels of environmental influence (micro and macro) shape risk.<sup>22,23</sup> Drawing on this concept, Shannon et al<sup>24</sup> propose a structural determinants framework for sex workers’ vulnerability to HIV, depicting how factors at macro-structural (e.g. criminalisation, housing), community (e.g. access to sex worker organisations) and work-environment (e.g. safety systems, access to sex worker support services) levels interact with individual behaviours and vulnerabilities to affect risk.

Guided by these frameworks, we will develop a ‘theory of change’ to map the pathways through which non-enforcement of sex work sanctions may impact on the primary health risk for sex workers in the UK – violence – also considering how this interplays with sexual and emotional health, and access to care. As well as charting interactions between macro-structural, community and work environment factors as Shannon et al do, we will theorise pathways through which a change in one such factor – i.e. enforcement – may impact on health. We will ground our model in social

science and epidemiological evidence from the UK and internationally (Fig. 1), formative qualitative research and community collaboration (see below).

**Fig. 1: Working 'theory of change' hypothesizing how removal of police enforcement could affect sex workers' safety, health & access to care**



## Aims and Objectives

The overall aim of the project is to evaluate the impact of removing sex work-related police enforcement sanctions, on male, female and transgender sex workers' experiences of violence, HIV, STIs, emotional ill-health, and access to health and social care, in East London.

Our working definition of police enforcement sanctions includes the threat and enactment of: on-the-spot fines, warnings or arrests for soliciting, loitering, brothel keeping (sex workers) and kerb crawling (clients); raids on sex work venues (including anti-trafficking raids in conjunction with immigration teams); deportations (migrant sex workers); anti-social behaviour/dispersal orders for sex working; brothel-closure orders; confiscation of condoms as evidence of sex work, or of sex workers' funds under Proceeds of Crime Act (2002); and imprisonment for sex work-related offenses.

The project has six linked objectives, **three of which (2, 3 and 6) relate specifically to the qualitative study, component A:**

1. To estimate, with mathematical modelling, the effects of removing police enforcement sanctions on sex workers' experiences of violence, HIV, STIs, emotional ill-health and access to health and social care ('outcomes of interest'), in East London
2. **To investigate the pathways through which police enforcement sanctions of sex work, and their removal, shape our outcomes of interest, including by interacting with other macro-structural, community and work-environment factors**
3. **To use formative qualitative data to further develop our working 'theory of change' model and define explanatory, mediating and outcome variables (OBJ 4)**
4. To measure associations over time between (non-)exposure to police enforcement sanctions and outcomes of interest, including the mediating effect of other macro-structural, community and work-environment factors (based on our theory of change), to parameterise the mathematical model (OBJ 1)
5. To measure how the presence of a sex worker support service (e.g. Open Doors) changes police enforcement practices over time
6. **To identify social, political, economic and operational factors that influence the acceptability, feasibility and implementation of non-enforcement, to inform any scale-up**

The project will address four research questions, **two of which relate specifically to the qualitative study, component A (RQs 2 and 4):**

RQ1: What is the estimated impact of removing police enforcement sanctions on sex workers' health (violence, HIV, STIs, emotional ill-health) and access to health/social care?

RQ2-3: **How (RQ2) and to what extent (RQ3) do police enforcement sanctions and their removal affect sex workers' health and access to health/social care, including in interaction with other macro-structural, community and work-environment factors?**

**RQ4: What are the social, political, economic and operational factors that influence the implementation of removed police enforcement sanctions of sex work?**

Hypothesised mechanisms of the effect of removing police enforcement on sex workers' health, and their interplay with macro-structural, community and work environment factors, are depicted in our working theory of change (Fig. 1).

### Research team (component A)

Pippa Grenfell, Research Fellow, Department of Social and Environmental Health Research (SEHR), LSHTM - Co-PI, qualitative and participatory lead

Pippa is a sociologist with expertise in qualitative, mixed-methods and participatory research on the social and structural context of violence, HIV and other health risks that sex workers, and other marginalised and criminalised populations, may face. Pippa will be responsible for day-to-day management of the qualitative study, including study design, conduct and reporting, and supervision of two co-researchers (see below). She will work under the guidance of Professor Maggie O'Neill (University of York) and in collaboration with Dr Lucy Platt (project PI) and other co-Is.

Professor Maggie O'Neill, Chair in Sociology (Criminology), University of York - Co-Investigator (co-I)

Maggie is an applied sociologist/criminologist with over 25 years of experience of participatory research with sex workers. She will advise on qualitative methods (particularly the use of neighbourhood walks) and the wider participatory research approach, as well as on conceptualising and measuring sex work-related police enforcement.

### **Co-researchers**

Two co-researchers, who have experience of sex work themselves, of working with sex worker support services, or who are members of sex worker organisations, will contribute to qualitative study design, data collection, analysis and dissemination



(additional co-researchers will contribute to component B). Janet Eastham, a member of the Sex Worker Open University (SWOU), will be one of the co-researchers.

### **Wider Project Team**

Dr Lucy Platt, Associate Professor in Public Health Epidemiology, LSHTM is the Project PI, survey and mixed-methods lead. She will oversee the management of the project, and will lead components B and D, and the overall mixed-method study design. She has extensive expertise in the epidemiology of sex workers' health and safety.

Prof. Peter Vickerman (co-I), Chair in Infectious Disease Modelling at the University of Bristol, will lead the mathematical modelling (component C), in collaboration with Prof. Marie-Claude Boily (co-I), Chair in Mathematical Epidemiology at Imperial College. They both have expertise in developing mathematical models to understand how HIV and other health risks faced by sex workers are spread and can be reduced, including through public health interventions and law reforms (e.g. decriminalisation). Dr Sarah Creighton, GUM (genitourinary medicine) consultant at Homerton Hospital, will advise on providing testing and treatment to survey participants (component B). She has extensive experience of providing healthcare services to sex workers in East London. Prof. James Hargreaves, professor in Epidemiology and Evaluation at LSHTM, will advise on the overall implementation of the project. He has expertise in evaluation methods, including in relation to sex work. Georgina Perry, Chair of the National Ugly Mugs Board (see Collaborators), will advise on meeting and keeping in contact with potential study participants (components A & B), as well as on study design, interpretation and community engagement. She managed sex worker support service Open Doors for 13 years (see collaborators, below).

### **Collaborators**

Our key project partners are Open Doors, National Ugly Mugs and Homerton University Hospital. Open Doors is a specialist health and social care service, providing outreach and clinical services, for sex workers in East London, affiliated with Homerton University Hospital NHS Trust. National Ugly Mugs is a pioneering, national organisation which provides greater access to justice and protection for sex workers who are often targeted by dangerous individuals but are frequently reluctant to report these incidents to the police.

### **Advisory Group**

This project is steered by an advisory group with representatives from local sex worker and resident communities, the English Collective of Prostitutes, National Ugly Mugs, City and Hackney Local Authority, Newham Metropolitan Police, Public Health England, Lancashire Police, Imperial College, University of Leicester and University College London. The group will meet 4 times, at LSHTM, during the course

of the project and will provide advice on: research design; information for participants (information sheets, recruitment advertisements, referral/services information); development of study instruments; sampling and recruitment; interpretation of findings; formulation of recommendations; approaches to involving and engaging sex workers, residents and the public in the research; and strategies for feeding findings into advocacy and policy. Individual members are also being asked to comment on study documents – for example, participant information sheets, recruitment advertisements, interview topic guides.

The first advisory group meeting has already taken place and has fed into the development of this study protocol.

Community representatives (sex worker/resident members) receive compensation for their time spent preparing for and attending advisory group meetings, and commenting on study materials/strategies outside of these meetings, at a rate of £20/hour, in line with the National Institute for Health Research (NIHR)'s INVOLVE guidelines, to constitute reimbursement for involvement in research, not employment (<http://www.invo.org.uk/posttypepublication/what-you-need-to-know-about-payment-2/>). We also reimburse travel expenses and out-of-pocket expenses pre-agreed with the PI/co-PI. We ask community representatives to consider the implications of these payments for any government benefits they are currently receiving.

## Approach and Methods (component A)

### *Participatory research approach*

Using a participatory mixed-method evaluation design<sup>17</sup>, academics, practitioners and sex workers will work as partners to make decisions over how the research is designed, conducted and used (see Project Team). Together, we will use the results to advocate for evidence-based policy and practice to improve the safety, health and well-being of sex workers in the UK and internationally.

In addition to working with community advisory group members, we will hire two co-researchers to contribute to qualitative study design, data collection, analysis and dissemination phases. Co-researchers will: have experience of sex work themselves, of working with sex worker support services, or be members of sex worker organisations.

Co-researchers will (and have already begun to) provide advice and input in relation to study processes outlined in this protocol and associated documents (e.g. interview topic guides, participant information sheets).

Before data collection, we will provide co-researchers with an initial 3-day training course in relation to: neighbourhood walk methods, qualitative interviewing, reflexivity and analysis (Maggie and Pippa); research ethics (Pippa); the study

protocol (Pippa); the wider project (Lucy); and specific ethical and safety considerations related to the project (Georgina). Training will comprise interact presentations, applied exercises and interview role-playing. After the training, co-researchers will each carry out a 'pilot' interview, and a 'test run' neighbourhood walk with another member of the research team and collaborator. Once fieldwork begins, we will provide ongoing opportunities to further develop interviewing and analysis skills during team meetings (see Analysis).

Throughout the project, we will support all interviewers through one-to-one debriefings after each interview (see Analysis). All researchers will also have access to confidential counselling (see Researcher Safety and Well-being).

### *Preparation and consultations*

Prior to beginning data collection, we are meeting with sex worker and other community organisations, service providers and academics and local residents to help inform our: working definition of enforcement and wider 'theory of change'; our research methods, tools and processes (e.g. mapping, sampling and recruitment, interview topic guides, referral information/processes for participants); how best to involve and engage sex workers and others in the research; and dissemination plans. We will offer a token of appreciation (£20) to unsalaried individuals or representatives of unfunded/third-sector organisations that we consult with one-to-one, whose roles do not generally cover research-related activities. This is in recognition of contribution to the study and the insecure funding environment faced by these organisations.

**Table 1:** Potential organisations/individuals to consult with

<b>Sex worker organisations</b>
English Collective of Prostitutes, SWOU, Scot-Pep, Sex Worker Breakfast
<b>Residents groups</b>
Niall Weir
<b>Other community organisations (NGOs, CBOs)</b>
National Ugly Mugs, SWISH (Terrence Higgins Trust), Doctors of the World, RELEASE, Providence Row, Praxis
<b>Clinical, public health and social care services/associations</b>
Open Doors (outreach & clinical teams); Dean St/ClinicQ; directors of Public Health and Borough Commanders in Hackney, Newham & Tower Hamlets
<b>Researchers</b>
Nick Mai; Belinda Brooks-Gordon; Mary Laing; Eva Klambauer; Andrea Krusi; Jay Levy

In this project, we prioritise the involvement of sex workers, given the focus of the research and sex workers' widespread exclusion from public and policy debates that affect them. However, we will also engage with local residents and other

members of the public who may have a stake in the research.

Depending on feasibility and interest, we will hold two community discussion meetings prior to initiating data collection, one for sex workers, sex worker organisations/sex worker support services only, and one for people living and working in the study boroughs (which sex workers will be welcome to attend if they wish). The meetings will be hosted at Open Doors (former) drop-in or another appropriate venue within the study boroughs.

The meetings will involve a brief introduction to: the overall project rationale, aims and design (project components, methods, sampling and recruitment strategies, participatory approach); and our planned approaches to involving and engaging sex workers and other community members in the research, disseminating the findings, and feeding findings into policy and advocacy. We will invite participants' views and comments throughout the meeting, and via a dedicated question and answer session. We will provide participants with refreshments (sandwiches, fruit, pastries, soft drinks).

We will also invite sex workers and local residents to workshops at the end of the project (see Dissemination Activities).

Where possible and subject to the approval of meeting convenors, we will also attend community policing panels in the study boroughs - public meetings held by local police forces to allow residents and other members of the public to raise concerns around policing and community safety, including in relation to sex work. Throughout the study, we will attend and take notes at these meetings to better understand the dialogue between police forces and local residents in relation to sex work policing and potentially related issues (e.g. 'anti-social behaviour', homelessness). Although these meetings are public fora, we will not record the names, or any other potentially identifying details, of residents/members of the public speaking at these meetings in our notes.

### *Design*

The qualitative study (A) will comprise ethnographic neighbourhood walks, and in-depth interviews with sex workers, other sex industry workers and key stakeholders who work with or make decisions that affect sex workers locally.

### *Sampling: selecting walk locations and interview participants*

Prior to and during the qualitative interview phase, we will conduct up to six 'neighbourhoods walks', with sex workers and outreach workers from our collaborating partner organisations, to improve our familiarity with the places that participants (may) talk about during interviews. We will aim to conduct walks in each of the three study boroughs, on different days of the week, and at different

times of day and night, to capture the diversity of the industry.

We will also conduct approximately 60 in-depth interviews with sex workers; sex industry workers; and stakeholders who work with, make decisions/advocate for policies that do or could affect sex workers in the study boroughs. Approximately 40 of these interviews will be with people who work in the sex industry, a minimum of 30 of which will be with current sex workers. The final sample size will be determined through a balance between efforts to achieve theoretical saturation<sup>25</sup>, recruitment opportunities and available budget.

We will purposively select sex worker participants (walks and interviews) to reflect maximum diversity in relation to: age, gender (identity), migration status, ethnicity, work sector (e.g. street, flat, sauna, agency, independent), duration and recency of sex work in the boroughs, membership of sex worker organisations, current/past substance use, and experience of sex work-related enforcement/criminal justice involvement (see 'Recruitment'). For interviews with sex workers, we will aim to include at least five cisgender<sup>1</sup> women, five transgender women and five men (cisgender), and at least five sex workers working each of Hackney, Tower Hamlets and Newham. We will aim to recruit a majority of participants who have worked in the boroughs during the past 3 months, to align with survey recruitment. In keeping with iterative research processes, we will also refine our purposive sampling criteria during the data collection period, based on emerging findings (for example, if participants tell us that people who sell sex in certain areas of a study borough are more/less at risk, we would purposively recruit participants working in these areas).

For sex industry participants, we will seek maximum diversity in relation to the range of roles in the industry (e.g. maids/receptionists, security cards, managers, people involved in advertising online/via cards), ages, genders, duration of experience and sectors worked in, including participants who work in each of the study boroughs.

For stakeholder participants, we will include: representatives of sex worker organisations (e.g. the English Collective of Prostitutes, National Ugly Mugs, Sex Worker Open University, Sex Worker Breakfast/X-talk, SWaT (Sex Workers and Trans)) and groups working with/representing people who no longer work in the sex industry (sometimes termed 'survivor groups') (e.g. Kahaila, Nordic Model Now; staff/volunteers from sex worker support services and other community/faith-based organisations that work with people who sell sex in Hackney, Newham or Tower Hamlets (e.g. Open Doors, Doctors of the World, Praxis, Providence Row, U-turn,

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<sup>1</sup>We use these terms to refer to a person whose gender identity (the gender they feel they belong to) is the same as (cisgender), or different from (transgender), the gender they were assigned at birth e.g. a transgender woman is someone who was assigned as male at birth but who identifies as female. We have not set a minimum quota for transgender men, as our collaborators inform us that far fewer work in the study boroughs (compared with transgender women and cisgender women/men).

Women at the Well, St Mungos); clinical service providers (e.g. at Homerton, Newham, Barts and the Royal London hospitals, and Dean St/CliniQ) Hackney, Tower Hamlets and Newham local authorities (departments relating to Public Health, Violence against Women and Girls, Drugs and Community Safety, Housing, Social Work) and London Metropolitan Police (Hackney, Tower Hamlets and Newham forces). We will include people working in management and frontline roles, and will aim to capture diversity in relation to length of service, age and gender.

#### Inclusion criteria

All sex worker participants will currently exchange, or in the last year have exchanged, direct sexual services for money, drugs or other material goods, in Hackney, Tower Hamlets or Newham. They will be aged 18 or over and be capable of providing informed consent to participate in the research (neighbourhood walk or in-depth interview).

All sex industry participants will currently work, or in the last year have worked, in the sex industry in a capacity other than as a sex worker, in Hackney, Newham or Tower Hamlets. They will be aged 18 or over and be capable of providing informed consent to participate in an in-depth interview.

All stakeholder participants will currently work/volunteer, or in the last year have worked/volunteered, for organisations that either provide services to sex workers in Hackney, Newham or Tower Hamlets, make decisions or advocate for policies which do/could affect sex workers in these boroughs.

#### Exclusion criteria

The following people will not be eligible to participate in this study:

- People with experience of selling sex who: are aged under 18 years old; are not capable of providing informed consent; have not exchanged direct sexual services for money, drugs or other material goods in Hackney, Newham or Tower Hamlets, in the past year.
- People with experience of working in the sex industry (other than selling sex) who: are aged under 18 years old; are not capable of providing informed consent.
- Stakeholder staff/volunteers who: are aged under 18; are not capable of providing informed consent; have not provided services, made decisions or advocated for policies that do/could affect sex workers in Hackney, Newham or Tower Hamlets, in the past year
- People who do not have experience of selling sex, working in the sex industry, working with sex workers, making decisions or advocating for policies that do/could affect sex workers



## *Recruitment*

We will aim to recruit participants through NHS sex worker-specific services (clinics and outreach), sex worker/community organisations, snowballing and by directly contacting sex workers, to reach those who are and are not in contact with services. We will also seek the necessary approvals to allow us to recruit eligible sex workers who are in contact with these organisations and are currently in custody in selected prisons or Immigration Removal Centres.

We will recruit sex worker participants via the following NHS sites: Open Doors outreach services; sex worker clinics at Newham University Hospital, Homerton University Hospital, the Royal London Hospital (in collaboration with Open Doors); 50 Dean St and CliniQ. The latter two services are located outside of East London but run clinics specifically for gay/bisexual men and transgender people, respectively, including but not limited to people who sell sex.

We also plan to recruit participants via: (i) local sex worker and community organisations who work with sex workers (e.g. Sex Worker Breakfast/X-talk; the English Collective of Prostitutes, Sex Worker Open University, Doctors of the World, U-turn; SWISH); (iii) by advertising on National Ugly Mugs and other websites/social media fora aimed at sex workers, and through a project Twitter account (see attached recruitment advertisement); (iv) via social networks, asking participants to refer other people they know who fit the study eligibility criteria to the research team; (vi) approaching sex workers and sex work venues directly (via online/newspaper advertisements), subject to the advice of our co-researchers, collaborating partners and advisory group.

Finally, subject to the approvals of relevant bodies (i.e. National Offender Management Service, Home Office) and specific institutions, we will also aim to recruit participants who are currently being detained in selected prisons and immigration removal centres (e.g. Yarl's Wood), to facilitate recruitment of sex workers with experience of sex work-related enforcement/detention. Participants will be contacted via organisations who are in contact with sex workers in detention (e.g. Open Doors, the English Collective of Prostitutes, Sex Worker Open University). We will take extreme care to maintain a sufficiently low profile during fieldwork so as not to inadvertently identify participants as sex workers to staff or other inmates.

At NHS and other collaborators' sites, we will ask staff to facilitate recruitment of participants (see 'Confidentiality and Anonymity'). For NHS sites, this will take place after we have received the approval of research/clinical leads at each site, Research Passports for interviewers, and relevant ethics and research governance approvals (see 'Approvals'). Members of the research team will be available to attend clinics, drop-ins, outreach sessions and so on, where this has been agreed with collaborating organisations in advance, so that staff may introduce potential participants to the researchers, and/or the researchers may inform them about the

study directly.

### *Data collection*

Prior to beginning data collection, we will conduct 'pilot 'interviews and 'test run' neighbourhood walks (see Participatory Approach).

Mapping (prior to neighbourhood walks) and interviews will take place in a private room in collaborating clinical or community organisation settings, at LSHTM, in a quiet café/outdoor space or the participant's workplace or home if (s)he wishes, and subject to risk assessment and concerns for confidentiality (see Confidentiality, and Researcher Safety & Well-being).

### Neighbourhood walks

We will begin by asking participants to map out the spaces (physical and online) that they spend time, pass through or avoid, routinely and exceptionally, during and outside of work, in East London. We will be guided by participants' own account of this, but will ask specifically about places where they: work (including screening and negotiating with clients); get advice about work, safety, health, laws, rights and other issues, whether from other sex workers or from organisations; have come into contact with police or other authorities (e.g. community safety teams, immigration, social workers), health services and residents; have experienced violence or harassment; feel safe and/or comfortable. We will also ask participants how they think sex work laws and policing affect these places, including whether they can access them and how safe or comfortable they feel there.

We will then ask each participant to take us on a 'walk' around these spaces (physical or online), work with them and outreach workers to establish which spaces it is appropriate and safe for us to visit (also see Informed Consent). We will be guided by participants as to who they wish to conduct these walks with, but it is anticipated that they will include two members of the research team (including at least one co-researcher) and possibly also an outreach worker. Open Doors anticipates that some sex workers may wish to walk in greater numbers, and with an outreach worker present, for reasons of trust and the possibility of police and public attention. All members of the research team will be provided with identification to confirm their role on the project.

During pre-walk mapping, we will ask participants if they would be willing for us to audio-record our walks. We will also invite them to take photographs or video clips during the walk (if they feel it is appropriate and safe to do so) that reflect these spaces from their perspective but that do not capture images that could potentially identify anyone. We will fully protect the anonymity and confidentiality of participants and others present (see Ethics) and this will be entirely optional, with information provided and consent sought from participants in advance (see



attached Participant Information Sheets and Consent Forms). During walks themselves we will gauge the appropriateness and feasibility of this – for example, depending on how busy the spaces are, it may be possible/appropriate to record throughout or it may be preferable to record intermittently or at the end, in a quiet space.

During walks, we will also note the estimated number of sex workers present in different work spaces (by gender) and time of day or night, to facilitate the design of the survey recruitment methods (the survey will involve randomly sampling a selection of sites in which to recruit survey participants). We will explain the purpose of this to participants fully in advance (see Information Sheet and Consent Form), conscious of the sensitivity of this information, particularly in relation to laws around collective working. All data will be stored securely and confidentially, accessible only to the research team (see Ethics). We anticipate that each walk (including pre-walk mapping) will take approximately 3 hours.

### Interviews

Interviews will be conducted by LSHTM staff and co-researchers. During interviews with sex workers, we will use a topic guide to ask participants about their experiences in the following areas, while ensuring that interviews are guided by participants' narratives and issues that are important to them:

- Working practices, environments and conditions, including personal, collective and workplace strategies, norms and rules (e.g. relating to working hours, screening/choosing clients, fees, services, condom use, intervening in disputes with clients, reporting to police)
- Likes and dislikes/advantages and disadvantages of current work (as a way 'in' to exploring issues of safety, risk and structural/community factors such as stigma, economic concerns etc)
- Relationships with other sex workers, clients, third parties (e.g. maids, receptionists, managers, security guards, drivers, advertisers/web designers), partners, children, relatives, non sex-working peers/friends, landlords, including people who do and don't know about participant's sex work (in order to map out key actors/relationships that may affect safety, health, stigma, access to services etc)
- Contact and experiences with police, criminal justice and/or immigration authorities in relation to sex work, including when reporting violence or crimes, and in relation to specific penalties (see working definition of enforcement)
- Experiences of managing safety at (and outside of) work, including personal, collective and workplace strategies, norms and rules; personal or colleagues' experiences of violence, at and outside of work
- Experiences of physical and/or emotional health conditions since started selling

sex (and prior to, in the case of chronic conditions)

- Experiences of accessing/engaging with sex worker/community organisations, sex worker support services (outreach and clinics), harm reduction and sexual violence services, and wider health and social services (e.g. mainstream primary/secondary care, housing, benefits, drug/alcohol use, immigration, justice), including services that do and do not know about participant's work
- How working practices, environments and conditions, work/non-work relationships, safety and protective strategies, and accessing services, are affected by laws, policing, safety and other issues (e.g. financial considerations, flexibility, access to sex worker support services and sex worker organisations, migration, accommodation, stigma and concerns around disclosure, media reports, drug/alcohol use, aspirations and desires)
- Views on the advantages and disadvantages of current sex work laws and policing, and on their potential removal (including feasibility)

Across all domains, we will explore: how participants' perceptions, experiences and practices have changed since they started working and particularly over the last 2 years (since changes in policing locally); how they have differed across different boroughs and work sectors/environments; and how they feel treated by police, services, colleagues, partners, friends etc, relative to how they expect to be treated.

During interviews with sex industry participants and stakeholders, we will explore the above issues, with a particular focus on their and other third parties'/organizations' roles in relation to sex workers' safety, health and access to services, and how these roles and relationships are affected by sex-work related laws and police enforcement (according to official policies and in practice). We will also ask stakeholders' views on local factors that would affect the feasibility and acceptability of removing sex-work related police enforcement in the study boroughs.

We will audio-record all interviews, subject to participants' consent. We anticipate that each interview will take approximately 1-1.5 hours.

### *Translation*

For potential participants who do not understand or speak sufficient English to be able to consent to and/or participate in a neighbourhood walk/interview without translation, we will offer in-person or phone-based simultaneous translation (depending on the participant's preference), with a qualified interpreter. Interpreters will be experienced in simultaneous translation, as well as providing interpreting services in healthcare and/or research in relation to sensitive issues. They will be fully briefed on the study focus and will be bound by a confidentiality agreement and Terms of Reference, requiring that they do not discuss any aspect of the interview

or the participant with anyone other than the research team.

### *Participants' demographic and work-related characteristics*

At the end of each mapping session/interview with sex workers, we will note down the participant's age, gender (identity) (at/outside of work, if differs e.g. some transgender women work as cisgender women), ethnicity, migration status, duration in sex work, sectors (e.g. flat, street) and boroughs worked in, and whether they have any experience of drug use and of police contact/criminal justice involvement (if they have not already provided this information during the session) (see Participant Data Form), to help us monitor recruitment and achieve maximum diversity (see Sampling). If we haven't gathered this information during the interview, we will ask the participant to provide these details, making them aware that they are not obliged to do so if they do not wish to do so. Similarly, we will ask sex industry participants and stakeholders if they would be willing to tell us their: age, gender (identity), ethnicity, current role, duration in current role and sectors/boroughs worked in (see Participant Data Form\_stakeholders).

We will provide all participants with information on and contact details for sex worker organisations and sex worker-friendly services that can provide care, information and advice relating to the health, safety and legal aspects of sex work, and other health/social care issues (e.g. housing, benefits, immigration, drug treatment, sexuality and gender identity) (see Risks to Participants and Referrals to Services).

### *Debriefing*

Directly after each interview, the interviewer will 'debrief' with Georgina (collaborator) and Pippa (qualitative PI) (or with Lucy/Maggie, where Pippa is the interviewer), to raise any immediate safety, ethical, methodological or logistical concerns, to provide appropriate referrals to participants and to discuss the emerging themes of the interview. Interviewers will debrief with Georgina to address any safety concerns and referral needs, in accordance with concerns for anonymity and confidentiality (see Confidentiality). Interviewers will then talk through with Pippa: the main themes of the interview; rapport/dynamics and how they felt about them; what worked well and what worked less well; suggested revisions to the topic guide; and issues to explore in later interviews. Pippa will ensure that all ethical and safety concerns are addressed promptly, in discussion with the research team, the Project PI, co-Is and collaborators (see Ethics and Research Governance).

### *Analysis*

As soon as possible after each walk/interview, the researcher will also prepare an audio/written field note. For researchers who would prefer to reflect on interviews verbally, there will be the option to audio-record the post-interview debriefing (to serve as an audio field note).

For walks field notes are likely to be quite varied. They will capture description of the spaces visited (including social, physical, visual and sensory aspects), participants' accounts of them and events relayed/taking place during the walks, as well as the numerical details required for the survey design (see Neighbourhood Walks, above).

For interviews, field notes will typically detail: the background to and setting of the interview; rapport and ease of interactions between participant and interviewer; a brief summary of the participant's situation (living situation, work, family/relationships, experience of policing, health/social care access); key emerging themes; questions to follow up in later interviews, and any ethical and/or methodological issues arising.

Audio-recordings of interviews will be transcribed (see Confidentiality and Anonymity, and Data Storage and Protection) and all field notes and transcripts will be managed using NVivo10 Qualitative Analysis Software (QSR International).

During regular team meetings (approximately 8 during the course of the study), Pippa and the two co-researchers (and Maggie, depending on availability) will discuss emerging findings and future data collection, critique and analyse selected audio clips/sections of transcripts, and work to further develop interviewing skills as needed. We will also invite co-researchers to contribute to analysis, write up and dissemination, subject to interest, availability and resources.

We will analyse walk/interview data and field notes as we collect them to inform (a) the direction of subsequent qualitative interviews, coding and case selection; and (b) the development/refinement of the survey questionnaire and 'theory of change' model (for components B & C) ('formative research'). Data will be coded in two main phases. In the first phase, we will 'open code' for emerging content, taking into account our *a priori* research interests/formative research objectives<sup>2</sup> and other, emerging codes. This will help us to identify relevant concepts and pathways to be 'operationalized' (captured via measurable indicators) in the survey, in relation to our key research questions (i.e. how policing/criminalisation affect sex workers' safety, health and access to services, including in interaction with other social and structural factors). This will take into account factors that we have theorized to be important based on prior research and the team's local knowledge, as well as other contextual issues of importance identified via walks and interviews. In the second phase, we will further refine our codes in an iterative process similar to moving from 'open' to 'axial' and 'selective' coding in grounded theory<sup>25</sup>. This will involve linking core codes to all other (sub-)codes that relate to them, moving from descriptive to conceptually-driven categories and drawing on relevant theoretical literature. The latter phase will form the basis of the main qualitative outputs of the project.

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<sup>2</sup>These include (a) experiences and practices of (navigating) sex work laws/policing and other macro-structural, community and work environment factors (see 'background'), (b) experiences and practices of (navigating risks of) violence, sexual and emotional (ill-)health, and accessing/providing services and (c) relationships between these experiences/practices

## Ethics and Research Governance (Component A)

### *Informed Consent*

All potential participants in component A will be provided with complete information about the study, in order to allow them to fully consent before taking part. We have designed information sheets and consent forms (see attached) to be understandable to people aged 18 and above. We have piloted these documents with community and other representatives of the study advisory group(s) for acceptability and comprehensibility. Information leaflets and consent forms will also be translated into the main languages spoken by sex workers in East London (e.g. Lithuanian, Portuguese, Romanian, Russian, Spanish).

Potential participants will be given as much time as they need to decide whether or not to take part in the study. We will encourage participants to discuss any concerns they have regarding participation with the interviewer, an outreach/support worker (e.g. from Open Doors, National Ugly Mugs) and/or a sex worker organization (e.g. English Collective of Prostitutes, Sex Worker Open University). We will be available to answer any questions that potential participants have about the study, in person or by telephone.

We will ask all participants to consider whether or not their participation in the study could cause them any personal or professional problems (see Participant Information Sheet).

We will stress to potential participants, and to recruiting clinical and community staff: the confidentiality and anonymous nature of the study; that participants are fully entitled to refuse participation, and to withdraw from the study at any point without giving a reason; and that this will have no implications for their care, treatment or support from recruiting services. It will also be stressed that their participation in this study does not form a part of their health care and/or support provided by these organisations. If, having read and understood the information sheet and had all their questions addressed, participants feel willing and ready to participate, we will offer the opportunity to take part on the same day, or to schedule the activity for a later date that is convenient to them.

For participants who have specific physical or emotional health needs, or who use drugs or alcohol, it is important to consider the potential effects on their ability to provide informed consent. The researcher will be mindful of, and assess, each participant's mental and physical state before beginning a neighbourhood walk/interview. If the participant appears to be in pain or distress, significantly intoxicated, experiencing severe drug withdrawals or intrusive treatment side effects, it will be tactfully arranged with the participant for the interview to be conducted at another time.

Participants will be asked to sign and date a written consent form (see attached).

In the case that a participant is unable to read the participant information sheet or consent form, a third-party witness other than the interviewer (e.g. a staff member/volunteer from a collaborating organisation not involved in the research) will provide a verbal summary of the information sheet and outline of the research process before written consent is obtained. If the participant is unable to provide a written signature, (s)he will be asked to mark the consent form with an 'X' in the presence of the third-party witness who will also sign the consent form ('witness' name and signature' section).

During the informed consent process, the interviewer will make participants aware that we are obliged to report any harm to a child (e.g. abuse), or significant and immediate danger to participants themselves (e.g. suicidal feelings), that we become aware of during interviews. We will stress that we would only do so after informing the participant, and ideally with their consent.

During neighbourhood walks, the collection of observational data introduces ethical issues of inadvertently involving people in the research without their express consent, and jeopardising trust between participants and the fieldwork team. Yet, in such situations it may be impractical and disruptive to seek written informed consent from all people present (Sanders, 2006). Where possible and appropriate, we will spend time in fieldwork areas before data collection to build rapport and trust with sex workers. During visits (including 'walks') we will explain our presence and purpose, taking the lead of the participant/outreach worker who is already known in these spaces and will make initial introductions. If others present are uncomfortable with us being there, we will tactfully suggest that we leave. If the participant has expressed a desire to take photographs or video clips (see data collection), we will seek verbal consent from others present before doing so, explaining that we will not capture or publish any images/clips that could identify anyone. We will be led by participants as to who it is appropriate for us to talk to (for example, they may want to introduce us to colleagues but not to clients (Sanders, 2006)). We will discuss these issues during pre-walk mapping, to ensure a shared understanding and collaborative approach. The approach we outline here is in line with good ethical practice guidance in sex work and ethnographic research (Sanders, 2006).

### *Confidentiality and Anonymity*

All data and field notes will be treated as confidential, except when an issue of serious potential harm to the participant or a child is disclosed. Confidentiality will be broken if the participant tells us about harm to a child (e.g. abuse) or significant and immediate danger to themselves (e.g. suicidal feelings). When seeking participants' informed consent, we will make them aware of this (see Informed Consent, above).

Participants will be assured that their personal information will be protected at all times, and that they do not need to provide us with their real name; instead they can use a work name, a nick name or any other name they choose. This is in



accordance with ethical good practice for research and service provision with sex workers<sup>26</sup>, on the basis of concerns around disclosure, stigma and criminalisation.

For participants recruited via collaborating clinics/outreach services, it may be necessary for recruiting staff/volunteers to give the researchers some details about potential participants, to select the sample (according to purposive criteria) and contact participants. The information shared would include a name (as above, this does not need to be the participant's real name), a contact telephone number/email address that only the participant have access to, age, gender, and the sampling criteria they meet (e.g. which borough and/or sector they work in). The consent process would involve three stages. This information would only be shared with the research team with the participant's prior consent. The staff member/volunteer would first gauge his/her interest in participating in the study. If (s)he expresses interest, the staff member/volunteer will provide the research team's contact information and will seek the participant's consent to pass their contact information to the research team. Staff/volunteers will transfer this information to the research team by telephone. If they are unable to speak directly to a researcher, they will send an email asking the researcher to telephone them. At no point will participants' personal information be transferred on an open access answer-phone or email.

We will contract professional and reliable transcribers who will sign a strict confidentiality agreement in advance of beginning work, requiring that they do not disclose any details of the interviews to anyone other than the research team. In keeping with our participatory approach, we will seek to hire appropriately qualified current/former sex workers as transcribers. We will also ask participants if they would like to review their transcript once it is available.

Participants will not be named or otherwise identified in research reports. We will not include any images or video clips that could identify participants or others present during recording (neighbourhood walks). All quotes/excerpts included in published and unpublished reports will be sufficiently anonymised, removing any potentially identifiable demographic markers and biographical aspects of narrative, to ensure that participants' anonymity is protected (see Data Storage and Protection).

No details of specific locations (e.g. maps, street names, escort agency websites) will be made publicly available in any reports or presentations arising from the study, in accordance with good practice guidance published by the Global Network of Sex Work Projects (NSWP, 2015).

### *Incentives and Expenses*

Participants (sex workers, sex industry participants and unsalaried stakeholders) will

be provided with a cash<sup>3</sup> incentive worth £20 for participating in an interview and £40 for participating in a walk (to reflect the different time commitments of each activity). This is not to be seen as an inducement to participation but rather as a recompense for the time and effort participants have contributed. This value is in line with other recent and ongoing qualitative studies at LSHTM and in London.

### *Managing Potential Risks and Referral to Support Services*

There are no specific risks to participating in this study. However, the topics explored in interviews are sensitive and interviews may identify additional support needs. During interviews we will take a sensitive, non-judgmental approach, assuring participants of the confidential and anonymous nature of interviews, and that they do not need to talk about anything that they do not wish to. All participants will be encouraged to take breaks and/or close the interview when they feel it is necessary to do so.

Our collaborators will be well briefed on the focus of interviews, and are able to provide participants with additional support, including through existing referral pathways. However, some participants may not be currently in contact with services. We will provide all participants with information and contact details for sex worker organisations, and sex worker-friendly health and social care services that they can contact, or that the research team can contact on their behalf if they so wish. We will provide information on organisations that provide support and advice on health, safety, legal aspects of sex work, and related health/social care issues (e.g. sexual assault, housing, benefits, immigration, sexuality and gender identity, drug treatment). This information will be made available in the main languages spoken by sex workers in East London. For participants concerned about their eligibility for care or support (e.g. migrants/asylum seekers), we will refer them to services that can provide immediate care and help them access NHS and other services (e.g. Doctors of the World).

### *Potential Benefits to Study Participants*

This study will not directly affect the care and treatment that participants receive. However, we will use the findings to inform advocacy for policies and practices that protect sex workers' safety, health, access to services and broader rights. We will seek to maximise the community impact of the study by feeding findings into advocacy efforts through our participatory research approach, and through our engagement with sex workers, local communities, activists, practitioners and policy

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<sup>3</sup>Cash will be offered where this has been agreed to in advance with the clinic/community organisation that the participant has been recruited through, to ensure that we do not conflict with organisational policy regarding monetary incentives. Offering cash instead of vouchers is strongly recommended by sex worker/community members of our advisory group and research team.



makers in the fields of sex work, health and social care, and criminal justice (see Reporting, Outputs and Dissemination).

### *Maintaining Contact with Participants*

We will provide all participants with a contact phone number and email address for the research team. We will also ask participants if they would like us to keep in touch with them about the project and the results. If they do, they will have the option of following project updates on the website, signing up to a regular newsletter by email (including project updates and links to useful information/services), or of providing us with a contact phone number or email address so that we can inform them about future events and publications.

### *Data Storage and Protection*

The names and contact details of participants, including those provided by collaborating organisations (see Confidentiality and Anonymity), will be kept in a password-protected Excel spreadsheet, using a different password from that used to protect transcripts, field notes and the demographic/health-related data spreadsheet. Demographic data provided by participants at the end of interviews will be stored in a separate password-protected Excel spreadsheet that includes participants' interview code but not their names or contact information.

Interview audio files will be compressed into password-protected zip folders; they will be deleted with electronic shredding software at the end of the study. Files will be transferred between the research team and transcribers via a secure data transfer system, and all transcripts and field notes will be password-protected. Names of potentially identifying places, demographic markers and biographical details will be removed, and names of people replaced with pseudonyms, before importing documents into NVivo10 (QSR International).

All data will be saved on a shared LSHTM drive, accessible only to members of the research team via their unique LSHTM login. Data will be stored in accordance with the Data Protection Act 1998.

### *Researcher Safety and Well-Being*

For fieldwork conducted outside of collaborators' premises and/or in the absence of staff/representatives from these organizations, interviewers will work in pairs and we will operate an 'on-call' system, whereby another member of the research team is aware of the researchers' whereabouts and expected finish time and has a contact phone number for them. Researchers will ensure that their mobile phones are charged and will inform the on-call researcher if they anticipate poor reception or low battery. The researchers will contact the on-call researcher on arrival at the fieldwork site and again at the end of fieldwork. If the on-call researcher doesn't

hear from the researchers within 2.5-3 hours of the start time (2.5. hours for interviews, 3 hours for walks), (s)he will call/text them at 30-minute intervals until (s)he is able to make contact. Given the sensitivities around police contact in the context of this project, the on-call researcher would only call the police as a last resort (i.e. in the exceptional circumstance of being unable to make contact with either researcher, having exhausted all means of communication).

In addition to post-interview debriefs, Pippa will ensure that all interviewers have adequate and ongoing opportunities to talk through any difficulties or concerns they have experienced/felt in relation to interviews. She will discuss these issues with Maggie and Lucy, as appropriate, to ensure that the necessary support is in place. Interviewers will be provided with information on how to access free and confidential counselling services through LSHTM (<http://www.lshtm.ac.uk/humanresources/counselling/>), and/or by referral to appropriate NHS counselling services if preferred.

### *Approvals*

We will seek ethical approval of this study from the LSHTM Ethics Committee, and an NHS Research Ethics Committee flagged for qualitative research, seeking site-specific approval for each collaborating clinic. All interviewers will apply for Research Passports from the R&D departments of the NHS trusts corresponding to collaborating clinics, to allow us to recruit and interview participants in/via collaborating clinical services.

### *Ethics in Progress*

We will monitor and document any ethical concerns arising during the project, via individual debriefs immediately after interviews, written field notes (see 'Data Collection' and 'Analysis'), and ongoing, minuted discussion of these and other potential ethical issues, with the project PI and across the research team (during team meetings). Where necessary, we will discuss these concerns with our collaborators and participants, in accordance with the above outlined provisions to protect anonymity and confidentiality (see 'Confidentiality and Anonymity'). Pippa will ensure that any safety and/or ethical concerns are addressed promptly, and that appropriate action is taken when needed.

### Reporting, Outputs and Ongoing Dissemination

See attached, project-wide dissemination plan

## Timetable (Component A)

Pending receipt of all necessary approvals, the study will take place according to the following timetable:

- Co-researcher recruitment: March-April 2017
- Co-researcher training: May 2017
- Qualitative data collection (walks and interviews): May-Aug 2017
- Qualitative data analysis: during data collection, and Sep-Dec 2017
- Drafting journal articles: Jan-Feb 2018

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