Health Needs Assessment of Sex Workers in Bristol 2026

Summary Slideset
Link to the full report

Please note, due to unforeseen circumstances, there has been a delay in the publication of this report. Since the writing of this health needs assessment, both Bristol's Sexual Health Services and Substance Use Services have been recommissioned. The health needs assessment provides a snapshot in time from when it was written, providing available data and information up to and including January 2025. For further information on current service provision, please follow Sexual and reproductive health services and/ or Support for people who use drugs and alcohol

It must also be acknowledged that since the development of this report, a number of individuals who have been accounted for in the data have sadly passed away, emphasising the importance of recognising the health and service needs of sex workers. Our condolences are with all who knew them.

Contents

Aims, Scope and Methodology

Aims:

- **Quantify and map** real-world sex work in Bristol.
- **Understand** the number of workers, their demographics, and working locations.
- **Understand the health and service needs of sex workers**, including identifying what is working well, gaps, barriers to access, and cost-effective adaptations to improve access.

Scope:

Demographics: Adults aged 18+ (the legal age for sex work), including male, female[1], and LGBTQ+ individuals.

Under 18s are excluded from the needs assessment recognising Child First principles; anyone under the age of 18 would not be considered a sex worker but as a victim of child sexual exploitation.

Geographical areas: Bristol, with consideration for travel in/ out of area for sex work and service use.

Methodology

1. Rapid review of evidence
2. Analysis of quantitative data from services
3. Analysis of qualitative data from conversations with service professionals and a focus group with Bridging Gaps members

[1]The terms "woman" and "female" shall have the meanings attributed to those such terms contained within the Equality Act 2010

Context

- Sex work is defined in this health needs assessment as in Hester et al. (2019) as **“the provision of sexual or erotic acts or sexual intimacy in exchange for payment or other benefit or need.”**

- In England and Wales, selling sex is legal, but related activities like soliciting in public, kerb crawling, pimping, and managing a brothel are illegal (National Police Chiefs’ Council, 2024).

- People sex work for a range of reasons including acute exploitation, career choice, and financial reasons.

- **Harm reduction compass** (National Police Chiefs’ Council, 2024); whilst there is debate around the extent to which any sex worker operates with true autonomy and self-determination, it is possible to recognise that some sex workers have greater freedom, choice and autonomy than others.

- There are challenges in estimating prevalence of sex work in the UK, for example due to the hidden nature of industry. Estimates have been made for the UK.

Policy and Strategy

This health needs assessment aligns with a number of national and local policies and strategies including:

National Policy/ Strategy:

- National Framework for NHS – Action on Inclusion Health
- Core20Plus5

Local Policy/ Strategy:

- Bristol One City Plan
- Multiple Disadvantage Strategy (2023-2026)
- Joint Local Health and Wellbeing Strategy 2020-25

Principles for action on inclusion health, NHS Framework (NHS England, 2023)

Local Services

Organisations who provide key health service provision for sex workers in Bristol include:

- One25
- Beloved
- BNSSG Integrated Sexual and Reproductive Health Service
- Homeless Health Service
- Terrence Higgins Trust
- Brigstowe
- The Nelson Trust
- Womankind
- Unseen UK
- The Bridge Sexual Assault Referral Centre (SARC)

Locations

Outdoor Locations

- Locally, we are told that the main areas for street sex work are in **Inner City & East Bristol.** Key support services operate in this area*.
- Some street-based sex workers may be a further distance from support services, potentially highlighting the need for outreach (e.g. One25 outreach van).

Indoor Locations

- August 2025 (BCC Regulatory Services): 27 premises in Bristol with primary usage as “massage parlour.”
- This is indicative and not all premises whose primary usage is “massage parlour” may be providing sex work and these records are unlikely to represent a true, current picture of the number of indoor locations offering sex work.
- It is challenging to understand locations.
- Home working and pop-up locations are also hard to estimate.

*Service provision locations were accurate at the time the report was written. Since then, due to recommissioning of certain services, some services and their locations may have changed.

Review of Existing Evidence

Barriers to services and interventions: Barriers for sex workers accessing services have been found including services being inflexible, under-resourced and not trauma-informed. Stigma, waiting times, feeling judged and not being able to disclose work have also been found to be barriers to receiving care.

Improving access to services and interventions: It has been found that services which are multicomponent, empowering, focus on education, trauma-informed, flexible, gender-sensitive and responsive are required; peer design and delivery should be utilised and trust built. Prevention needs to be a focus, with low rates of screening and vaccination found. Continuity of care needs to be sufficient and a range of provision e.g. outreach, drop-ins provided.

Multiple disadvantage: Findings indicate that sex workers face multiple disadvantage, including homelessness, substance use, sexual abuse/ violence and poverty.

Health inequalities: It has been found that sex workers face health inequalities, for example, in regard to sexual health, mental health, chronic health problems, substance use, sexual abuse and still-birth.

Health risk behaviours: Findings indicate that sex workers experience high risk behaviours such as having unprotected sex (there are barriers to condom use, especially for street sex workers) and sharing injecting equipment.

Inequalities within sex working community: Inequalities have been found within the sex working community, for example, between parlour-based and street-based sex workers (with parlour-based sex workers found to have more favourable outcomes). There is a need for tailored services and further research for sub-groups of the sex-working community.

This slide demonstrates a number of themes identified through the review of existing published evidence (inclusive of international, national and local evidence).

Local Data: Demographics

- Through looking at local service data, high representation amongst those accessing services (in Bristol) from **females**, those of **White British ethnicity, heterosexual individuals and those aged between 30 – 50** was found.

- We acknowledge that looking at individuals accessing services may exclude sex workers not accessing services.

Local Data: Multiple Disadvantage

- Through analysis of local quantitative data, it was found that many sex workers face multiple disadvantages, including homelessness, substance use, disability, domestic abuse, sexual violence and childhood abuse, and poverty. For example:

- Of the street-based sex workers who were supported by One25 in 2023-24,
- 74% had experienced **homelessness**
- 100% were living in **poverty.**
- 28.57% were recorded as having a **disability.**
- 98% had experienced **domestic or sexual violence.**
- Of the women involved in sex work who The Nelson Trust worked with in 2024 (who practitioners know or suspect to be sex working), 71% had **substance use needs.**

- Needs around finances/ debts and children, families and relationships were found to be common amongst sex workers.

Local Data: Health (1)

- Local data indicates that sex workers experience poor health outcomes and health inequalities in regard to physical and mental health.

- Local data indicates that the apparent risk of premature mortality is high amongst street-based sex workers, compared to the general population with the limitation of reliance on a small sample size.

- The next slide provides examples of health concerns identified through analysis of local quantitative data.

Local Data: Health (2)

General health needs	Of the street-based sex workers One25 worked with in 2023-24, 89% had chronic health needs.
Mental health and wellbeing	Of the women involved in sex work who worked with the Nelson Trust in 2024, 43% had needs around attitudes, thinking and behaviour.
Co-occurring mental health and substance use	Of sex workers attending Homeless Health services between January 2024-January 2025, 79% of those coded with opioid dependence were also coded with a mental health condition.
Smoking	Of female sex workers accessing Homeless Health Services, 49% were coded as smoking, and 51% were coded as not smoking; No males were coded as smoking.
Healthy weight	Of sex workers attending Homeless Health Services between January 2024 and January 2025, 15% had a body mass index in the underweight range, 37% in the normal weight range, and 36% had no BMI recorded.*
Long-term and other conditions	The most common coded “health conditions” for sex workers attending Homeless Health Services between January 2024 – January 2025 were hepatitis C (a cause of liver disease) (41%), asthma (24%) and deep vein thrombosis (21%).

*This suggests that where among the general population obesity is the most pressing need with regards to healthy weight, for this cohort, being underweight may be of greater concern.

Spotlight on Sexual Health of Sex Workers

- Sex workers face risk in terms of sexual health including unprotected sex, with risks for street-based sex workers higher than those working indoors.
- There are barriers to accessing services/ disclosing occupation (e.g. fear of being reported to authorities, stigma), which makes local data interpretation difficult.
- Use of preventative services is low e.g. STI screening, cervical screening, hepatitis B vaccination, PrEP (relative to likely need).
- Access to routine contraception via sexual health services appears low, suggesting low use of reliable contraception.
- Use of alcohol and drugs whilst working amongst street-based sex workers is high.
- Access to sexual health screening certification for those in the porn industry appears to be an issue locally (some access via London).

The Voice of Bristol's Sex Workers

General health needs	It was highlighted that sex workers can experience multiple, unaddressed needs due to barriers in accessing care.
Mental health and dual diagnosis	It was mentioned that multiple layers of trauma require specialised mental health services. Dual diagnosis is a barrier to accessing support.
Sexual and reproductive health	Delayed symptoms of STIs resulting in severe health problems was raised.
Substance use	It was reported that long-term health issues can arise from methadone treatment such as impacts on teeth and the heart. There is a need for harm reduction services for sex workers.
Flexible, trauma-informed, inclusive services	Services need to be flexible (e.g. drop in, open access), trauma-informed, inclusive, timely and consider multiple and complex health needs. Separate phone lines, improved data sharing, self-testing kits and educational videos were suggested.
Stigma and lack of trust are barriers to disclosure	The need for better understanding of the complexities of sex work and multiple disadvantage amongst practitioners was raised; stigma and lack of trauma-informed practice deters service access; seeing different doctors hinders building trust.

In July 2024, a focus group was conducted with members of the Bridging Gaps group; notes were thematically analysed and general themes provided above.

The Voice of Bristol's Service Professionals

Physical Health	Dental health and substance use were raised as concerns for sex workers, as well as difficulty in accessing patient records from the local sexual health service.
Mental health and wellbeing	The mental health of sex workers was raised as a concern with barriers faced to accessing timely support, including co-occurring substance use.
Accessible services	It was raised that services need to be flexible, trauma-informed, integrated, joined up, holistic and timely, whilst building trust and reducing stigma. Options for drop-in and peer support should be explored and every contact count.
Whole-systems approach	Professionals felt there is benefit to having a whole-systems approach; it was raised that services in Bristol currently work separately and there could be benefit from a coordinated approach. A cultural shift/ knowledge sharing on the needs of sex workers is needed.
Vulnerabilities of sex workers	It was expressed that some sex workers face additional vulnerabilities relating to ethnicity, immigration and sexuality. Domestic abuse and sexual violence is thought to be high amongst sex workers, with indoor sex work sometimes considered safer compared to street-based sex work due to support features such as panic buttons being available.
Poverty and homelessness	It was raised that poverty is a key driver for sex work and hidden homelessness is an issue for women including sex workers (e.g. staying in parlours or temporary accommodation); there can be challenges in accommodation offers for sex workers.

A sample of local services who work with sex workers around health in Bristol were identified and spoken to; data was thematically analysed and general themes provided above.

Call to Action

This health needs assessment puts forward a call to action and the areas for action are summarised below:

Local system and policy/ strategy: Ensure a multi-agency approach is taken to sex work in Bristol, with lived experience being central to this; develop a local strategy, ensure cohesion between local strategies and raise awareness amongst professionals.

Prevention and early intervention: Support prevention into sex work for young people at risk through improving shared understanding of risk factors and unmet need, providing alternative options. For those engaging in sex work, improve early access to primary care, prevention, mental health pathways and trauma-focused interventions.

Ensure all services meet the needs of sex workers: All services should ensure they are accessible to and meet the needs of sex workers including ensuring they are trauma-informed. Lived experience should be embedded in services, ensuring collaboration between health and non-health-related services, and a "My Team Around Me" approach for individuals with more complex needs/ experiencing multiple disadvantage. Innovative ways to engage such as peer networks and trusted groups should be utilised.

Improving sexual health outcomes: Improve sexual and reproductive health outcomes for sex workers by ensuring health services meet the needs of sex workers through a range of routes, ensuring that there are clear pathways between agencies.

Data and further research: Continue to work with existing systems and projects to further understand the needs of sex workers and evaluate and improve data recording practices. Conduct further research in terms of experience of domestic abuse and sexual violence, particular sub-groups identified and the online sex work industry.

References

For a full reference list, please refer to the full health needs assessment document.

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