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Doctoral Thesis

An Exploration of Coping in Sex Work

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Thesis Abstract

This thesis is an exploration of the coping strategies used by women involved in sex work, to manage the different risks inherent in the field. The literature review considers the ways in which women seek to manage a stigmatised identity in order to promote their own psychological wellbeing. The research paper explores the reasons women remain in street based sex work, and, using grounded theory, seeks to understand how psychological and social factors work to both promote resilience and maintain involvement. Finally, the critical appraisal reflects on the methodological approaches necessary to conduct a research project with street-based sex workers, and explores the management of risk in this context.

Declaration

This thesis records research undertaken for the Doctorate in Clinical Psychology Course at the Institute for Health research at Lancaster University from September 2013 to September 2014. The work presented is my own except where due reference is made. The work has not been submitted for the award of a higher degree elsewhere.

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Lisa Jones

21/09/2014

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RUNNING HEAD: MANAGING IDENTITY IN A STIGMATISED CONTEXT

Section One: Literature Review

How Do Female Commercial Sex Workers Manage Identity in a Context of Stigma? A Metasynthesis of Existing Studies

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Abstract

A metasynthesis was conducted exploring ways in which female commercial sex workers manage their public and private identities in a context of stigma. A systematic search of databases was employed and 14 studies met the criteria for inclusion. Findings from these papers were synthesised resulting in the following three themes: concealing sex worker identity, creating a professional identity, and maintaining a positive sense of self. Implications for health and social care professionals are discussed.

Keywords: sex work, stigma, identity, coping, discrimination, resilience.

Introduction

'Prostitution' or sex work, defined as the selling of sexual acts in exchange for money, is acknowledged to exist worldwide (Vanwesenbeeck, 2001). Throughout history, sex workers have occupied a stigmatised position in society largely due to public perception of such acts as immoral (Pheterson, 1990) and negative attitudes towards sex workers are still the norm (Cotton, Farley, & Baron, 2002). Although the widespread criminalisation of sex work may be partly to blame for perpetuating sex work stigma, sex workers operating in places where sex work has been decriminalised still report feeling stigmatised and marginalised in society (Abel & Fitzgerald, 2012).

Terminology relating to sex work and workers has been considerably debated, with many terms such as 'prostitute' and 'whore' being classed as both derogatory and blame-laden, reflecting notions of immoral women preying on moral gentlemen (Brooks-Gordon, 2006). Stigmatisation has therefore been inherent in terminology surrounding sex work. In current literature the terms 'sex work' and 'sex worker' are commonly viewed as neutral terms suitable for describing the process of selling sex for money (Scambler & Scambler, 2004), and will therefore be adopted for this review.

Goffman (1963) defined stigma as something which is "deeply discrediting", with the power to reduce a person from being viewed as "whole and usual" to "tainted or discounted" (p. 3). While various terms have been used to help make distinctions between forms of stigma, two important definitions were proposed by Scambler (2004). He suggested that stigma can be categorised into 'enacted' forms, referring to actual acts of discrimination perpetrated against the stigmatised individual or group, and 'felt' stigma, which refers to the individual's fear that discriminatory acts will occur. Others have used the terms 'perceived' in place of 'felt', and 'experienced' in place of 'enacted' (van Brakel et al., 2006). An

additional important concept is that of internalised stigma (also referred to as self-stigma) which refers to the internalisation of enacted and felt stigma, and is related to feelings of shame (Corrigan & Watson, 2002).

Sex workers' experiences of stigma have been well documented, and studies suggest that sex workers report high rates of both felt stigma (Jiménez et al., 2011; Whitaker, Ryan, & Cox, 2011) and enacted stigma, which has been found to take a number of forms. For example, sex workers have reported being poorly treated by healthcare staff (Scorgie, Nakato, et al., 2013; Scorgie, Vasey, et al., 2013) and frequently report verbal abuse (Wong, Holroyd, & Bingham, 2011). Arguably the most extreme expression of discriminatory treatment and attitudes is the high rates of violence towards sex workers at the hands of clients and pimps (Dalla, Xia, & Kennedy, 2003; Farley & Barkan, 1998). Additionally, the World Health Organization (WHO) found that a number of studies suggest reluctance among sex workers to report violence, for fear of further discrimination at the hands of the criminal justice system (WHO, 2005).

Experiences of felt and enacted stigma are understood to have a significant impact on emotional wellbeing. In a study exploring emotional wellbeing and stigma in sex workers, higher levels of felt stigma were found to correlate with poorer mental health outcomes (Hong et al., 2010). It has been suggested that the internalisation of felt and enacted stigma plays a major role in the impact of such experiences on emotional health, resulting in feelings of shame, which in turn contribute to low mood (Freed, 2003). Furthermore the extent to which a stigma is concealable appears to play an important role in mediating the impact of stigma on psychological wellbeing (Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013).

Pachankis (2007) suggested a number of significant mechanisms involved in stigma concealment that mediate the experience of psychological distress, and devised a cognitive affective behavioural model for the psychological implications of concealing a stigma.

Pachankis's model suggests that the salience of stigma, the threat of discovery and the negative consequences of discovery lead to preoccupation, vigilance and suspiciousness. He outlined how these in turn have negative affective consequences, including anxiety, depression, hostility, guilt and shame, and behavioural implications, including social avoidance and impaired relationship functioning. He proposed that the interactions between the three dimensions (cognitions, behaviours and affect) have self-evaluation implications including a negative view of the self.

Pachankis's model therefore suggests how emotional wellbeing may be affected by living with a concealable stigma, however there is evidence that individuals employ a number of strategies to mediate the impact on emotional wellbeing. Scambler and Paoli (2008) suggested that some people deploy positive strategies such as resistance, to manage the impact of felt and enacted stigma, referring to such responses as project stigma. Within sex work, the creation of a sex worker self as a separate identity is viewed as a way of constructing a boundary between the work role and the personal self and has been suggested as one strategy used to manage the concealable stigma of identifying as a sex worker (Scambler, 2007). This could be referred to as a form of stigma coping.

The relationship between identity and psychological wellbeing has been explored by a number of researchers (Dunkel, Mathes, & Harbke, 2011; Schwartz et al., 2010) and (Schwartz, 2007) found a strong association between measures of subjective wellbeing and identity consolidation, identity synthesis in a sample of university students. Identity synthesis, consolidation, or perhaps management, may therefore be an important construct in understanding how the impact of felt and enacted stigma can be minimised, and the extent to which a person can manage an identity in the context of stigma may have significant implications for predicting overall wellbeing.

Strategies for resisting stigma have been reviewed in a number of populations living with a concealable stigma. Mittal, Sullivan, Chekuri, Allee, and Corrigan (2012) reviewed self-stigma (internalised stigma) reduction interventions in people experiencing mental health difficulties and found that two prominent approaches were common. The first approach was that of attempting to alter the stigmatising beliefs and attitudes of the individual. The second approach was to seek to enhance skills for coping with self-stigma through improvements in self-esteem, empowerment and help-seeking behaviour. This review is helpful in highlighting useful interventions for coping with self-stigma in a broader sense, however a review of stigma-management strategies used by sex workers specifically is needed to identify those strategies useful for this population, as well as assessing the effectiveness of such strategies, in terms of their impact on emotional wellbeing.

In recent years a number of qualitative studies have explored ways in which sex workers cope with having a stigmatised identity. This topic has received some attention internationally, representing different cultures and attitudes towards sex workers, and different forms of sex work. A qualitative metasynthesis of studies exploring the different ways sex workers manage their identity will help to develop an understanding of identity management strategies used by sex workers in differing cultural contexts and different sex working roles. Metasynthesis is a qualitative research methodology that can be used to synthesise findings from a number of different qualitative investigations, creating generalisable results (Finfgeld-Connett, 2010). Having a broader understanding of the identity management techniques used by sex workers that goes beyond what individual studies can offer would be useful for health and social care professionals working with women who have experienced stigma to help them find ways to maintain emotional wellbeing.

To summarise, sex workers experience high levels of stigma, which has a significant impact on emotional wellbeing and the sense of self in relation to others. It has been suggested that the creation of a separate sex worker self, as a form of identity management is an important strategy for mediating the effects of stigma on emotional wellbeing. This metasynthesis seeks to develop an understanding of the ways in which women involved in sex work manage their identity in the context of stigma. The findings offer information on ways in which women experiencing psychological distress, particularly as a result of perceived and enacted stigma, might be supported to manage the impact of their negative experiences.

Method

Systematic search strategy

The included studies were published qualitative research reports found using the following databases: Academic Search Complete, CINAHL, EMBASE, International Bibliography of Social Science, Medline, PsychInfo and Web of Science. Thesaurus facilities within databases were used to expand search terms, and search terms were combined using Boolean operators. The literature search was conducted in June 2014. The following search terms were used, and combined in the following ways:

(Prostitut* OR sex work*) AND (identi* OR self perception OR self concept OR self esteem)

(Prostitut* OR sex work*) AND (stigma OR discriminat* OR social exclu* OR label* OR prejudice)

(Prostitut* OR sex work*) AND (coping OR manag* OR resilien* OR adjust)

Titles and where necessary abstracts were examined to assess whether study content appeared to be appropriate for further consideration. Following this process, a total of 191 abstracts were then examined according to the following set criteria: written in English;

qualitative design including interviews or focus groups; peer-reviewed; concerning female sex workers' management of identity in a stigmatised environment. Sex worker was defined as selling of sex in exchange for money.

A total of 66 studies were further examined and the following exclusion criteria were applied. Studies combining findings from female sex workers with romantic partners, service staff, service stakeholders, or non-government organisation staff in a manner that rendered them indistinguishable were excluded, since interpretation was not based solely on sex workers' responses. Service evaluation studies were also excluded, as were studies in which participants did not self identify as sex workers. Studies that did not present findings as themes were also excluded, as were studies that presented findings that were not well supported by data. Finfgeld (2003) argues that this final selection criterion is fundamental when conducting a metasynthesis. There were no set country restrictions.

The criterion for including only peer-reviewed articles is considered a helpful measure to ensure the quality of studies included for this metasynthesis, since they have already been reviewed for quality (Barroso & Powell-Cope, 2000). However one paper (Aveling, Cornish, & Oldmeadow, 2010) was included that did not appear in a peer-reviewed journal but was published in an edited book, on the grounds that a peer reviewed paper from the same study had been published that reported only partial findings, and the included study provided a fuller report of findings that met the review question and other inclusion criteria. Hand searching references of selected studies retrieved 1 further study. A total of 14 studies were included in the final analysis (see appendix 1 for a flowchart demonstrating this process).

Quality appraisal

The Critical Appraisal Skills Programme tool (CASP, 2013) is a 10-item qualitative research checklist designed to assist in assessment of the credibility, rigour and relevance of

research. In order to facilitate a description of the range of quality within included studies (Atkins et al., 2008), the CASP was applied to the studies included in the metasynthesis. Table 1 demonstrates the CASP. In accordance with the suggestion of (Duggleby et al., 2010), scores were assigned to each of the 10 CASP items. A score of '3' indicated that a study presented extensive justification and met criteria. A score of '2' indicated that the study addressed an issue without elaboration. Finally, a score of '1' indicated that there was a significant lack of information presented. Although none of the included studies were awarded a score of '3' on all items, the majority were of sufficiently good quality to warrant inclusion in the metasynthesis. Total scores were calculated for each study, with a maximum possible score of 30. While many of the studies did not score highly on items such as reflexivity and ethical concern, all studies were considered to employ an appropriate design to achieve their aim.

Insert Table 1 around here

Characteristics of selected studies

The metasynthesis includes data from 441 participants across 14 studies. The papers were published between 1963 and 2014. While 13 of the 14 papers were dated between 1996 and 2014, an 18-year period, an additional paper published in 1963 was included (Jackman, 1963). Although the date of publication separates this study from the rest of the included studies, the study met all the inclusion criteria.

The characteristics of the selected studies and participant demographics are presented in Table 2. The sample includes sex workers employed in a variety of environments, street and indoor work, including those working at managed premises, and independent escorts.

Five papers were published from UK studies, which drew on 3 separate studies: two papers were published per study for two studies. Four studies were conducted in the USA, and the remaining five were conducted in Canada, India, Mexico, Hong Kong and Ethiopia. The studies utilised a number of methodological approaches. Three studies used grounded theory (GT), one study used thematic analysis (TA), two used interpretative phenomenological analysis (IPA), two used ethnographic approaches and the remainder of the studies did not detail a specific analytical approach.

Insert Table 2 around here

Synthesising studies

A metasysthesis aims to interpret findings from a set of qualitative studies with a common aim. Sandelowski and Barroso (2003) propose that metasynthesis is "a systematic approach to the collection and analysis" of qualitative studies, using "qualitative methods to synthesize those findings" (p.154). Thorne, Jensen, Kearney, Noblit, and Sandelowski (2004) suggest that a thorough metasynthesis should present an "integration of findings that is more than the sum of the parts" (p.1358), and offer novel interpretations drawn from the results of a number of qualitative studies.

The approach to synthesising data outlined by Noblit and Hare (1988) was followed. In the first stage of analysis, each article was read and coded for content. A total of 286 individual codes were created across the 15 studies. Throughout the coding process, initial impressions of emerging concepts were recorded in a diary. The second stage of analysis comprised re-reading the individual codes and grouping them together according to similar content. An initial total of 18 groups were created. Working titles were assigned to each group, which were then re-worded throughout the process to suit the evolution of the themes.

In the third stage the groups and content were compared to the findings of each study and the diary of impressions, in order to check for confirming and disconfirming cases. In the final stage the groups were further integrated according to conceptual issues, to facilitate the development of broader theoretical themes, whilst still accommodating the detail contained within the studies. Table 3 shows which papers contributed to each theme and Table 4 demonstrates the process of theme refinement.

Insert Tables 3 and 4 around here

Results

The analysis resulted in three main themes: concealing sex worker identity, creating a professional identity, and maintaining a positive sense of self.

Concealing sex worker identity

Across the studies participants spoke of a desire to keep their sex working hidden from family and friends. The choice to conceal was always driven by fear of stigmatisation as women strove to maintain relationships with those who did not accept sex working. They feared being misunderstood, rejected by their families and wider communities, and permanently altered in the eyes of others.

Women used a number of strategies to prevent arousing suspicion regarding their activities. Many would lie to family members, saying they worked in a coffee shop, as a housemaid, or in sales (Aveling et al., 2010; Castañeda, Ortíz, Allen, García, & Hernández-Avila, 1996; van Blerk, 2011). Some would leave the house dressed in the clothes of a particular occupation, to maintain an illusion of an alternative career (Castañeda et al., 1996). Others moved away from family and friends in order to keep their sex work a secret (Wong et

al., 2011): “I don’t want those in my village to know about me. If they know what kind of business I am involved in they may call me a prostitute” (van Blerk, 2011, p. 228).

Concealing sex work from a long-term partner was reported, and some participants who disclosed their sex work at the start of a relationship described later concealing sex work again in order to keep their relationship: “my boyfriend knew, but now he thinks I’ve stopped” (Koken, 2012, p. 221). Others chose not to have relationships, preferring to be single than lie about their sex working.

However concealing sex work was described as extremely effortful, causing stress, anxiety and emotional conflict, and was often cited as the reason for exhaustion and burnout. Women described living in constant fear of being found out.

> So I lie, and I hate [lying]. I get anxious from lying… I am just like, I just get scared, like “Oh my God,” I just get terrified. It’s too much fucking hassles with all this lying. I just can’t navigate all these lies. (Tomura, 2009, p. 66).

Women reported feeling frustrated with the time and effort required to conceal sex work, and lying to loved ones was felt to be a huge personal cost. Consequently women kept contact with family and friends to a minimum, both to minimise emotional conflict and avoid the risk of disclosure (van Blerk, 2011; Wong et al., 2011). Social isolation often resulted, which limited sources of support for coping with the stresses of sex work (Tomura, 2009). One participant said: “I live by myself and have no friends. I just sleep and hustle at the night club” (Jackman, O'Toole, & Geis, 1963, p. 159).

The few that disclosed their involvement in sex work to friends or family described using information management strategies dependent on how they anticipated others might react, carefully choosing who to tell (Dodsworth, 2012; Koken, 2012; Wong et al., 2011). While many longed to be open and honest, especially when satisfied with work, judgements of others were felt to be too great a cost (Koken, 2012). For the few who did disclose and find

acceptance, this was described as the start of a positive adjustment to sex work (Koken, 2012), but only one study reported such an outcome.

Although social isolation was a common experience among sex workers, women sought to draw on the few supportive friendships where sex work was accepted (Aveling et al., 2010; Koken, 2012). Participants described a need to have honest conversations about the difficulties associated with the work, to relieve work-related stress (Tomura, 2009). Some found such relationships within the sex-working community, where they could build a sense of connection and social enjoyment without fear of stigma (Jackman et al., 1963; Tomura, 2009; van Blerk, 2011). However this was not possible for most.

Creating a professional identity

Participants described creating a professional identity to serve a number of functions: to act as a business strategy to ensure monetary gain, to create emotional distance between themselves and a client, and to protect the private self. Presenting a professional image to the client and viewing the self as a professional facilitated the maintenance of a separate work identity, and created mental separation from the private self.

Women viewed their professional work self as a product and service, valuing customer satisfaction as well as offering competitive prices (Aveling et al., 2010; Castañeda et al., 1996; Dodsworth, 2012; Sanders, 2006; Tomura, 2009). Cleanliness and safety, including maintaining a clear line on condom use, were regarded as important business standards (Sanders, 2005).

The professional persona was created through a number of strategies. Women talked about getting into role, which often took on a ritualistic quality. Applying make-up, arranging hair and wearing clothing to match client expectations all aided identity change, while creating an impenetrable barrier between themselves and the client (Castañeda et al., 1996; van Blerk, 2011). A pseudonym helped demarcate the sex work role, and false life stories

helped maintain an appealing illusion for clients while promoting women's sense of privacy, which they were careful to protect (Koken, 2012; Sanders, 2005, 2006).

> I have been 'Angela' for nearly 25 years. I have a story about who Angela is that is different from my real life. She is s prostitute and she does all sorts of naughty things for money. She swears and acts differently than I would ever do. (Sanders, 2005, p. 328).

Women worked hard to make their character, or cameo role (Sanders, 2005, 2006) appear genuine, creating a convincing illusion of happiness for a client. This phenomenon of acting in a way clients wish, has been often described as emotional labour, and was described as demanding and emotionally exhausting by many women. For some, framing the work as acting (Sanders, 2005) seemed to help in managing these demands.

Women described a number of physical strategies whereby they sought to create emotional distance between themselves and their clients, with the goal of protecting intimate aspects of self (Castañeda et al., 1996; Jackman et al., 1963; Sanders, 2005). Many minimised physical contact to increase psychological distance, for example by having no kissing rules, micro-boundaries or body exclusion zones (Orchard, Farr, Macphail, Wender, & Young, 2013; Sanders, 2005; van Blerk, 2011). Some sought to remain as clothed as possible, and others divided the body into differently priced areas, in order to feel like they were giving less of the self (van Blerk, 2011). Many set limits on what they would do, in order to distance the self from negative stigma associated with particular acts (Aveling et al., 2010; Castañeda et al., 1996). By keeping certain acts and body parts off limits for customers, women could reserve these for their private life and own pleasure (Sanders, 2005).

In a number of studies women acknowledged how the condom served to create physical and psychological separation between the sex worker and the client (Sanders, 2005; van Blerk, 2011). Condoms became insisted upon in work and avoided in personal

relationships, as one participant said: “I do not use condoms with my boyfriend but with clients I use condoms” (van Blerk, 2011, p. 226). Demarcating condoms for use only with clients facilitated the separation of roles.

However, for many the total separation between working and personal roles was a significant challenge. Sometimes aspects of women’s real life would be accidentally disclosed (Sanders, 2005). Some found the fictitious story a hassle to create and psychologically stressful to maintain (Tomura, 2009). For others, in particular street-based sex workers, acting (Sanders, 2005) was a challenge, and substances were used instead to create emotional distance from clients and help create the shift in persona necessary for work.

> It’s hard to separate those two personas, well it’s almost like you have three: the persona with the other girls, your persona outside the work environment, and your persona inside the room [where sex work takes place]… it’s three different levels of protection right for yourself, ‘cause you have certain guards that you have to set up otherwise they’re gonna destroy you. (Orchard et al., 2013, p. 195).

Maintaining a positive sense of self

Women described how they positioned themselves in relation to others to resist stigma and protect psychological wellbeing. They sought to maintain a positive sense of self by re-constructing the role of sex worker to emphasise its valued role in wider society, and placing emphasis on the valued roles they occupied in their personal lives. Women compared themselves favourably to others to help them achieve this. In doing so, they highlighted their adherence to their own moral and ethical code, emphasising family values.

Across the studies women expressed disdain for the many stereotypes and labels applied to them and were angry at the way they were treated in society: “ I feel like we’re witches being, you know, burned at the stake” (Koken, 2012, p. 224). In particular, women felt marginalised by the very people they relied on to protect the vulnerable: police and

upholders of the law: “They [police] are so sneaky sometimes you know and they ask you the most rude things and they treat you like garbage” (Koken, 2012, p. 218).

In response, women questioned and objected to the stigmatisation of prostitution (Tomura, 2009), recognising the “double standard” (Sallmann, 2010, p. 155) present in society for men and women. Society was viewed as hypocritical, creating a need for sex work, providing too few options for women and then condemning those involved: “They think we prostitutes are so bad that we find no place. But who have made prostitutes? This society. And the society itself is not accepting them” (Aveling et al., 2010, p. 308).

Women asserted a desire for social change, freedom from discrimination and harassment, with many holding the belief that sex work should be decriminalised. A small number of studies reported women’s desire to actively oppose sex work stigma, fight for acceptance and social change (Aveling et al., 2010; Koken, 2012).

Instead, women distanced themselves from ideas of deviancy (Koken, 2012), emphasising the positive impact of their work on clients’ wellbeing (Dodsworth, 2012; Tomura, 2009; Wong et al., 2011). Women compared themselves to social workers, counsellors, health educators and sex therapists, offering nurture and support for people in need. In this sense, women conceived of their work as a social service (Sanders, 2006; Wong et al., 2011), fulfilling functions such as initiating young men and teaching men to be more caring emotionally and sexually (Castañeda et al., 1996). Some saw themselves as health educators, teaching men about safety and protection against sexually transmitted infections, with male clients who “don’t really have a clue about sexual health” (Sanders, 2006, p. 2439). Some helped clients with sexual dysfunction and demonstrated a sense of pride in offering services to disadvantaged groups, such as men who are physically disabled (Sanders, 2006). “I see this as being a physical social worker. Ten percent of the job is sex. Ninety

percent of the job is chatting, therapy. They come to talk about everything" (Sanders, 2006, p. 2436).

Women emphasised the benefits of commercial sex work to wider society, believing their work to reduce rape and offer a less destructive alternative to extra-marital affairs, which instead "saves a lot of marriages" (Castañeda et al., 1996; Wong et al., 2011), because it "teaches [men] the values of affection" (Jackman et al., 1963, p. 156). By emphasising a service valued by others, women maintained a positive occupational identity as someone who offers care and benefits society at large.

The socially valued roles women embodied in their private lives were also emphasised by participants across the studies, and in doing so women protected their integrity and sense of staying true to their inner self. Women employed cognitive strategies that both resisted stigma and developed self-esteem through reflecting on their own values, such as ensuring they didn't bring harm to anyone (Sallmann, 2010). "I make an honest living and, and I always treat people honestly" (Koken, 2012, p. 223). However, for many, maintaining these cognitive strategies was described as a daily battle (Orchard et al., 2013).

Women positioned themselves as responsible individuals, maintaining their focus on valuable roles they occupied, such as being a caring or providing mother, daughter, partner and friend (Aveling et al., 2010; Dodsworth, 2012, 2014; Jackman et al., 1963).

> I've always had my own place for my children, clothes for them, everything, never with a man, always for my children. I lost them again… I never let them see me do drugs, mistreated, nothing like that. I kiss them goodnight every night and then went to work, solidly working. (Orchard et al., 2013, p. 198).

Many women maintained a "good mother" (Jackman et al., 1963, p. 157) narrative even when children were removed from care: "I wasn't coping at the time so the best thing I could do was give up the kids" (Reeve, 2013, p. 832). In such circumstances they emphasised

how they had shielded their children, chosen a better life for them, and determined to provide for them.

By emphasising the economic functions of sex work, women maintained their focus on the valued role of provider for themselves and others. Women found comfort in knowing they were improving their own and their family's economic position, particularly in countries with lower economic wealth: "I've got two little kids and there's nothing else I can do for the money… but I've got designer clothes for them again, my house has pictures on the walls and I'm buying double glazing" (Dodsworth, 2014, p. 103).

Street-based sex workers tended to accept sex work as a purely economic act. By maintaining a view of sex work as primarily a way to earn money, women made a clear distinction between their economic choice and their personal identity (Aveling et al., 2010; Castañeda et al., 1996; Dodsworth, 2014, p. 103; Jackman et al., 1963; Koken, 2012; Tomura, 2009; Wong et al., 2011). This delineation promoted the maintenance of hope for external recognition of their values and whole person.

Making positive social comparisons to subjectively equal or lesser others was a strategy outlined by most studies that facilitated women to protect their sense of a valued self. Women involved in drug use often emphasised how they were a responsible drug user (Reeve, 2013),for example by not pushing on others, and not allowing near children (Orchard et al., 2013). As one mother said of her child: "Everything's been kept well hidden from him… he's never even seen us smoke a 'spliff'". (Dodsworth, 2014, p. 102).

Other comparisons included those whose activities were felt to have greater negative consequences, such as "thieves and robbers" (Aveling et al., 2010, p. 313; Wong et al., 2011) television actors in lovemaking scenes (Sanders, 2005) and housewives, who were viewed as exchanging sex as a means to an end (Sallmann, 2010). Some studies cited women making comparisons to sex workers who engaged in certain sexual acts or other types of prostitution

deemed less favourable (Reeve, 2013; Tomura, 2009). Some women asserted themselves to be morally superior to the "idiot paying for it" (Sallmann, 2010, p. 155) and others believed it was better to get paid than to "give it away for a couple of beers" (Jackman et al., 1963, p. 153). In this sense, women created distance between themselves and others, and in doing so preserved the sense of a valued self.

A few studies described how women had come to recognise and value their own strength and resilience through their experiences of being marginalised, viewing themselves favourably as survivors, and in doing so preserved their wellbeing. Women talked of having developed their capacity to feel sympathy, compassion and connection towards others who suffer stigma in different ways, such as due to race or disability discrimination: "This job has helped me to see people, love these people… They are just humans [when they are] with me. They are, like me, not freaks. They are not monsters. They are just people who want love" (Tomura, 2009, p. 74) .

Discussion

The metasynthesis suggests a way of understanding how women seek to manage their identity in the stigmatised role of a sex worker. The set of three themes offers a way of understanding the different strategies women adopt to minimise the impact of their role as a sex worker on their families, wider social relationships, private lives, future work options, view of themselves and their emotional wellbeing. The themes demonstrate that women maintain the dual position of concealing their sex work to protect valued relationships and social status, while often feeling frustrated that this is necessary. Women actively resist sex work stereotypes and labelling, and adopt cognitive reframing strategies to place personal emphasis on the valued roles they employ, both as a sex worker and as an individual in society. However the metaynthesis also suggests that, while some women endeavour to utilise such strategies, their execution can be challenging and unachievable for some.

It is important to acknowledge that there are many social factors and forces, particularly relating to gender and economics, that influence both women's involvement in and experience of sex work. In many societies women find themselves at a social and economic disadvantage to men, with limited access to education and fewer work options available. Sex work may offer the opportunity to earn sums otherwise impossible, however women opting for sex work in such circumstances are likely to experience it very differently from those who live in cultures where women occupy a more equal gender position, and consider sex work a lifestyle choice. Similarly, societal attitudes to sex work and legal consequences of sex work vary greatly, and are likely to play a significant role in women's experience of sex work (for a more detailed discussion, see Coy, 2012). The social context of sex work therefore influences the individual strategies and identities adopted by women involved in it. While exploration of the impact of such factors was beyond the scope of the review, it is important that the findings reported here are understood within this wider social context.

The theme *concealing identity* explores how keeping a concealable stigmatised identity a secret, was common to all women across different cultures and types of sex work. It has been hypothesised that the non-disclosure of a concealable stigmatised identity often serves to protect psychological wellbeing (das Nair & Thomas, 2012), and it follows that, insofar as sex work carries with it a concealable stigma, women will seek to hide this identity to protect their relationships and social status. However, this theme primarily highlights the negative impact concealment had on wellbeing, consistent with other findings on the effects of stigma concealment (Quinn & Chaudoir, 2009) . Bosson, Weaver, and Prewitt-Freilino (2011) suggest that people conceal to belong, and disclose to be known. In this sense, while concealing is protective of the need to belong, the lack of social support that results often

compromises the effectiveness of the concealment strategy on protecting emotional wellbeing.

The suggestion that some sex workers were able to adjust more positively to sex working when they were able to be open about their role as a sex worker with family and friends may imply that efforts to de-stigmatise sex work could have significant benefits for the emotional health of sex workers. However due to the deep-rooted nature of the enacted stigma surrounding sex work actions that can be undertaken or supported to resist or undo the effects of felt stigma are likely to be a more useful point of intervention, since a decision to reveal means managing the impact of enacted stigma on everyday life, (Argento et al., 2011), which in the case of sex workers has the potential to cause greater harm.

In exploring the management of the separation of the sex work role and the private self, the theme *creating a professional identity* explained how sex workers create a professional persona. While this approach is common among a number of professions, it is of particular importance in sex work, not least because of the need to create emotional distance between the self and the client, in order to preserve a sense of a private self. Goffman (1963) developed the idea of the performance of the self, whereby individuals manufacture a role to convince their audience of a character that both benefits the audience and protects the inner self from being known. He suggests that the use of props, reserved for the public or performance role, create separation of places and objects, and compares this to the separation of front and backstage regions of performance space. Clothing and condoms, reserved for the sex worker role, might be viewed as props facilitating performance, and in this sense the creation of the professional role and compartmentalisation of the self through performance.

The provision of emotional care and support as central to the role of sex work offers a suggestion as to why the separation between personal and professional identity is particularly important, in order to minimise the emotional drain of maintaining a caring persona.

Manufacturing an identity facilitates the display of emotions, or emotional labour necessary for the role. Goffman (1963) described emotional labour as “manipulating, suppressing and falsifying their own feeling in order to do the intimate work” (p. 89). This is similar to the surface acting described by Hochschild (1983) which, while challenging, is defined as providing satisfaction for the labourer who provides a personal service.

This need for separation between the self and the role of sex worker is also served by creating a boundary between the body and self. This boundary is common among a range of service professions where close contact and the presentation of a caring demeanour is part of the role (Chiarella & Adrian, 2014). However, Brewis and Linstead (2000) argued that sex work leaves the body in an ambiguous state of commodification whereby the selling of the body risks the consumption of self-identity. The widespread adoption of methods of separation suggest that some level of separation between body and self is achieved with the outcome of preserving a sense of protected self. The findings also suggested this separation played an important role in preserving intimate relationships in sex workers’ personal lives. However, the fact that many women felt unable to maintain intimate relationships may suggest that separation techniques may not function as fully as women might wish.

Protecting the private self through a range of emotional distancing techniques was important across all cultures and types of sex work and of particular relevance to maintaining emotional wellbeing and self-esteem. Creating a physical and psychological barrier through using condoms was a widely reported strategy, perhaps due to serving the dual function of protecting physical health. However practical strategies may also be applied with relative ease in comparison to the more demanding cognitive and emotional resources associated with acting. The level of cognitive and emotional demand may explain why acting strategies were less reported among street based sex workers, who are more likely than indoor workers to engage in substance use to create emotional distance. While acting strategies offer a level of

protection for the self, the metasythesis suggests that a certain level of emotional resilience is necessary for such strategies to be employed.

The metasynthesis clearly highlighted the role of resisting enacted stigma as a particularly important dimension of identity management, as explored in the theme *maintaining a positive sense of self*. In resisting imposed societal views, and employing a range of cognitive strategies to preserve the sense of a valued self, sex workers resist the enacted stigma associated with sex work. Scambler and Paoli (2008) referred to this resistance as "project stigma", which they defined as "strategies and tactics devised to avoid or combat enacted stigma without falling prey to felt stigma" (p. 1851). They emphasised the importance of project stigma as a relatively un-explored concept in sex work populations. This study highlights the important role of stigma resistance or project stigma for sex workers in maintaining a positive self-identity, and suggests that stigma resistance takes on a number of forms specific to sex workers, including: questioning and opposing society's labels, emphasising the valued roles of sex work in society, and affirming personal values and value-fulfilment.

Furthermore, in resisting enacted stigma and maintaining a positive sense of self, cognitive orientation towards personal values was important in promoting sex workers' self-esteem and emotional wellbeing. Cook, Purdie-Vaughns, Meyer, and Busch (2014) proposed a multi-level approach to stigma and public health, outlining the importance of intervention at the intrapersonal, interpersonal, and structural level. At the intrapersonal level the four categories of education and counselling, belonging, expressive writing and values affirmation were outlined as the most salient interventions. Values-affirmation interventions are understood to operate to reduce threat from stigma by reminding people of their valued identities, which in turn helps to restore a global sense of self-integrity (Sherman & Cohen, 2006). Affirmation interventions are understood to work by mitigating the effects of identity

threat (Purdie-Vaughns et al., 2009). In this sense, by engaging in cognitive strategies to affirm personal values (including affirming personal fulfillment of the role of mother, provider, and making a range of positive social comparisons) sex workers actively seek to manage enacted stigma.

Active engagement in cognitive appraisals of values and self-definition might therefore be termed as an approach, rather than an avoidance coping strategy. The idea of taking an active role in self-definition, rather than accepting a role defined by others was of particular importance in preserving a valued sense of self, and is likely to have increased sense of agency. Personal values are understood to play an important role in relation to emotional wellbeing (Bergin, 1991) and active re-ordering or appraising of values can be considered an important strategy in maintaining a positive sense of self. Chen, Kasen, and Cohen (2009) found that the re-ordering of life values, with an increase in emphasis on intrinsic values (health and love) and a decrease on extrinsic values (power, fame) was correlated with better mental health outcomes for women experiencing chronic illness. These findings suggest that, when faced with stressful circumstances, cognitive restructuring to orientate towards intrinsic personal values can benefit wellbeing. The metasynthesis indicates that sex workers may employ such strategies to both enhance wellbeing and actively define their sense of self.

Strengths, challenges and limitations

A systematic review of qualitative research has been conducted in an area where no such review had previously been undertaken. The metasynthesis offers an understanding of how women involved in sex work manage a stigmatised identity. The findings are informed by a rigorous approach to deconstructing findings presented in the assimilated studies.

However a number of challenges and potential limitations should be acknowledged. Selecting the studies to include in the metasynthesis presented a number of challenges. Due

to the number of disciplines informing research on sex workers, an inclusive approach was adopted to ensure that search terms captured studies from a range of fields. A broad range of search terms were used, and careful reading of abstract and study content was undertaken wherever necessary to judge the relevancy of study content, since the studies varied greatly in style, focus and approach. The inclusion of studies from a range of disciplines has meant that epistemology and subsequently research design varies. Although this could be deemed a limiting factor, the advantages of including findings from varying approaches includes ensuring a comprehensive understanding of the topic in question is reached (Finfgeld-Connett, 2010).

Many of the included studies recruited via health services or sex work specific projects. It may be that this introduces bias in terms of the sample of women included in studies, and as such the review as a whole, in that female sex workers accessing such services may be more likely to view themselves as less able to cope alone, compared to those who choose not to access service support. Further research comparing coping and identity management of two such groups may be of interest.

The quality appraisal using the CASP (2013) highlighted that although most of the studies were of relatively good quality, common areas receiving lower scores included reflexivity, and to a lesser extent data collection. The lack of information on these issues might be due to reporting limitations, such as journal word limits, as well as perhaps disciplinary variations. While the overall quality of a metasynthesis is limited by the studies included, it follows that the inclusion of higher quality studies would result in more robust findings. However given the limited research available on this specific topic the metasynthesis makes an important contribution to the field.

An important strength of the metasynthesis is that it combines findings from a range of social, cultural, legal and sex work contexts, and in doing so offers an understanding of

strategies of coping with stigma that are common across varying circumstances. However a resulting limitation is that the metasynthesis cannot offer detail on coping strategies specific to particular social and cultural contexts, and particular types of sex work.

Suggestions for further research

The metasynthesis has highlighted a number of areas that might benefit from further research. It would be useful to gain a more detailed understanding of the impact of specific cultural and legal contexts and types of sex work on coping mechanisms, to gain a clearer sense of the difference made by each factor.

The findings suggested that a proportion of sex workers achieved a degree of positive adjustment to sex work, however it was unclear what this entailed, and how prevalent such an adjustment may be. Further research would be useful to establish this information. Quantitative research might explore the effectiveness of certain strategies on emotional wellbeing, for example questionnaires exploring correlations between adherence to certain strategies and self-reported mood. This would illuminate which strategies might be most effective, and in which contexts.

While this review focused on female sex workers, it would be useful to explore the difference between genders, for example whether male or transsexual sex workers employ different strategies, and to what effect.

The findings apply to women who self-identify as sex workers, however in some contexts and societies individuals exchanging sex for money do not identify in the same manner. It is possible that non-identification serves an ‘identity management’ function protective for psychological wellbeing. For example, if a person does not self-identify, it follows that they are less likely to feel shame, or ‘self-stigma’. This may, in turn, render other identity management approaches unnecessary, however little is known about the impact of

such non-identification approaches. Further research exploring the impact on non-identification on emotional wellbeing would be helpful.

Implications for health and social care professionals

The metasynthesis indicates the many strategies that women employ that can assist the maintenance of positive self-regard in the face of enacted and perceived stigma, which is valuable information for health and social care workers supporting this population. It also highlights the lengths women may go to in order to conceal sex work, which may have implications for both physical and emotional wellbeing. It is therefore important for health and social care professionals to remain sensitive to the likelihood that many women accessing mainstream health and social care services may not disclose their sex work occupation. Sensitivity and support when discussing any emotional and health-related implications of sex work is therefore paramount, and worker knowledge of the many obstacles women face in coping with a sex-worker identity is of significant importance.

Bearing in mind the often complex needs of sex work populations, the findings provide limited support for the role of sex worker-specific projects to strengthen women's support networks, potentially to increase social support in a safe, non-judgemental environment. Sex worker-specific projects might be best-placed to help women assess the emotional impact of coping with their work, and offer the kind of specific informed support to help women make informed decisions, for example about disclosure, as well as supporting women in resisting enacted stigma.

Conclusion

The metasynthesis presents a conceptualisation of the identity management strategies used by women involved in sex work as a means of protecting emotional wellbeing in the context of stigma. The findings suggest that identity management takes a number of forms including concealment, separation of roles, and a range of stigma resistance strategies;

however these approaches can often be challenging to employ. The findings highlight the need among sex work population to address the impact of enacted and felt stigma. This may have implications for health and social care staff who may be positioned to support stigma resistance with the goal of improving emotional wellbeing.

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Table 1

Quality appraisal using the CASP (2013)

Study	Aims	Appropriate for qualitative research	Design	Sampling	Data collection	Reflexivity	Ethical consideration	Data analysis	Findings	Reaseach value	Final score
Aveling et al., (2010)	3	3	2	2	1	1	1	2	3	3	21
Castaneda et al., (1996)	3	3	3	2	2	1	1	1	2	2	20
Dodsworth (2012)	3	3	3	3	3	3	3	3	3	2	29
Dodsworth (2014)	3	3	3	3	3	3	3	3	3	2	29
Jackman et al., (1963)	2	3	1	1	2	1	1	1	3	2	17
Koken (2012)	3	3	3	3	3	2	2	3	3	3	28
Orchard et al., (2013)	2	3	2	2	2	2	3	2	3	3	24
Reeve (2013)	3	3	2	1	2	2	1	1	2	2	19
Sallman (2010)	3	3	2	3	3	2	3	3	3	3	29
Sanders (2005)	3	3	3	2	2	2	2	2	3	3	25
Sanders (2006)	3	3	3	2	2	2	2	2	3	3	25
Van Blerk (2011)	3	3	3	2	2	2	2	1	2	2	22
Tomura	3	3	2	2	3	2	3	3	3	2	26

Study	Aims	Appropriate for qualitative research	Design	Sampling	Data collection	Reflexivity	Ethical consideration	Data analysis	Findings	Reaseach value	Final score
(2009)											
Wong et al., (2011)	3	3	3	3	3	1	2	3	3	3	27

Table 2
Characteristics of selected studies and participant demographics

Author(s) and year of publication	Study Focus	Participants	'Type' of sex work	Design and methodology	Country	Recruitment pool & strategy
Aveling et al., (2010)	Strategies for the protection of social identity	36 current and former sex workers, aged 20-40 years	Not specified	Focus groups and individual interviews. Thematic analysis.	India	Current and former sex workers involved in an HIV prevention service
Castaneda et al., (1996)	Double lives of sex workers: strategies for managing a 'double life'	133 sex workers (no ages reported)	Street and indoor (call girl, beauty salon, massage parlour and bar)	Fourteen focus group sessions and seven individual interviews, and intensive systematic observations (analysis approach not detailed)	Mexico	Some were invited to participate via medial services, other via 'leaders in the sex worker community who had formed support groups
Dodsworth (2014)	Managing dual identities of sex worker and mother	17 sex workers, aged 18 – 65 years.	'Mostly' street workers, some from home or premises	Individual interviews, grounded theory	UK	Statutory and voluntary agencies via 'gatekeepers', and consequently snowball sampling
Dodsworth (2012)	Adult identities and ability to manage roles	34 sex workers, aged 18 – 65 years	'Mostly' street workers, some from home or premises	Individual interviews, grounded theory	UK	Statutory and voluntary agencies via 'gatekeepers', and consequently snowball sampling
Jackman et al., (1963)	Self image of sex workers	15 sex workers (no ages reported)	Not made explicit, though findings suggest both street and indoor	Individual interviews, no analysis detailed.	USA	13 interviewed while held in jail awaiting clinical test results. Two interviewed in nightclubs.

Koken (2012)	Stigma coping strategies	30 women, aged over 18 years	Independent escorts	Individual interviews, analysis involved 'qualitative structural codes'.	USA	Contacted in response to escort adverts online, and advertised in magazine. Also snowballing recruitment.
Orchard et al., (2013)	Identity management, negotiation and resistance	14 women, aged 24 – 60 years.	Street based and indoor work	Interviews, Ethnographic, community based approach	Canada	Transitional social support agency and snowball sampling
Reeve (2013)	Managing a spoiled identity versus sex work as a functional act	18 women (no ages given)	Street sex work	'Informal' biographical interviews, ethnographic approach	UK	Recruitment not described
Sallmann (2010)	Living with stigma in prostitution and substance abuse and resisting internalisation of stigma	14 women (no ages given)	Street and home-based	Interpretative phenomenological (hermeneutic) data analysis	USA	Recruited via sex-work specific service
Sanders (2005)	Strategies for identity management and managing emotional labour	50 taped interviews and over 100 hours observations in sex establishments. Women aged over 18.	Indoor premises (saunas, brothels, escort agencies and working from home)	Ethnographic observations and interview data	UK	Access gained via sexual health project: visiting indoor services and drop-in clinic
Sanders (2006)	Narratives of rationalisations	50 taped interviews and over 100 hours observations in sex establishments. Women aged over 18.	Indoor premises (licensed saunas, brothels, escort agencies and working from home)	Ethnographic observations and interview data	UK	Access gained via sexual health project: visiting indoor services and drop-in clinic
van Blerk (2011)	Negotiating boundaries and sex work identities	30 females aged 14-19	'Bar girls' working at indoor premises	Qualitative interviews, analysis not described	Ethiopia	Accessed through project for young commercial sex workers

Tomura (2009)	Lived experiences of stigma, and stigma management strategies	One participant, aged over 18	Home based	Independent phenomenological analysis of in-depth interview	USA	Recruited via sexual health professionals
Wong et al., (2011)	Stigma and sex work: experiences and methods of coping	49 sex workers (no ages reported)	Street and indoor (including nightclubs, karaoke bars and one-woman brothels)	Individual interviews, grounded theory.	Hong Kong	Recruited via community health drop-in centre, stratified sample to reflect different job types

Table 3

Study contribution to themes, which are: 1. Concealing sex worker identity; 2. Creating a professional identity: 3. Maintaining a positive sense of self

	Theme 1	Theme 2	Theme 3:
Aveling et al., (2010)	X	X	X
Castaneda et al., (1996)	X	X	X
Dodsworth (2014)			X
Dodsworth (2012)	X	X	X
Jackman et al.,(1963)	X	X	X
Koken (2012)	X	X	X
Orchard et al., (2013)		X	X
Reeve (2013)			X
Sallman (2010)		X	X
Sanders (2005)		X	X
Sanders (2006)		X	X
van Blerk (2011)	X	X	
Tomura (2009)	X	X	X
Wong et al., (2011)	X		X

Table 4

Process of theme development

First iteration	Second iteration	Third iteration: final themes
Keeping work identity secret Find social acceptance in inner sex work community	Concealing sex worker identity	Concealing sex worker identity
Emphasise profession and present self as professional Acting to create a work persona Keep a level of intimacy for personal life Viewing different roles as separate selves Maintain emotional distance from clients	Creating and maintaining a protected professional identity	Creating a professional identity
Question the status quo Resist labelling Express hope for things to change Emphasise value of sex work in society	Questioning societal views	Maintaining a positive sense of self
Emphasise valued roles in personal life Emphasis the perks of the job Make positive social comparisons Emphasise skills and service to customers Emphasise economic gain for others Focus on economic function of sex work Maintain integrity and values	Maintaining a positive inner sense of self	

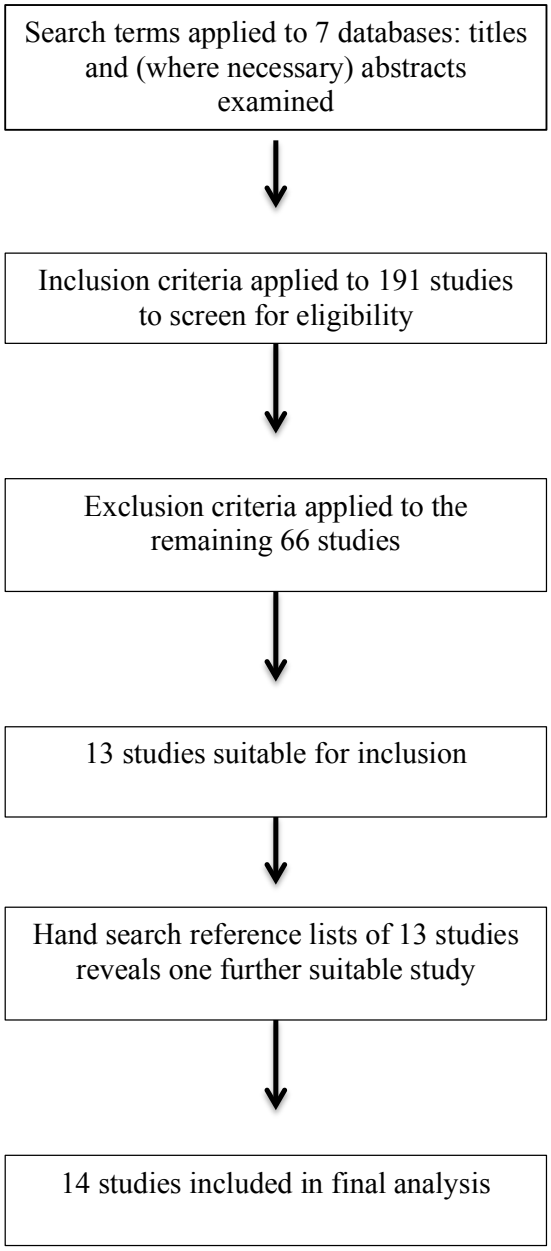

Figure 1. A flowchart to demonstrate study selection

Appendix: Journal Aims, Scope and Instructions for Authors

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RUNNING HEAD: REMAINING IN STREET BASED SEX WORK

Section Two: Research Paper

Remaining in Street-based Sex work: A Grounded Theory Analysis

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Abstract

Despite research suggesting a prevalence of psychological support needs among female commercial sex workers, access to specialist psychological support remains limited for this population (Stevenson & Petrak, 2007). Street-based sex work is associated with a number of risks, and while many express a desire to leave (Farley & Barkan, 1998), exiting is understood to be complex and difficult (Dalla, 2006). This research aimed to develop an understanding of the psychological processes involved in remaining in street-based sex work in a UK context, and further understanding of the relationship between relevant psychological and social factors. Conducted in a large UK city, 12 participants completed in-depth interviews regarding their experiences of remaining in street-based sex work. An adapted grounded theory approach to data collection and analysis was used. One overarching category, "The daily fight for autonomous survival", emerged from the analysis, containing four conceptual categories: The cycle of distress and distraction, Remaining self-reliant, Protecting and separating the self, and Struggling in the push and pull. A diagrammatic model demonstrates the links between the categories. Implications for clinical psychologists and service provision are discussed.

Keywords: sex work, resilience, coping, risk, emotional wellbeing

Introduction

Sex work is broadly defined as the selling of sexual acts in exchange for material compensation, and is categorised in terms of location; namely either street-based or indoor, the latter including brothel-based and escort services. Sex work is largely a gendered phenomenon, involving female sex workers and male purchasers (Coy, 2012). Regional prevalence estimates of female sex workers vary worldwide, ranging from 0.1 to 7.4 per cent of urban dwelling women of reproductive age (Vandepitte et al., 2006). While a widely cited survey of specialised services for sex workers estimated a total of 80,000 sex workers in the UK (Kinnell, 1999), due to the hidden nature of sex work, accurate estimates of sex working populations are difficult to ascertain, and various approaches to assessing population size have received critical debate (Cusick, Kinnell, Brooks-Gordon, & Campbell, 2009).

Challenges associated with sex work include stigmatisation and marginalisation, financial difficulties and dangers to personal health and safety (Vanwesenbeeck, 2001), and risks associated with sex work have received much attention in international research. Violence towards sex workers has been described as commonplace (Farley, 2006) and a proportion of sex workers are trafficked into and maintained within the trade via violent means (Farley & Barkan, 1998). Over the past 30 years, research into sex work has been primarily driven by public health agendas, placing a strong emphasis on health risks, HIV and the spread of disease (Farley & Kelly, 2000).

More recently, some studies have focused on the emotional wellbeing of sex workers, and findings suggest psychological distress is widely experienced. For example, Roxburgh, Degenhardt, and Copeland (2006) found that 47 percent of their sample of street-based sex workers met diagnostic criteria for post-traumatic stress disorder (PTSD). In a study comparing psychological distress of street-based sex workers with age-matched general

population sample, el-Bassel et al. (1997) found sex workers scored significantly higher on measures of psychological distress, including depression, anxiety, and paranoid ideation (Derogatis & Melisaratos, 1983). Since prevalence rates and correlational studies cannot establish cause and effect, researchers have sought to further understand the relationship between sex work and emotional wellbeing. Vanwesenbeeck (2005) examined burnout among indoor female sex workers in the Netherlands by comparing the scores of sex workers, female nurses and individuals with work-related psychological difficulties on measures of emotional exhaustion, depersonalisation and personal competence. Sex workers scored significantly higher only on the measure of depersonalisation, which was associated with stigma-related experiences, including violence and negative social reactions.

Furthermore, Sanders (2004) found that indoor sex workers in the UK rated the emotional consequences of selling sex as a greater occupational hazard than health and safety risks. Both Sanders (2004) and Vanwesenbeeck (2005) are examples of an expanding body of research demonstrating growing attention on the emotional consequences of selling sex, and a move towards a more holistic understanding of the impact of social, political and environmental factors on emotional wellbeing. However, further work is required to better understand the ways in which these factors interplay.

Women involved in street-based sex work are exposed to higher levels of harm than indoor workers, and higher levels of substance abuse reported (Cusick & Hickman, 2005). Farley and Barkan (1998) found in a sample of street-based sex workers, 92 per cent expressed a desire to leave, however exiting is often complex and difficult (Cimino, 2012). Those wishing to escape the hazards and occupational stresses typically face numerous barriers, including drug and alcohol addiction, problems with housing and safeguarding (e.g. protection from abusive partners or pimps), as well as psychological, educational and occupational needs (Baker, Dalla, & Williamson, 2010). While Månsson and Hedin (1999)

claim that emotional commitment is a key factor in exiting, McNaughton and Sanders (2007) cite the importance of a combination of structural, political, cultural and legal factors necessary to support the effectiveness of any cognitive transformations. The integrated model of exiting street-based sex work presented by Baker et al. (2010) seeks to take into account a broad range of factors (including individual, relational, societal and structural) to inform a model depicting women's process of exiting sex work, including the well-documented entry-exit-re-entry cycle (Dalla, 2006).

In a recent mixed methods study exploring how women exit sex work, common barriers and stages of change (Prochaska & DiClemente, 1983) were highlighted (Eaves, 2012). However, the authors identified a need for further qualitative and quantitative exploration of the interaction between the various barriers to exiting, specifically interactions between drug use, housing, physical and mental health difficulties and experiences of violence in childhood, coercion, criminalisation, and financial hardship. Qualitative research offers the opportunity to acquire rich data based on participant perspectives.

While studies focusing on exiting sex work have attracted criticism due to implicit normative moral assumptions that women wish to exit, projects providing support to sex workers are often underpinned by ethics that prioritise client choice (Cusick, Brooks-Gordon, Campbell, & Edgar, 2011). This epistemological mismatch highlights the need for an alternative approach to understanding this complex issue. One approach is to examine the reasons women remain in sex work, exploring in more detail the factors present in both the remaining and the "yo-yo-ing" between involvement and disengagement (McNaughton & Sanders, 2007). Adopting this perspective permits the application of a "resilience-based lens" (Burnes, Long, & Schept, 2012) which can contribute to a strengths-based understanding of how sex workers cope with the occupation.

It is important to acknowledge that, although the level of physical and psychological harm associated with (particularly street-based) sex work is high, knowledge of ways in which women cope with and manage such challenges is limited. In a recent literature review Heilemann and Santhiveeran (2011) identified strategies used by female adolescent sex workers to cope with physical, social and psychological hardships inherent in sex work. These included: peer support, drug and alcohol use, self-mutilation, personal safety plans and boundaries for mitigating violence and risks. Understanding how coping strategies specifically facilitate remaining in street-based sex work is therefore important to further knowledge of the various processes involved in both remaining in and exiting such work.

A more detailed understanding of the psychological processes women experience in relation to both remaining in sex work and any attempts to exit is therefore necessary for a number of reasons. Such an understanding will provide insight into the ways in which coping mechanisms facilitating remaining in sex work might interact with barriers to exiting. The findings will help understand how services may better support the emotional wellbeing of street-based sex workers. Qualitative research offers the opportunity to explore psychological processes in detail, and examine the elements pertinent to participants. Specifically, a grounded theory approach facilitates an exploration that both focuses on processes, and seeks to develop a model in order to demonstrate the interaction between different process components. The aim of this research is thus to develop an understanding of the reasons women remain in street-based sex work, and the psychological processes necessary to facilitate coping in an environment characterised by risk.

Method

Design

A qualitative design was used to explore the psychological processes experienced by women remaining in street-based sex work. An adapted methodology based on constructivist

grounded theory was chosen, as grounded theory is appropriate for developing a richer understanding and description of processes where theory is lacking or underdeveloped (Burck, 2005). Constructivist grounded theory is in keeping with the ontological and epistemological position of prioritising participant experience while emphasising the pivotal role of the researcher in constructing theory. Grounded theory methods are set within a symbolic interactionism theoretical perspective (Bryant & Charmaz, 2007) emphasising the role of the research context in theory development, rather than suggesting theory represents a single objective reality (Charmaz, 2006).

Participants and Research Context

Participants were recruited via a voluntary sector service provider working directly with women involved in both street and sauna-based sex work. Participants were female, aged 18 or over, and currently or previously involved in street-based sex work. Women who appeared to be under the influence of alcohol or drugs were not invited to participate. The length of time involved in sex work ranged from 4 months to 45 years, with a mean involvement time of 16.6 years. Participants' current ages ranged from 26 to 61 years, with a mean age of 38.5 years. The mean age of entering sex work was 21.8 years. All participants bar one identified themselves as White British.

Procedure

Advice was sought from staff working for the host organisation, regarding the study aims and procedure, and feedback was incorporated into the study design. Full ethical approval was obtained from The University Research Ethics Committee at Lancaster University.

Posters and flyers were displayed at the service for the duration of the study. The researcher attended drop-in sessions at the centre where street-based sex workers regularly accessed a range of services. During these times service users meeting the inclusion criteria

were approached by a staff member who asked them about their interest in participating. Where interest was expressed, service users were introduced to the researcher. Further discussion took place in a private interview room. Written informed consent was obtained from individuals who decided to participate, and interviews followed immediately. This immediacy was considered necessary due to the ad-hoc way in which many service users access the centre and the difficulty experienced by many service users in keeping appointments. A two-week 'cooling off period' was offered in the event that participants wished to withdraw their data (no withdrawals occurred). In-depth interviews were conducted with a total of 12 participants between November 2013 and May 2014. A semi-structured, flexible interview schedule was used to conduct the interviews. The length of the interviews ranged from 19 minutes to 51 minutes, with a mean length of 36 minutes. All interviews were digitally recorded and transcribed verbatim.

Participants were given a £10 supermarket voucher following participation. Payment of participants is consistent with other studies in the field (Gorry, Roen, & Reilly, 2010) and advice was sought from the host organisation regarding the most suitable voucher considering potential participants' needs.

Data Analysis

All 12 participants' interviews were analysed using an adaptation of constructivist grounded theory methods (Charmaz 2006). Modifications to the method were necessary due to time constraints, which took the form of clustering of interviews, and limiting the number of participants. Although ideally in a grounded theory study data collection and analysis take place simultaneously, instead lengthier pauses in data collection occurred after phases of interviews to facilitate more detailed analysis (this occurred after interview two and eight). Memo writing was undertaken throughout the analysis process, and memos were added to and amended as data collection proceeded (see appendix A). Interviews were coded for initial

codes, then focused codes and categories, and analysis moved forwards and backwards between interviews, in order to identify new and existing codes (see appendix B).

An initial interview schedule in keeping with the aims for the study was developed in consultation with supervisors and service staff. The interview schedule (see appendix C) served as a flexible prompt, and was continuously amended throughout data collection and analysis. This was an iterative process, assisting theory development by focusing subsequent interviews on categories requiring further exploration. Areas explored in interviews included participants' experiences of entering sex work, coping with challenges when sex working, and factors involved in reducing or increasing sex work activities. Variability within categories was explored through theoretical sampling, whereby subsequent participants were sought on the basis that they might present with different experiences relevant to categories in need of refinement. Emerging category properties were developed and the relationships between categories explored. As new codes were identified, earlier transcripts were re-analysed to explore for the presence of the new codes. This iterative process continued until theoretical sufficiency, rather than saturation, was reached (Dey, 2007), whereby data gathering ceased at a point where data sufficiently supported the properties of each category.

Credibility Checks and Reflexivity

A reflective journal was kept throughout the research process, which informed memo-writing and facilitated researcher reflexivity. Supervision was used to provide feedback on emerging and developed theoretical categories and the theoretical model. The probability that the researcher's assumptions and pre-existing theoretical positions, developed through previous work with commercial sex workers, would inform the research hypothesis was recognised. As an acknowledgement of this, the reflective journal and supervision were used to ensure that assumptions and theoretical interests were made explicit. An in-depth search of the broader literature took place after the theoretical model was constructed, in order to

minimise the influence that knowledge of previous research findings might have on the interpretation of data (Thornberg, 2012).

Results

The analysis resulted in one overarching category, The daily fight for autonomous survival, containing four sub categories: 1. The cycle of distress and distraction, 2. Remaining self-reliant, 3. Protecting and separating the self, and 4. Struggling in the push and pull. Figure 1 depicts the relationship between the categories, which are further elucidated below.

Figure 1 around here

Participants described an accumulation of adverse experiences prior to first entering sex work or returning to sex work after an extended period of time. Similar difficulties that were present prior to and during women's entry into sex work remained present during involvement. These factors are represented within the model. An initial introduction via another person was almost always a critical factor in the first instance of sex working, as one participant explained: "Somebody suggested coming down here, and that's what I did" [P12].

Overarching Category: The daily fight for autonomous survival

This overarching category acts as a container for the four subsequent categories, summarises the coping mechanisms women employ that facilitate remaining in street-based sex work, and draws together the common themes and relationships among the subsequent categories. The interaction between the first three categories, (Cycle of Distress and Distraction, Remaining Self-Reliant and Protecting and Separating the Self) as represented in the model, demonstrates how these categories act as a cycle in the following ways: coping alone to protect the self perpetuates self-reliance and vice versa; women's self-reliant coping

impacts upon the ways in which they distract from distress, but experiences of threat, stigma and harm (as consequences of self-reliant coping strategies) lead to additional distress; women respond to distress by protecting the self, however the elements of resignation to the role of necessary to do this typically lead to further dissatisfaction or distress. The fourth category, 'struggling in the push and pull' separately shows the constant oscillation between moving further into and further away from this cycle.

In terms of the overarching category, the idea of fighting for autonomous survival captures the state of battling against multiple threats to physical and psychological wellbeing, and the emphasis on autonomy that pervades participants' way of life. This overarching category brings together the sense many described of being caught in the push and pull of sex work, living in the day-to-day and feeling uncertain about the future. It depicts the tension many described of not wanting to do sex work long term, but having little sense of an alternative. Women described feeling pushed away by disliking sex work, but pulled back by the factors that initially drew them in, many of which were exacerbated by prolonged involvement.

The idea of living in the present, or taking things one day at a time was described by many women, for example: "I've gotta take each day as it comes, because, I don't know what's going on at the minute." [P10].

This sense of living in the here-and-now meant that although most women had future goals, for many there seemed to be a belief that dreams could not or would not be realised, and few described step-by-step plans towards their goals. One participant stated: "I've rocked up here in nothing but the clothes I'm wearing, no place to stay, twenty quid in my pocket. I've never had a plan" [P9]. Some explicitly described a sense of aimlessness or feeling little control over their own future. Understandably for some this related to the uncertainty surrounding homelessness, however this sense pervaded many interviews when women

described their thoughts about the future: “I’ve got little dreams in my head that I want to see happen, but until I can actually stable myself, I can’t see more than the day” [P10].

Cycle of Distress and Distraction

Participants outlined how challenging circumstances both prior to and during their time as a sex worker caused distress, and described ways in which they sought to distract from difficult emotions. However for many this method of coping perpetuated difficulties, and further pre-disposed them to situations where they experienced further distress. While entering sex work was often a means to ensure substance use could be funded, over time, many participants described feeling caught in a continual process of experiencing distress and desiring escape from difficult feelings.

Prior to their initiation to sex work a large proportion of participants described an emotionally unsettling time, related to an increase in difficult personal and social circumstances. This tended to include both relationship breakdown and homelessness, which were often interrelated. For example one participant described leaving home after falling out with her parents

> “I left home when I was 16. Couldn’t get on with my parents - well my dad - left home, slept in this derelict building” [P4].

A recurrence of similar complex adverse circumstances including loss of partners or family, housing and/or employment also prompted a return to sex work for women who had spent months or years away. Whether entering sex work for the first time or re-entering it after a break, at this point most had experienced a loss of stability and security in their lives, leaving them isolated, vulnerable and in chaos. Some participants explicitly described how relationship breakdown or pre-existing stressors led to a sense of desperation, and difficulty coping emotionally: “I’d left two small children […] nervous breakdown I was having apparently, and I ended up homeless, not eaten for two days” [P9].

Psychological difficulties were described by all women actively sex working, in the form of low mood, anxiety, worry, suicidal feelings, paranoia or low self esteem. One participant described: “I just always worry, I’m a worrier […] All the time, I think ‘why me’. I just always beat myself up about the situations that have gone on” [P10]. For many, involvement in sex work seemed to exacerbate pre-existing emotional difficulties, via the challenging circumstances and negative feedback from clients and wider social contacts that women regularly encountered. One participant explained: “All the crap I’ve gone through in my life [..] my brain’s broken, where it sees me as shit” [P9].

Feeling judged and misunderstood by others, worrying about how they were perceived and dealing with verbal abuse from clients and negative attitudes of public and professionals was explicitly described by participants as contributing to a low sense of self worth and a sense of shame: “ It just winds you up […] all the comments and the stereotypes, it’s hard enough as it is” [P11].

Some participants described a state of anxiety and heightened arousal related to maintaining vigilance for threat. Some described feeling unsettled by memories of sex working and tried to distract from the unpleasant thoughts and emotions related to things experienced at work. “Think about it when I’m here and go. That’s it. Shut my brain off completely” [P9].

This sense of switching off and avoiding thinking about unpleasant events, even in situ, was common among women’s descriptions of coping. Many described feeling impatient both while waiting for and when with clients, and found ways to disengage. Participants talked about pacing and listening to music while waiting for clients, and hoped interactions with clients would end quickly: “I’m like ‘come on, hurry up’” [P3].

Most described managing emotions using substances, which over time increased financial pressures. This often became a vicious cycle whereby substances facilitated

emotional escape. Although this provided short-term relief, it contributed to lowering mood and heightening anxiety or other emotional problems in the long-term, and exacerbated financial hardship.

One particular function of alcohol and substance use was to distract from memories or feelings of shame or regret associated with sex work: "My habit became harder, because then I was embarrassed [about] what I was doing so I didn't want to think about much what I was doing" [P6]. A number of women described feeling they needed substances to engage in sex work, as a means of giving them confidence to go through with things and overcome the anxiety associated with threat.

Furthermore, some alluded to being brought down emotionally by interactions with clients, reducing the desired effect of drugs on mood:

> "It does help if you've got enough drugs in you…You just rise above [negative comments] half the time. But if you've got a habit already and you're withdrawing and you're depressed or whatever else you've got wrong with you, all that is harder to cope with [P11].

The use of drugs quickly brought participants back to sex working, in order to fund further substance use. Thus the cycle of experiencing distress, substance use to manage that distress, and further sex work to finance substance purchase was perpetuated.

Remaining Self-Reliant

A drive towards self-reliance seemed to underpin women's relationship with sex work. Participants described a strong sense of agency in earning their own money and determination to cope alone. Some participants described their entry into sex work as an extension of a lifetime of fending for themselves. It seemed like the fight for survival in the face of difficult circumstances had often been life-long and most participants described a need for independence and autonomy: "I've learned to look after myself, that's what I've

done all my life […] since I were 16 or something" [P7]. Often the loss or absence of a secure home resulted in a need to find shelter and money, followed by desire for belonging and occupation.

Some participants described rejecting alternative means of making money in order to avoid placing limits on their independence, as one explained: "I'm a free agent, I like that part of it" [P3].

Women typically worked alone, and all participants described developing the necessary expertise for safety and survival, using a myriad of practical strategies to protect against the constant threat of harm. Participants reported always using condoms, ensuring their personal safety when working by remaining within close proximity to other sex workers, refusing to get in cars with more than one punter and trying to appear confident when working.

Remaining continuously wary of dangers posed by clients was described as a constant state of vigilance and arousal: "Every movement out there, every noise out there, could be a man behind you, and if you don't turn and look, that man's gonna be the one that could do you harm" [P10]. Women also described relying on their 'instinct' a great deal to judge the safety of a punter, and would refuse to go with punters if they felt they appeared unsafe: "You kind of pick up on things […] mannerisms, or words or… you see people, they're driving around, you just pick up on things, if it raises red flags I just don't get close" [P6].

Furthermore, the desire for social contact and safety was balanced against the need to protect the self in the face of competition. Participants discussed their approach to relationships with other sex workers as necessary but cautious, making acquaintances but maintaining distance. Disputes between sex workers were common, and women were wary of others' motives: "I'd get myself away from other girls 'cause they're trouble as well. So, you know, it's a competition thing" [P6].

Protecting and Separating the Self

While almost all women indicated that they did not enjoy sex work, dissatisfaction with circumstance seemed to coexist with a sense of helpless resignation to the role of sex worker: "We're not doing it by choice, we've all got our reasons for doing it, you know, nobody would choose to work like this" [P12]. For some, reluctant acceptance of their sex working role translated into lifelong association: "The beat will always be on my mind for as long as I live, I know it will. There's no way of getting out of it once you're into it" [P7].

This sense of acquiring a permanent sex worker identity was echoed in participants' experiences with others, and women felt frustrated with how they perceived themselves to be viewed. Some felt permanently branded, which seemed to contribute to an altered sense of self: "I got branded by the police, then, no matter what I said and did, then I'd always be that person that they'd seen the piece of paper, so it never leaves you" [P10].

Participants sought to create mental separation between working and personal roles and employed a number of approaches to this aim. Some became experts at concealing sex working from friends, family and partners, as one participant explained: "I was with [previous partner] 15 years and he never knew. I was very clever at hiding it" [P3]. Other strategies included maintaining physical separation between places where participants occupied different roles, and assigning separate uses to money earned from sex work and money received in benefits.

Keeping specific attire for sex working was another strategy that facilitated separation of roles, as one participant explained: "I never wear makeup usually. That's my uniform: so I come out, get my heels on, short skirt, get my money and gone" [P9]. Separation of roles seems to facilitate mental separation of the self from sex working activity. Similarly, women sought to engage in the minimum amount of sex working that they could in order to make the

money they required. In this sense, while accepting sex work as a necessity, participants sought to minimise time spent in their sex-working role.

Struggling in the Push and Pull

Struggling to cope emotionally with sex work prompted most women to stop for days, weeks, months or years, however financial and emotional difficulty, social isolation and boredom made managing without sex work increasingly difficult, and as a result most participants returned.

Despite the range of strategies used to manage their working role, sex work still presented many challenges. Women who had taken a break from sex work cited reasons including mounting distress and a desire for an alternative life.

> I was getting heavily into drugs, drink, working constantly, I was exhausted, depressed miserable, I was getting to the point where I didn't want to be here again, so instead of carrying on I took myself out of the situation and went home […] it was do or die [P9].

For some, dissatisfaction and building emotional distress catalysed steps towards an extended time away, for days, weeks, months or even years, or the beginning of what two participants described as their journey out of sex work, as one participant explained: "I got to a point where I'd just had enough" [P8]. However for most, breaks from sex work were short-lived, and a number of women used the word "struggling" to describe the emotional and financial challenges that brought them back. Emotional and financial challenges were usually interconnected, as the cycle of drug addiction as a means of emotional management typically created financial difficulty. Participants struggled to cope on restricted monetary benefits, and some faced significant barriers to alternative employment and learning opportunities.

Women cited few options for earning money that met a felt need to make it quickly, as one described: “I don’t want to be a prostitute, but it has to be done. You’ve not got a choice about it when you’re homeless and you’ve got no money and you need stuff” [P7]. The “quick easy money” [P3] sex work offered drew women back as a fast solution to pressing financial need. Despite not necessarily wishing to return, sex work was seen as being “always an easy little outlet that you can go back to if you’re really stuck, and really, really stuck for money” [P3].

Even for those caught in this struggle, receiving face-to-face propositions or calls from regulars was described as often too difficult to turn down: “I was stopped doing [sex work] but still come to the activities [at the service], and it’s not their fault, but I’d come for the activities and then went outside. Some guy asked me and just automatically, just said yeah, after I’d stopped” [P1].

It seemed that once expertise in sex work had been accumulated, alternative options felt few. Sex work offered a level of familiarity, as one returning sex worker described:

> “When you study you have a few qualifications, [so] that if something main failed you’ve still got a qualification that you can go up another avenue doing. So that’s like this work, and I’ve pulled away from it, and it’s always there that you think… once you’ve done it a while it’s always there” [P3].

Furthermore, a number of participants talked about the importance of avoiding restrictions and time-obligations associated with employment, which might restrict freedom and autonomy. Women wished to avoid any legal implications of engaging in criminal activity, which some viewed as alternative options to making money quickly. One participant explained: “Rather than going shoplifting and get a charge or whatever, you can come down here and do this” [P12]. While substance use often fuelled the need for fast money-making and few obligations, some women described engaging in sex work to meet basic needs but

then becoming used to the extra money when financial hardship subsided: “I just like having the extra cash, you know, for presents and things like that, and getting yourself stuff like, I don’t know, buy yourself the occasional bit of clothes” [P5].

In addition to the financial draw, some participants described feeling pulled back towards sex work through seeking companionship and purpose and to alleviate isolation and boredom. For some, involvement in sex work corresponded with limited contact with family and friends and loss of custody of children, particularly where drug use had been a major difficulty. In this sense, re-engaging in sex work and affiliated social networks offered a place to belong.

Although some participants accessed activities at the service, women reported a limited repertoire of alternative self-directed leisure pursuits: “During the week you’re just bored, you know what I mean, and you’re having to like, self-consciously tell yourself, you know, ‘don’t go down the streets, because, you know, just try and put up with the boredom’” [P5]. Participant one commented: “I’ve tried leaving but I thought - just sod it - about a week, two weeks, and then I got bored and just come back.” [P1].

Discussion

This study sought to develop an understanding of why women remain in street-based sex work, and what psychological processes facilitate coping. The findings suggest that a drive towards autonomous survival using here-and-now coping strategies underpins women’s approach to managing the challenges of remaining in street-based sex work. Consequently, women shut off from pre-existing distress, often using substances to facilitate this process. However sex work experiences further add to distress, often managed with substances, perpetuating the cycle of working to finance coping strategies. As women gain experience in street-based sex work their self-reliance increases, driven by the need to protect themselves and remain vigilant towards the constant threat of harm. Competition with other sex workers

further adds to self reliance. Dissatisfaction coexists with resignation to the role of sex worker, both exacerbated by experiences of feeling branded. This prompts women to create mental separation between sex work and non-sex-work roles. Struggling to cope emotionally, women attempt to cease sex working, however financial and emotional difficulty, social isolation and boredom make managing without sex work increasingly difficult, and many continue sex-work as a result.

The grounded theory adds to existing research by creating a more detailed understanding of how experiences both prior to and during sex work contribute to distress, and how this is then managed. In particular the grounded theory builds upon previous models of exiting sex work (such as Baker et al., 2010) by extending beyond the cognitive behavioural and stages of change frameworks. Instead the grounded theory explores the interrelationship between maintenance factors, and offers an understanding of how distress management techniques operate to maintain a level of wellbeing that facilitates involvement in street-based sex work, while also operating to maintain involvement, and prevent exiting and present barriers to alternative occupations and lifestyle choices. Specifically it suggests that women employ a range of strategies for psychological self-protection, and methods of distraction are sought and utilised in the face of challenging experiences. The grounded theory suggests that strategies for coping with distress often exacerbate sex workers' vulnerability to experience further distress by continuing their exposure to harm. This approach and understanding is not offered by previous models of exiting sex work.

The overarching category **'the daily fight for autonomous survival'** explains the sense women described of being trapped in the day-to-day, problem solving with quick solutions. This approach has been reflected in sex workers acknowledging a survival-based approach (Pyett & Warr, 1999). The grounded theory furthers understanding by suggesting

that this survival-based approach underpins a range of coping strategies that both facilitate involvement in street-based sex work, while making exiting difficult.

The collective coping strategies, underpinned by this approach, suggest a level of resilience in the face of challenging circumstances. For example, the category **'cycle of distress and distraction'** describes emotional management techniques of distraction, often using substances. While these techniques can be viewed as both adaptive and maladaptive, the constructionist approach to resilience adopted by Michalak and Holtforth (2006) promotes the notion that all coping strategies, including avoidance, promote survival. In this sense the grounded theory presents a model of street-based sex workers' resilience. While substance use among street-based sex workers is well documented (Jeal & Salisbury, 2007) this study places emphasis on the role of substance use in emotional management of both pre-existing distress, and distress as a result of involvement in street-based sex work.

Furthering ideas regarding adaptation, as described in the category '**remaining self-reliant',** women's self-reliance acted as both an adaptive strategy within sex work and a pre-existing necessity, as a response to pre-sex work experience. This description of a lifetime of fending for the self fits previous findings such as those of Earls and David (1990) who reported that women involved in street-based sex work typically experienced intra-familial relational challenges prior to involvement. However the category also makes links between women's challenging earlier life experiences and vigilance to threat due to traumatic experiences of harm in sex work. Consistent with previous findings (Farley & Barkan, 1998; Jung, Song, Chong, Seo, & Chae, 2008; Roxburgh et al., 2006) this study adds to the understanding that remaining in the many threatening situations presented in street-based sex work maintains heightened levels of anxiety and paranoia, and therefore inhibits recovery from previous traumatic or emotionally unsettling experiences (Brown, 2008). While self-reliance is framed as an adaptive response to challenging circumstances it also offers an

explanation as to why women can feel trapped in sex work. The grounded theory therefore offers an understanding of how these self-reliance strategies further maintain women's sex work involvement.

The category '**protecting and separating the self'** further described approaches used by participants to handle experiences of stigma, which contributed to developing a fixed sense of sex-worker identity and lowered women's sense of agency. For the women in this study, the internalised stigma reinforced the draw towards more accepting social circles, which has been echoed in other research studies (Kamise, 2013; Lawrence, 1996). However the 'mental separation' necessary to achieve the distinction between sex work and the self has parallels with distraction and dissociation techniques, suggesting that this psychological coping strategy is a widespread necessity utilised by women to facilitate coping with the range of emotional challenges sex work presents.

While the emotional challenges of sex work caused women to want to leave, the category **'struggling in the push and pull'** also highlighted the purpose, structure, social contact, and finances that sex work provides, which operate to maintain women's involvement. The longer women are involved in sex work, the harder it can become to develop other skills and occupations. This idea is supported in literature that suggests our occupations builds our sense of self and capability (Phelan & Kinsella, 2009). If women have few opportunities to explore their capabilities it follows that their sense of self will be somewhat limited by their experiences. This supports the link to the sense of fixed identity inherent in the category **'protecting and separating the self'.** However the category '**struggling to manage'** also highlights how women's reliance on established coping mechanisms not only prevents the development of alternative means of coping, but creates a form of dependence on sex work, since sex work provides the means to maintain established mechanisms for emotional regulation.

Furthermore, the link between women's self-reliance, distraction and distress, as well as the emphasis on 'mental separation strategies' highlights the relevance of street-based sex workers' use of distraction and dissociative coping strategies for emotional regulation. A number of studies have found evidence for dissociation among women involved in sex work (Cooper, Yuille, & Kennedy, 2002; Ross, Farley, & Schwartz, 2004), a coping strategy acknowledged to be specifically linked to traumatic life experiences (Thelander, 2001). Specifically acknowledging and seeking to address the role of unresolved trauma in maintaining women's involvement in sex work, Ward & Roe-Sepowitz (2009) assessed the effectiveness of including a trauma-oriented approach in both a community and prison-based exiting programme and found participants reported a reduction in trauma symptoms. Their research demonstrates early steps towards a wider acknowledgment of the importance of incorporating approaches to addressing trauma and trauma-related coping strategies in support for women wishing to exit sex work, an understanding to which the presented grounded theory contributes.

Study limitations

This paper presents a grounded theory model for understanding why women remain in street-based sex work, but a number of limitations should be observed. Firstly, the narrow ethnic make-up of the sample is unlikely to be representative of the broader population, given that the demographic shift in the origin of commercial sex workers in west London between 1985 and 2002 showed a reduction in the proportion with British nationality from 75 to 37 percent, with an increase in workers from Eastern Europe and Russia (from 1to 20%) and Asia (from 5 to 27%) (Spice, 2007). It has been suggested that racism is often experienced by sex workers from ethnic minority backgrounds (Farley, 2006) therefore a more inclusive sample might have provided opportunity to explore the impact of racism on women's experiences of staying in sex work.

Secondly, the sample was self-selecting. It is likely that women who were less at ease with their situation or particularly suspicious of others might have felt more uncomfortable talking to a researcher, and therefore have been less likely to participate in the study. Women who chose not to participate may represent a section of street-sex workers who are coping and managing in ways not represented by the sample, and who have different feelings about their work. Similarly, women appearing to be under the influence of drugs or alcohol were excluded from participating. Women who were perhaps more likely to cope using substances may have had different psychological responses and coping mechanisms, however their exclusion from the research may have impacted on the findings. However, a number of participants described frequent drug use despite not being under the influence of drugs at the time of interview, and study participants reflected on different stages of their journey, including times they may have used substances to a greater or lesser degree.

Thirdly, the time constraints of conducting the research as part of a DClinPsy thesis may affect the robustness of the research as a grounded theory, since a number of adaptations were made. However the value of the model in providing a useful tool for understanding street-based sex workers' experiences is a strength of the research. For a more detailed exploration of study strengths and limitations, see the Critical Appraisal.

Implications for Service Delivery

Evidence regarding emotional wellbeing of sex workers indicates a role for psychological support (Gorry et al., 2010), however international healthcare guidelines and strategies do little to assist the delivery of such services, instead retaining a focus on limiting the spread of disease (WHO, 2009). In the UK, government sex work strategies do not outline the need for psychological support (Home Office, 2004 & 2006) and the British Psychological Society guidelines offer little advice on how to support sex workers' emotional wellbeing (BPS 2002). However the few existing specialist services for sex workers in the

UK focus on providing healthcare and safety support, which, although highly valuable, psychological and emotional needs may be going unmet. Psychological support needs of street-based sex workers are likely to be higher than those working indoors, but due to their often chaotic lifestyles, mainstream services remain an unsuitable place for specialist provision (Stevenson & Petrak, 2007) and studies on exiting suggest that services currently struggle to provide the necessary holistic package of support (Cusick et al., 2011).

The grounded theory has a number of clinical and service-delivery implications, including the recommendation that psychological and social support must be integrated, and specialist services are likely to be best placed for this due to the unique and complex set of support needs with which this population presents. In particular an area where clinical psychology may be able to offer support is in helping women exiting sex work to address trauma and distress-related coping mechanisms that facilitated involvement in sex work, but prevent adjustment in the absence of sex work involvement. While the mental separation utilised by sex workers is functional and adaptive while involved in sex work, it might suggest a role for integrating parts of the self to facilitate acceptance for those exiting sex work. Cognitive analytic therapy (CAT) and other psychodynamic models might offer means for identity integration where this is indicated (Ryle, 2002). Access to therapies for women exiting street-based sex work poses barriers, including the need for an established level of stability prior to beginning therapeutic intervention, and practical support may be necessary.

Further aspects of the grounded theory suggest areas of need that may benefit from therapeutic support, which again would require the accommodation and timing outlined above. A significant element of distress preceding entry into sex work was attributed to a lifetime of fending for the self. An acknowledgement of women's self-reliance also promotes the potential helpfulness of a supportive therapeutic relationship as fostering positive attachment experiences. Such a relationship would provide opportunity to receive positive

affirmations of the self, as someone worthy of respect, which may in turn serve to mitigate the effects of stigma, experienced in sex work. Positive experiences of interacting in therapy may help challenge women's beliefs about the self and others.

Additionally, the use of psychodynamic models may be of benefit in supporting teams working both with women involved in the process of exiting street-based sex work. CAT offers an understanding of interpersonal dynamics, particularly of relevance to substance use (Ryle, 2002). Offering a CAT understanding may help multi disciplinary team staff to intervene more effectively and understand why women get stuck, although this may be difficult, in light of the current lack of appropriate service provision.

In supporting any potential exits from sex work, staff sensitivity to sex workers' readiness for change is indicated by the grounded theory. The findings suggests points arise for many women during which they wish to leave sex work, and perhaps a point at which accessing the right kind of holistic support is critical to future plans. Support might be offered to explore alternative options both therapeutically, and practically (e.g. work-based support), as well as offering coaching to help women identify and address remaining barriers to exiting. In their integrative model of exiting street-based sex work, (Baker et al., 2010) acknowledged the importance of cognitive and behavioural changes in transitions out of sex work, and the grounded theory model further indicates the need for sensitivity to both this readiness as well as ensuring the alleviation of structural barriers to exiting.

The grounded theory also suggest a role for support in expanding women's social circles and alternative activities to mitigate boredom and isolation, known to contribute to poor mental health outcomes (McCormick, Funderburk, Lee, & Hale-Fought, 2005; Pearson, Griffin, Davies, & Kingham, 2012). Similarly, participants' resignation to the role suggests a role for supporting women in building a sense of self as capable. Capacity-affirming interventions may be woven into social activities, and enhancing activity provision and

structured group-based and drop-in activities via service provision might help build social networks, alleviate boredom and build a broader sense of self, which may help mitigate the effects of discrimination on psychological distress, leading to increased self-worth. Specialised supported employment opportunities may lead to increased perception of the self as both capable and socially valued.

Future Research

Further research is needed to explore the psychological processes involved in exiting sex work, and the resiliency and contextual factors that facilitate exiting. While two participants considered themselves to have exited, there was insufficient data to credibly evolve the model to incorporate exiting processes. Research might explore qualitative differences between those who have and have not exited sex work, and attempt to conceptualise how differing backgrounds, circumstances and coping mechanisms shape resilience within and experiences of exiting sex work. Distinguishing between processes which facilitate resilience within sex work, and processes that facilitate exiting will be of use for staff supporting women making different choices.

Additionally, further research is required to elaborate on the processes that may moderate the relationships in the grounded theory. For example, relationships between pre-sex work experiences and resilience as a sex worker are important to explore through both qualitative and quantitative research, and findings might contribute to a more holistic model of understanding why women remain in street-based sex work. A model more detailed in this manner might inform ways in which health and social care workers can better understand the impact of historical and contextual factors, and provide improved support for women's needs.

Conclusions

This paper presents findings of a grounded theory study that constructed a theoretical model of the psychological processes involved in remaining in street-based sex work. This

paper offers a qualitative conceptualisation of remaining in sex work and suggests a range of psychological strategies utilised by women to build resilience when remaining in a high-threat environment. It also highlights how such coping strategies operate both to protect women from harm, while also functioning to maintain women's position as sex workers, and presenting barriers to leaving sex work. The findings suggest a number of implications for clinical practice and service delivery, which may enable practitioners to support women involved in street-based sex work to better address the range of psychological and social challenges they face. This may have implications for improving adjustment and wellbeing in the long-term, and impact upon the sense of agency and choice experienced.

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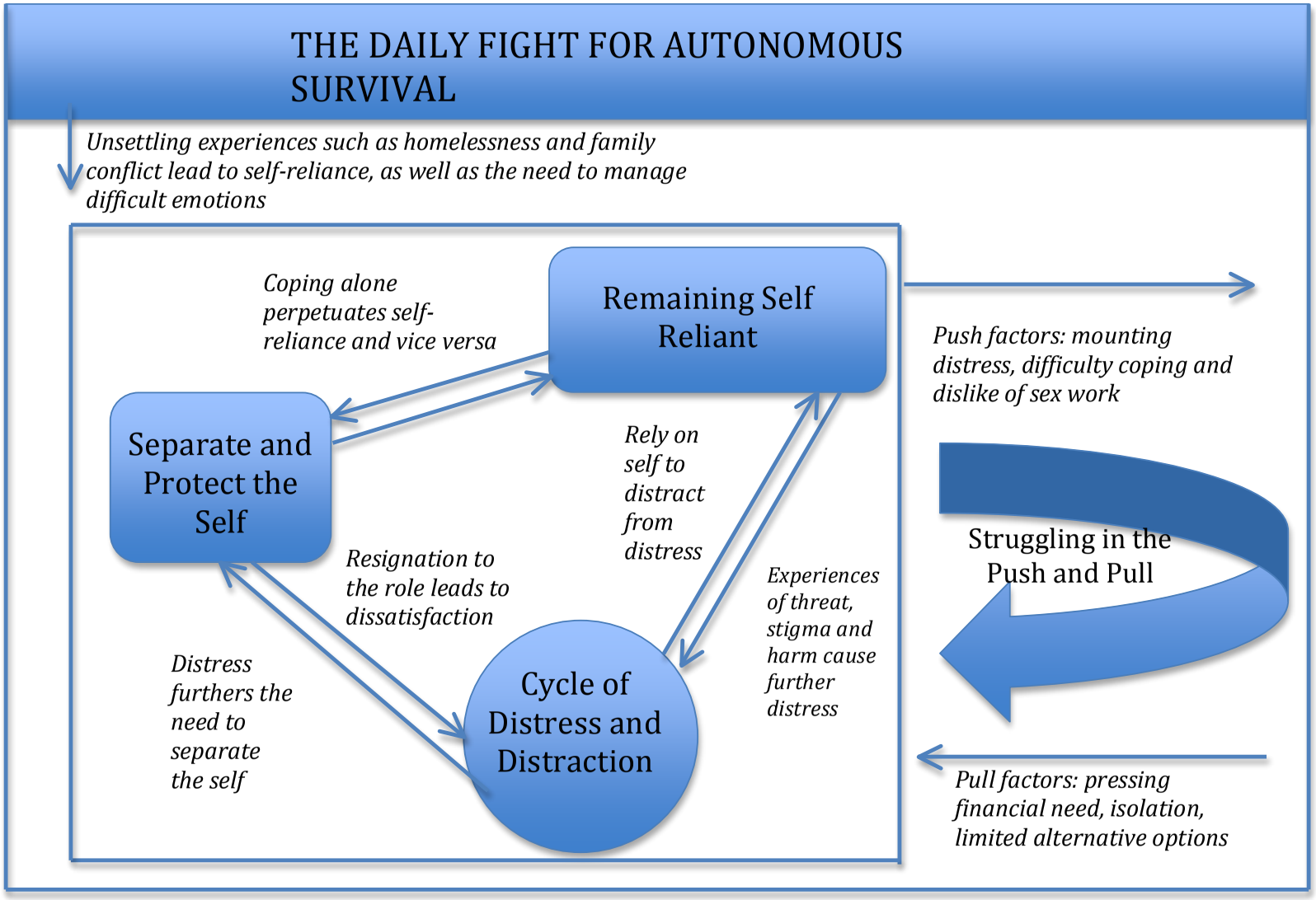
Figure 1. *Model of the relationship between categories*



Appendix A: Examples of some early memos

Falling into sex work – a continuation of the past.

Something about the past before sex work seems to be influencing so much, including circumstance, opportunities, and sense of self and wellbeing, something like 'finding a place to exist'.

Women talked about falling into sex work via friends, knowing people on the beat. All were introduced by others. Some were homeless, often due to difficult relationships and circumstances with family. Almost all described entering in their teens or twenties. When homeless, women talked about depending on others for shelter and feeling the pressure to 'give something back', be it through finances or sexual favours (something in this about low sense of autonomy/limited choice/low sense of agency). Many women talked about being introduced to sex work at the same time as developing a drug habit and 'seeing' the habit increase, and becoming dependent on sex work to fund their habit. There was a sense of inevitability for some e.g. 'sex work found me' or 'sex work and drugs go together', and a number linked it to their upbringing or childhood, describing that as a time of having to fend for themselves, and linked 'being on the streets' as a continuation of fending for themselves (this links to the next theme). Some women (two I can recall) seemed to describe a sense of belonging, or feeling drawn in or attracted by the 'seediness', despite disliking performing sexual acts, they talked about finding it exciting, and one person attributed this to rebellion against a very strict upbringing – not a theme across all – but might relate to what a couple of people said about '*finding love or acceptance'*.

Self as agent/autonomy/determination – determined to survive, cope but numb feelings

This relates to the sense of being in control, the idea that 'no-one can persuade you or make you change but you'. Sense of being determined to go out and get your money, even when it's cold, finding ways to cope with all the hardships, get on with it and go home. This was coupled with a sense that 'other' work wouldn't provide the independence the women were used to – women valued the autonomy of sex work (with which comes less responsibility – just fend for yourself).

….exists alongside: resignations/acceptance of the way things are (see section on coping because you have to)

Being caught in a cycle (living in the push and the pull, the catch 22)

Many women talked about being caught in a cycle of needing money for drugs, getting money then using drugs, then needing more money to maintain the habit. Poverty also fed into the cycle: women talked of being used to a certain amount of money after a certain period of time and even those who were without drugs, said that managing without the extra money could be very difficult. The occupational aspect of the cycle also featured heavily, as sex work provided purpose, routine, company and alleviation from rumination and isolation, but the mental processing of work fed back into low mood: for some this was interpreted as a need to use to block out the thoughts and forget what you'd done, and others who were not using coped by coming back out on the beat to distract themselves, but further feeding back into the cycle. In fact, for a number, they said they were needing to use drugs or alcohol to alleviate emotional pain, and sex work facilitated this, but addiction fed the need for more money and drugs, as did the emotional impact of sex work.

Finding ways to cope 'because you have to'

Women developed many ways of coping with the dangers and annoyances and difficult aspects of sex work, e.g. physical danger, threat of abuse. Fears of attacks were mitigated with various risk minimisation and management procedures, with a heavy reliance on instinct and trusting gut reactions to the look of an unfamiliar punter.

The ‘because you have to’ sense was often to do with just ‘soldiering on’ which is often associated with or interpreted as emotional repression, however given their circumstances or situations this seemed appropriately adaptive. There was for many a sense of resignation and an acceptance of this as the status quo, the way things are. This permeated into other reports of inaction or resignation, coupled with a sense of being seen as the lesser citizen. This related to knowledge of stigma and seemed to betray a low sense of self worth or value/self-esteem.

Being in a competition

Not having close relationships, keeping women at arms length. With other sex workers, responding to competition element, pride in charges, seeing others as associates, acquaintances, and forming in groups and out groups (us and them), defending prices and territory, with the goal of protecting own work and survival. Developing strategies to protect self against attacks from other sex workers in form of teasing, taunting, robbery and physical assault.

Appendix B: Example of initial codes, applied to a participant transcript

You said some of the things are challenging or difficult or tricky…			
I like the money aspect of it, I think the trickiness is not knowing, if you're going with a stranger, not um..	enjoying the money sex work brings	feeling uncertain about safety with stranger	
is they have inner locking system within the car, it's about that as well, where as soon as you're in they put the button down and I don't know where the button is, you know and um…	worrying if they will lock you in the car	feeling unsafe in a stranger's car: they might lock you in	wanting to know how to escape from a car before you start
I've took punters where I know the area, not where they choose to take you, because that way, um, always like, I'm near some, somebody or some shop or something,	taking control of the situation: taking punters to areas you know	not letting punters take you to places you don't know	staying near people, shops etc (when going with a punter) helps you feel safe
so that I don't like to go into derelict places where I don't know.	making sure I don't go to derelict places I don't know		
Yeah, so actually, knowing the place can make a difference			
Unless it's my place that I'm taking them to, then knowing the place that…	feeling safer if I take control of where the sex work happens		
I have gone further out with them and I could – I was panic-stricken and I didn't like that fact that erm a couple of them, one his wife was on holiday with his kids and he turned the picture of her around,	feeling panick-stricken when taken further away by punter	not liking going to a punters house where there are photos of his family	
so she was, you know, she was in the bedroom he'd turn the picture around or put the picture down so that we couldn't see her, and erm, that went for somebody else did that.	not liking when punters turn around family pictures in flat		
When I came in their flat they'd turned all the pictures round the other way.			

They don't know each other, its all as though you know, as if they didn't want her seeing what he was up to.	feeling aware of punter's guilt in relation to family/spouse is unpleasant		
And I kind of felt guilty cos I'd seen the picture and seen the kids I felt a little bit guilty that he was actually doing that.	feeling guilty seeing punter's family pictures		
Although it was me doing it as well, but – some of the men I chose, I chose men that I thought were quite attractive, and it would be easier to do something with.	feeling guilty for punter's cheating on family	choosing the more attractive punters makes sex work easier	
If he was ugly and obese, then no.	avoiding ugly or obese punters		
Ok so how do you manage that erm…			
They say don't judge a book by it's cover but you have to judge fairly quickly and… um and then go with it.	having to judge punters quickly based on appearance	having to trust your judgement quickly (about punters)	
Er, there's sometimes where I've been you know, out of my head that, I've had sex with them without a condom.	knowing I've taken risks with punters when I've been on drugs (not using condoms)		
And, you know I've had AIDS tests and everything else and I'm clear.	taking aids tests to check status		
You know but um, that's the dangerous side of it.	Knowing the dangers		
How do manage that, that danger side?			
The danger side, I'm… once you see you're used to doing it you don't think of the danger.	you don't think of the danger once you see you're used to it		

It's not til you stand away from it that you think 'Gosh anything could have happened to me', you know,	reflecting on dangers only after the events	feeling aware that 'anything could happen' in terms of danger	
I've just got in a strangers car and um, and then sometimes, well,	knowing there's risks in going in strangers cars		
I've got regulars that I see, I get the regulars and then I stick to them.	sticking with regulars feels safer than going with strangers	sticking with regulars to ensure own safety	
Ah ok, and what about the… you know you said, kind of looking at someone or seeing what you think?			
Yeah, sometimes I've erm, some girls are just doing any person, any person, whereas if I don't like the look of them I don't care how desperate I am I won't get in the car or I won't go with them.	trusting own judgment on whether a punter looks safe	not going with a punter if I don't like the look of him, no matter how desperate I am	
Some of them, um, you know, I've wanted the money and obviously think it's for sex, and some of them have wanted that, but when they've gone out and they've started talking to me they don't want that at all, they want to take me for a drink or something to eat, they just want the company.	being surprised when punters don't necessarily want sex		
Some of them don't want the sex, maybe it's just the men I've met, cos i pick and choose who I think you know is the best person.	thinking I might be picking the better punters, by being picky		

Appendix C: Interview Schedule

I'm interested in reasons women stay in sex work & what influences whether they stay or leave sex work.

1. You've said on your forms you entered sex work about X years ago… can you tell me a bit about why you first came into sex work?
    - You mentioned X, can you tell me a bit more about that?

2. What are the main challenges with sex work for you? Are there things you find difficult? Are there things you worry about or things you have had to learn to cope better with?
    - What kinds of things you do to cope with X?
    - What's that like for you?
    - How did you learn to manage in that way?
    - Are there any other things that help you manage the difficult aspects?
    - Are there any other things that you've had to learn to do over time? What has helped you do that?
    - Can you describe a typical day when you're coping well/not well?

3. Can you tell me about your reasons for staying in sex work?
    - Can you tell me about the things that keep you involved in sex work?
    - What is good about sex work for you? What do you like about it?
    - You mentioned X, can you tell me a little bit more about that?
    - How does X keep you in sex work?
    - What are your thoughts on this/how do you feel about that?
    - Has this changed over time? If so, how?
    - *What does sex work provide you with that other options don't?*

4. Have you ever tried to leave sex work?
    - What made you decide to try to leave then?
    - What was that like?
    - What helped you leave?
    - What caused you to come back?
    - You mentioned a few different things – which were the most significant and why?
    - What was it ABOUT X experience that was difficult/caused you to come back?
    - What would your advice be to someone else in a similar position?
    - Are there things you would/do differently now?
    - Are there any other events that stand out in your mind?
    - How have your views changed since X?

5. Where do you see yourself in 5 years time?
    - How do you see yourself getting there?
    - What are your future plans?
    - Can you tell me more about how you will do X?

- What stops you doing X now? What makes it more difficult?
- What would help you do X now?
- What would a life without sex work be like – if you weren't doing this?

6. Can you tell me about any experiences you've had with services that have affected the choices you've made?
    - Are there things services have done well to help you with any choices?
    - Are there any ways you think services could work differently?
7. Is there anything else you think I should know (to understand your decision process better)?
8. Is there anything you'd like to ask me?

Section Three: Critical Appraisal

Reflections on Being a Participant Observer and Managing Risk

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Introduction

The thesis explores strategies used by female commercial sex workers to cope with the many challenges to emotional wellbeing they face in relation to their role. The metasynthesis examined the strategies that female sex workers utilise to cope with a stigmatised identity. The findings suggested that concealing sex work, constructing a professional identity and resisting stigma help to preserve social status and maintain a positive sense of self.

The research project explored the reasons women remain in street-based sex work and a grounded theory model was produced which offers a unique contribution to the understanding of street-based sex workers' lives from a psychological perspective. The findings suggest that the mechanisms employed to cope with street-based sex work facilitate survival, but also inhibit change. The model may be useful in contributing to knowledge that guides those who intervene with this population. The findings help to understand the processes of remaining in sex work, coping patterns and cycles of involvement, as well as potential barriers to leaving, and thus may be useful for those supporting this population to help women more effectively.

In this paper I will reflect on a number of aspects of both the research findings and the research process. This will include consideration of the practicalities involved in conducting research with a street-based sex worker population including how I negotiated the challenges posed and the impact of my decisions. In particular, I will explore the methodological challenges of working with a hard to reach population, as well as considering how risk was managed.

Methodological approach

My previous experience with a Thailand-based charity assisting women who expressed an overt interest in wanting to leave the sex industry had taught me about the

merits of comprehensive support. However this experience also taught me that without such support, women face many barriers, and even with alternative employment and community support provided, exiting can be complex and difficult. Women's emotional wellbeing and perceptions of opportunity and agency often appeared to affect their choices in Thailand, and I was interested to explore these factors in more detail in the UK. Although initially interested in exploring barriers to exiting the sex industry, I was aware that a desire to leave may not be common to all women involved in sex work (Rosen & Venkatesh, 2008). Framing the research question towards considering reasons women remain in sex work offered the opportunity to explore women's involvement in sex work from a resilience perspective (Burnes, Long, & Schept, 2012) while also allowing exploration of barriers to exiting for women who had attempted to exit.

While the research project focussed on the factors associated with remaining in sex work, some participants also discussed their experiences of exiting the work. However, these accounts were insufficient to incorporate such experiences into the model. Future research could focus more explicitly on exiting experiences perhaps by recruiting a sample of former street-based sex workers who had experience of exiting sex work, which would complement the current study.

The findings remain situated in the contexts specific to female street-based sex workers and therefore cannot be generalised to male and transsexual sex workers, or those working on premises. Future research might also explore the extent to which the current model is applicable to different groups of sex workers, for example those working in indoor environments. The findings are also situated in the UK legal context, as well as the particular social context of the city in the North West of England. It is possible that working with one service may have constrained the findings by limiting the influence of the social and environmental factors at play in the city where the research took place. However such impact

is likely to have been minimal, given that the findings suggested a range of broader social and psychological factors influenced women remaining in street-based sex work. Given the nature of the research it was important to build up rapport and relationships and to visit the service site frequently and flexibly in order to maximise recruitment of participants. Since there tends to be only one such service per city involving more than one project across multiple cities would have been too time-consuming a task. Therefore with the limited time and resources available it was decided to focus on one site.

The centre ran drop-in sessions most weekday afternoons and evenings at fixed time periods. Various timetabled activities were offered, including arts and crafts, exercise activities, health services (including screening for sexually transmitted infections and needle exchange), and wellbeing services, including counselling and massage therapy. A range of hot and cold food and drinks was offered free of charge throughout all drop-ins, and computers were available to be used. Women tended to make brief visits to the centre, on an ad hoc basis, while taking a short break from working the street. For many, stopping for 40 minutes to participate in a study had financial implications, in that it used time they might otherwise be earning money. For this reason there was strong justification for remunerating participants. Similar studies in the field have offered participants a store voucher (Gorry, Roen, & Reilly, 2010) and advice was sought from the host service (who have experience of supporting researchers) regarding an appropriate value and suitable store. A supermarket voucher offered the option of using the money for a range of essential items. It was important that the value was sufficient to provide a ‘thank you’ for women’s time, without becoming an incentive for women to participate who may not have been genuinely interested in sharing their experiences.

Since the drop-in service operates as a response to chaotic lifestyle patterns of its clients, regularly attending afternoon and evening sessions was necessary for recruitment.

Interviews were conducted on an ad hoc basis as making appointments would not have been feasible. I was present for the duration of each drop-in session I attended. Team members were welcoming and inclusive in involving me in serving food and drinks and other activities, such as chatting to drop-in attendees and helping women requiring assistance on the computers. Being involved in the practical running of the drop-in sessions was therefore a somewhat unplanned consequence of conducting the research in this manner, but was a natural progression of being integrated into the teams for the duration of conducting the research. Throughout this time I had many informal conversations with staff and volunteers, as well as some of the more frequently attending clients. This level of time and involvement is often necessary in order to conduct research with populations that are more difficult to access (Baruch, Fonagy, & Robins, 2007).

Service staff members and volunteers were highly supportive of the project, and played a major role in mediating the process of data collection. Without their support, inclusion, flexibility, availability and openness the research would not have been able to take place. My prolonged exposure to the participant pool also provided me with a great deal of helpful data to contribute to the overall research. The grounded theory was therefore shaped through informal conversation and interactions with staff and service users, as well as through direct observations of others' behaviour and information that I observed through my involvement in running the drop-in sessions. In this sense I therefore became a participant-observer, the study became somewhat more ethnographic in nature than originally anticipated.

Grounded theory posits that immersion in the research field can be a valuable part of the research process and particularly helpful in informing theory development (Charmaz, 2006). While I did not set out to take field notes per se, I recorded my experiences in the reflective diary, which, within the grounded theory approach, acts as a place to develop the

reflexivity of research. Hall and Callery (2001) discuss the importance of reflexivity and having an awareness of how experience influences data. Using the reflective journal proved a helpful space to capture my different experiences and observations and consider their impact on the developing grounded theory. Using research supervision further aided my ability to process the impact of my experiences, and reflect on how my exposure to the participant pool shaped my knowledge of the field.

However, there are a number of challenges and dilemmas associated with non-participants being observed, and observations influencing analysis. Women accessing the centre will not have known I was there for research purposes, unless formally introduced to me by service staff inviting them to be involved in the study. In that sense, clients of the service were not aware they were being observed by a researcher. While this presents an area for ethical debate, an agreed position follows the line of argument that people can be expected to be observed in day-to-day life (Caldwell & Atwal, 2005) and therefore requests to observe people for research purposes in the form that I took are not deemed necessary.

Another ethical consideration that was important in this study was that of power differentials between myself as a researcher and the participants. Street-based sex work has been termed by some as ‘survival sex’ (Warf et al., 2013), to partly indicate the primarily economic reasons many women undertake this type of work. Participants’ relative poverty was often openly discussed, and I was mindful of the potential power imbalance between myself and participants, given that I appear to them as a relatively affluent professional or student. The impact of such a power imbalance may have prompted a range of different responses in participants, such as feeling they had to either be as helpful as possible, or not wishing to disclose too much in case they are viewed negatively. The added impact of stigma, widely felt by this population (Baker, Wilson, & Winebarger, 2004), may have prompted participants to be cautious about my motivations, and limit what they chose to share. This

may in turn have limited findings, and it might be that future research seeking to develop the model might be conducted from a position of greater familiarity with participants, for example following an extended period of volunteering at drop-in services.

A number of participants asked me questions such as what I thought of sex workers, and whether I had found them to be as I had expected, and this may have been indicative of the cautiousness, and stigma awareness mentioned above. I always endeavoured to respond honestly and sensitively, sharing my limited previous experience and expressing my understanding of why women remain in street-based sex work; that there are many factors that influence women's involvement, that circumstances tend to be difficult and women often find they have very limited options. These discussions highlighted my awareness of both participants' sensitivity to stigma, and therefore their bravery in deciding to share their experiences even in the face of such challenges. It also further highlighted that my presence had on the research findings, since as a researcher I was not an invisible observer, but instead a co-constructor of data. This is in keeping with a constructivist approach (Mills, Bonner, & Francis, 2006).

The issue of stigma may have been relevant to the self-selecting nature of the sample. It might be that women with certain perspectives or experiences were unlikely to volunteer to participate, therefore their perspectives are less likely to be captured in the model. Someone feeling strongly suspicious of others, or highly uncomfortable with their sex worker status might be less likely to willingly volunteer to be interviewed. This may therefore have limited the findings to street-based sex workers who have attained a level of familiarity with their work. Involving sex workers more in the research design would have been advantageous and I would consider this important for future work in this area (Shaver, Lewis, & Maticka‐Tyndale, 2011).

Furthermore the study might have benefitted from participant and service user feedback on the complete theoretical model from either study participants, or other street-based sex workers accessing the service. This would have been helpful to test out the 'fit' of the model, consulting with service users and incorporating participants' comments and suggestions. This is of particular use in grounded theory studies, bearing in mind the researcher's role in the creation of the grounded theory. Due to constraints of time, and the ad hoc way in which women accessed the service, this was not feasible for this project, however this might be a useful consideration for future research.

In addition, the time-limiting factors associated with a DClinPsy thesis research project rendered it necessary to adapt the grounded theory approach as discussed in the research paper. In order to adhere more closely to grounded theory, greater research capacity would be required to allow for detailed analysis between each interview. Necessary modifications (such as clustering of interviews, and restricting the scope of the theory) inevitably set limits on the final grounded theory and model, however future research may be able to explore areas beyond the scope of a project of this size.

Managing risk

Given the many risks faced by street-based sex workers (Goodyear, 2007), a discussion of risk management within the research project is warranted. At the point of the study design my project was reviewed by members of the wider departmental research team. Some voiced concerns about risks to me as a researcher when working with a sex working client group, and in particular, concerns were raised regarding the disclosure of my identity on participant documents. A fear was raised that the documents might be seen by a pimp, who might feel suspicious about a researcher's intentions, and that keeping my name and contact details on participant information sheets might therefore place me at risk of harm.

Further discussion with the research team and service staff was sufficient to inform a decision that adding my name to documents would not place me at risk.

Ensuring safety was therefore carefully considered both by me and the research team and this influenced the precise location of the research and participants. While the host service was able to support research at indoor premises (where they made regular health visits) this was considered too risky by the review panel, and concerns were raised that this level of risk might not be covered by the university indemnity. These concerns shaped the project towards focusing on street-based sex workers, since this meant that interviews could be conducted at the service centre, where I would have the safety of working alongside other members of staff.

While I valued the careful consideration of my wellbeing, it is possible that these decisions may have erred too much on the side of risk aversion. A significant proportion of research with sex workers has focused on street-based sex workers, and it has been suggested that this may be because they are the least hidden population, and therefore the most easily accessible to research (Vanwesenbeeck, 2001). Perhaps a similarly cautious approach inhibits the potential for more research with indoor sex-work populations. While this does not undermine the value of this research, it is worth considering conducting research with indoor sex work populations for future research projects.

Given the prevalence of traumatic or distressing experiences in this population (Roxburgh, Degenhardt, & Copeland, 2006) I was aware at the outset of the project that interviewing women engaged in street-based sex work about their experiences ran the risk of evoking emotional responses. While some might express concern that conducting such interviews may be too emotionally demanding for people who may be vulnerable, adopting this position may also be deemed unethical. If we assume people are too fragile, unable to

self-determine or consent, or take responsibility for their own wellbeing, then we deny them the right to make that decision for themselves (Levine et al., 2004).

In response to this concern, I adopted the approach of discussing with participants the possibility that difficult emotions might be elicited, prior to taking consent to participate. I acknowledged that they could choose whether or not they answered questions, how they wished to answer, and emphasised that we could finish the interview early if preferred. In practice, whenever any distress appeared present, I allowed the participant to decide whether or not to continue with a topic and I was careful not to push them to go beyond where they appeared to feel comfortable. Following each interview I asked participants for feedback as a way of assessing wellbeing and the emotional impact of the interview. This seemed to work well as an approach, taking the form of an informal debriefing chat. Participants often indicated that they had made choices about how much to disclose, and most commented that they had valued sharing their experiences and being listened to, consistent with findings that research participants find therapeutic benefit from research interviews (Murray, 2003). Many reiterated their motivations for participating, for example wanting to help others.

Occasionally being faced with participant distress posed the challenge of compartmentalising and managing my dual role as a clinical psychology trainee, of both researcher and clinician. In my clinical role, much of my time is spent offering therapeutic support. Using my clinician skills in research interviews was particularly useful in exploring challenging and emotive issues while remaining sensitive to the participants' emotional states. Burck (2005) acknowledged how clinicians bring valuable skills to qualitative research by being skilled at unpacking meaning and holding contradictory views. However at times it was emotionally challenging to be faced with stories of abuse, marginalisation or distress in various forms. I was required to find the balance of offering therapeutic understanding while maintaining my role as researcher. As a researcher I sought to elicit

information for the purpose of creating data that addresses a particular research question, while being supportive and responsible towards participant needs. While I feel I managed this balance well, my personal drive towards wanting to help and support at times meant this was uncomfortable. Using supervision and debriefing formally with service staff assisted my processing of these experiences.

A significant challenge when working closely with this client group is processing the wealth of risk-related information that is shared due to the many risks associated with street-based sex work. Throughout the data collection I remained involved in the continued challenge to compartmentalise and delineate between my personal desire to protect people from many of the risks associated with sex work, and specific risks whereby services are obliged to respond. Regularly sharing these dilemmas in supervision was particularly helpful in weighing up risk-related decisions, however the frequency and quantity of risk information and the difficulties that were sometimes posed with regards to understanding participants' meanings meant that the processing of risk information presented challenges for both myself and the research team. Part way through data collection discussions with supervisors illuminated that one particular risk-related issue had not been immediately recognised and reported to service staff. As soon as this became clear information was passed on, however in response to this, the project was referred back to the Faculty ethics panel for review.

Following ethical re-review and further consideration of the challenges posed by the frequently risk-laden interview content, additional weekly supervisory sessions and service debriefings were added to the running of the project for the remainder of data collection. This was to better facilitate the often complex decision-making regarding risk management with a population characterised by risk-taking, as well as to facilitate further processing space to consider any emotional impact of interviews. While this was a challenging process personally, it was a catalyst for great reflection and consideration of a number of different

issues. One such issue relates back to the comments of the review panel, and concerns about the risk to my personal safety in relation to conducting research with sex workers. I considered the extent to which the risk issues associated with this client group pose challenges to both services and researchers, and the potential that, these risks may often subtly operate to deter individuals or organisations from involvement with a client group that often exhibit complex needs (Mellor & Lovell, 2012; Sloss & Harper, 2004). Understanding the needs of street-based sex workers is hugely complex, and responding to them in a supportive, meaningful way, even more so, however this area is fraught with moral and political debate, much of which is beyond the scope of this paper. However the raising of this particular ethical issue prompted me to considered how, for many, engaging with this population and their needs might be too distressing and painful. It requires a certain level of resilience to shoulder an awareness of need, offer support, while maintaining the position that a woman's involvement in a risk-laden activity is, in the eyes of the law and in the absence of any known coercion, her own choice. The role of choice in sex work, particularly street-based sex work has received much literary debate (Harding & Hamilton, 2009; Rosen & Venkatesh, 2008) and as a trainee clinical psychologist, skilled in the development of formulations and careful consideration of historical factors on present day wellbeing and choices, this is sometimes a difficult position to take.

Given the need for personal resilience in working with this population, I valued the importance of self-care strategies to maintain my own wellbeing throughout the conducting of the project, and manage the impact of the research on myself (Coles, Astbury, Dartnall, & Limjerwala, 2014). It was important to balance actively processing my experience in a safe environment, with 'switching off' from memories of interview content that had the potential to be upsetting, and so in addition to utilising the reflective journal and research supervision, I found maintaining exercise and social activities, as well as enjoying films and television

programmes with comedy or escapist elements helpful. That said, the experience of undertaking research to develop a greater understanding of the complexity of women's lives has had a lasting impact on me. While my research was initially motivated by feeling compassionate towards women who found themselves in difficult circumstances, my increase in understanding of this client group has further influenced my personal motivations to broaden the professional understanding of and support for this population, and will undoubtedly influence my future work and career.

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LANCASTER UNIVERSITY

Applicant: Lisa Jones
Supervisor: Dr Suzanne Hodge
Department: DHR (DClinPsy)

22 October 2013

Dear Lisa and Suzanne,

Re: Reasons women remain in street-based sex work: a grounded theory analysis

Thank you for submitting your research ethics application for the above project for review by the Faculty of Health and Medicine Research Ethics Committee (FHMREC). The application was recommended for approval by FHMREC, and on behalf of the Chair of the University Research Ethics Committee (UREC), I can confirm that approval has been granted for this research project.

As principal investigator your responsibilities include:

- ensuring that (where applicable) all the necessary legal and regulatory requirements in order to conduct the research are met, and the necessary licenses and approvals have been obtained;
- reporting any ethics-related issues that occur during the course of the research or arising from the research to the Research Ethics Officer (e.g. unforeseen ethical issues, complaints about the conduct of the research, adverse reactions such as extreme distress);
- submitting details of proposed substantive amendments to the protocol to the Research Ethics Officer for approval.

Please contact the Research Ethics Officer, Debbie Knight (01542 592605 ethics@lancaster.ac.uk) if you have any queries or require further information.

Yours sincerely,

S. C. Taylor

Sarah Taylor
Secretary, University Research Ethics Committee

Cc Professor T McMillan (Chair, UREC); Professor Paul Bates (Chair, FHMREC)

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Research Protocol

Reasons Women Remain in Street-Based Sex Work: A Grounded Theory Analysis

Name of applicant: Lisa Jones (principal investigator)
Supervisors: Suzanne Hodge and Fiona Eccles

Introduction

Accurate figures depicting the prevalence of female sex workers in the UK are difficult to obtain, however there is a consensus that sex workers operate in most towns and cities in the UK (Home Office, 2004). 'Prostitution', or sex work is associated with high levels of social stigma, and current UK laws criminalise those selling sex on the streets. Many women involved in sex work are marginalised within society, and face a number of challenges, including drug and alcohol abuse, housing problems, and social and financial difficulties (Dalla, 2001).

While some research suggests that a proportion of women may make an active and informed choice to sell sex, it has been widely documented that sex work carries many risks to safety: Many studies cite violence towards sex workers, both from clients and pimps, as commonplace, and many sex workers are trafficked into and maintained within the trade via violent means (Farley & Barkan, 1998). Furthermore, current literature suggests that psychological distress, such as post-traumatic stress disorder (PTSD), depression and anxiety, is widely experienced among commercial sex workers (CSWs) (Jung, Song, Chong, Seo, & Chae, 2008; Ross, Farley, & Schwartz, 2004; Roxburgh et al., 2006) and a number of studies have found high rates of reported incidences of childhood sexual abuse (Roe-sepowitz, Hickle, & Cimino). These findings indicate a need for psychological support, however the majority of specialised services for sex workers in the UK tend to provide mainly healthcare (such as STI screenings and contraception provision) and safety advice. While these services are highly valuable, psychological and emotional needs may be going unmet. Due to the chaotic lifestyles that women involved in this type of work typically lead, mainstream services remain an unsuitable place for the specialist support that may be required.

A number of studies have explored women's pathways into sex work, and while some findings suggest some women exercise a level of choice over entering sex

work, for others it seems to have resulted from a number of difficult circumstances (Dodsworth, 2012). Similarly, a small body of research has examined women's attempts to exit the sex industry, and have typically found that those attempting to exit often face numerous barriers, including drug and alcohol addiction, housing and safeguarding needs (e.g. protection from abusive partners or pimps), psychological, educational and occupational needs (Baker, Dalla, & Williamson, 2010). As such, exiting prostitution is understood to be complex and difficult for many, not least due to the range of needs with which sex workers present, but also the complex interaction between factors (Cimino, 2012).

A recent mixed methods study, which explored how women exit prostitution, highlighted common barriers and outlined the typical stages of change experienced (Eaves, 2012). Among the research recommendations, further exploration of the interaction between barriers to exiting was suggested. Such studies on exiting suggest that services currently struggle to provide a holistic package of support.

It is important to note that studies on exiting commercial sex work have attracted some criticism, some of which is due to the perceived moral assumption that women 'should' wish to exit sex work. With this in mind, it is also worth noting that few studies have explored the reasons women remain in sex work. It follows therefore, that a more detailed understanding of the social factors and psychological processes women experience in relation to both remaining in prostitution and any attempts to exit is required. Such an understanding would provide insight into the ways in which different reasons for remaining interact with any barriers to exiting, and this in turn will help understand how services may better support the needs of CSWs both remaining in and wishing to leave the sex industry.

Finally, this study may provide information on the possible ways in which clinical psychologist may contribute skills, both via consultation to services and direct care provision to women involved in and those wishing to exit prostitution, as well as those seeking support throughout the process of exiting and beyond.

Aim/Main research question

What factors affect female CSWs decisions to remain in sex work, and how do these different factors interact?

Associated questions:

How do women's psychological experiences interact with any choices to remain in sex work, or any attempts to leave sex work?

How can services better support women's psychological wellbeing, in particular in relation to making active choices about remaining in or exiting sex work?

Method

Participants

Inclusion Criteria: Service users: Women over 18 years currently or previously involved in commercial sex work.

Exclusion criteria: women who appear to be under the influence of alcohol or drugs at the time of planned interview.

Total participants: up to 15 individuals.

Recruit service users from: [redacted] a voluntary sector service working directly with women involved in street and sauna-based sex work.

Design

A qualitative design will be employed, and an adapted grounded theory approach will be followed (Charmaz, 2006). Individual, semi-structured interviews will be conducted by the principal investigator. Interviews will be recorded and transcribed.

Materials

Digital recorder

Information sheets, consent forms, participant demographics forms, flyers and interview schedule (see Appendices)

Procedure for contacting street-based commercial sex workers

Leaflets will be displayed at the service centre for staff and clients to inform them about the project and let clients know how to become involved if they wish to, and a poster will also be displayed advertising the study. These resources will be accessible for all service users accessing the service centre, and will be displayed for between one and two weeks prior to the researcher's first drop-in session visit, and throughout the duration of recruitment to the study.

The researcher will then attend a number of drop-in sessions at the service base, where a number of different staff members will also be available, including support workers and healthcare staff. [redacted] staff will be made aware of the study via the presence of posters and leaflets and by discussion with the operations manager at the service. The researcher will be introduced to staff and clients at each drop-in session. The researcher will then have opportunity to speak informally about the study with potential participants who express an interest.

The principal investigator will seek approval and advice from [redacted] staff before proceeding to take consent and conduct interviews. This is in order to help determine a client's capacity to consent. If a member of staff expresses a belief that a client is under the influence of drugs or alcohol, they will be considered unable to consent at that time.

If any clients express an interest in participating in the study a private room will be available where they can discuss the study in more detail with the researcher, look at information sheets, give formal consent, provide demographic information, and where interviews can be undertaken.

The reason for planning to conduct interviews at the time when clients express an interest (rather than leaving a 24-hour consideration period) is due to the chaotic nature of the lifestyles of many women accessing the service. If such a window were left then it is highly unlikely that the women would return at an arranged time. Women tend to access the service on an ad-hoc basis, and factoring in a 24-hour consideration time could provide a major barrier to the study. This suggestion has been supported by the service. I will make clear women's rights with regards to withdrawing from the study at any time, and they will be able to leave me a message on the research phone, or tell the service if they wish to withdraw from the study.

Demographic information will be collected regarding the following: age, age at entering sex work, number of years involved in sex work, and ethnicity. The reason for collecting this information is to situate the sample of participants, and will aid comparison with research participant demographics in other studies. Participants reserve the right to refuse to disclose any of this information, and this will be explained at the time of requesting the information. The information gathered will be pooled and included in the final research report.

Data-collection

Semi-structured interviews will be conducted individually by the principal investigator, and will be digitally recorded. An interview schedule will be followed. The interview schedule will be developed in consultation with advisors, supervisors and the service operations manager.

Each interview will be transcribed and analysed in turn by the principal investigator, involving her supervisors in analysis. Following the first few interviews (between one and four) the second interview schedule will be developed, based on the initial analyses, and participants will continue to be interviewed until theoretical

sufficiency (Charmaz, 2006; Dey, 1999) or saturation is reached, up to a maximum of 15 participants.

Analysis

An adapted grounded theory analysis will be conducted. This will consist of firstly, conducting a number of initial interviews. These interviews will be transcribed and re-read by the main principal investigator, individually analysed, coded, and explored for themes. The codes and themes will be discussed with the research supervisors who will also review the coding from transcripts. The themes from the different interviews will then also be compared and contrasted.

Following this initial analysis, the next stage of recruitment will be adapted according to the needs identified by the analysis of prior interviews. Also, the interview schedules will be adapted for the second stage of recruitment to ensure that the questions focus on issues that need exploring in greater depth, as a response to the analysis.

Following the second stage of interviewing, the second analysis will take place. The second analysis will take the same form as the first, including input from supervisors, however the researcher will continue to compare and contrast the themes from every interview, in order to arrive at a final set of themes and sub-themes. These will then be written up as the results section of the thesis, in a way to best capture the essence of each theme. Draft sections will be read and commented upon by the supervisors.

Ethical concerns

Confidentiality

Participant confidentiality and anonymity will be respected at all times, and participants will be fully informed of the boundaries and limitations of confidentiality (British Psychological Society, 2009). Should information regarding the risk of harm be disclosed during the interview, this information would be discussed with the participant, and would be passed on to the relevant bodies.

Due to the social stigma associated with sex work and the sensitive nature of the interviews, it is possible that some women may not wish for there to be a written identifiable trace of their involvement in the research, regardless of confidential storage. If a participant expresses such a wish, then recorded verbal consent will instead be taken. This will involve making a digital recording, whereby the participant states her name, or alternative identifier should she express such a wish, and the date.

I will read out the consent form and ask the participant to say 'yes' if they agree to each statement.

Payment of CSW participants

As a number of studies with a similar population have offered a store voucher as a means of thanking CSW study participants (Gorry et al, 2010), so it has been deemed appropriate that this study should do the same. The £10 store voucher will be given at the end of an interview, whether or not the participant was able to complete the interview.

Withdrawing from the study

It will be made explicit on the information sheets that all participants have a right to withdraw from the study at any time. In reality it would be very difficult to withdraw their data once analysis has taken place, so it will be verbally explained that they can withdraw their interview and information from the study up to two weeks after their interview has taken place.

Information sheets will be given to CSWs, including contact details for the dedicated research mobile phone held by the principal investigator to notify her if they wish to withdraw from the study. She will also verbally explain that if they wish to withdraw they can leave a message on the answerphone, and would need to mention their name and the date the interview was conducted. For all other issues the contact details of the service will be given.

Content of discussions

It will be made explicit prior to interview that participants will not be required to answer any questions that they do not wish to or that make them feel uncomfortable. Should any distress occur, the chief investigator will offer to break or stop the interview. It is possible that women may find the content of interviews distressing, should they choose to discuss topics of a sensitive nature. While every effort will be taken to ensure that there is appropriate support within the context of the interview, participants may wish to seek further support. Service staff will be available in the building as additional sources of support while all interviews are conducted, and further contact details will be provided in the information sheet for all participants wishing to gain any additional support following interview.

Safety of researcher

The researcher will travel to and from the service base by car, and will be able to park directly outside the service base. Service staff will be available throughout the researcher's presence at the service base.

Emotional wellbeing of the researcher

It is possible that the content of the interviews may be distressing for the researcher. The researcher is experienced in listening to distressing information and providing emotional support to service users, so it is unlikely that any such distress should impact upon interviews. The researcher will access supervisory support both via the operations manager at the service base and via University-based tutors.

Data Storage

Digital recordings of interviews will be transferred from the digital recorder as soon as possible after each interview has been conducted and stored electronically as password protected files on the Lancaster University computer network. This is because it is not possible to encrypt files on the portable digital recorder. Once transferred, the files will be deleted from the digital recorder. The files of the digital recordings will be stored within the chief investigator's password protected file space, and will be deleted from this file space after the thesis has been assessed.

Typed transcripts will be stored electronically as password-protected files on the principal investigator's password protected file space on the Lancaster University Network. Hard copies of consent forms and participant demographics forms will be scanned and stored as electronic files as soon as possible after consent has been taken. These files will also be stored in a separate folder, as password-protected files, in the principal investigator's password-protected file space on the Lancaster University network. Original hard copies of consent forms and participant demographic forms will be destroyed once they have been scanned and saved electronically in the above manner.

The electronic transcript files, consent forms and participant demographics forms will be deleted from the principal investigator's file space twelve months after the completion of the study, provided the thesis has been marked within this timeframe, and will be transferred to secure file space accessible by the DClinPsy programme research co-ordinator, where they will be kept for ten years, after which they will be deleted in accordance with the Data Protection Act (1998). If, for any reason, the thesis has not been marked within twelve months of study completion, the

typed transcripts will be deleted and transferred only after the thesis has been assessed.

All personal data will remain confidential in the following ways:

1) Where direct quotes are used in written reports, these will be anonymised and other personal identifiers will be removed.

2) The service from which participants are recruited will also be anonymised in written reports, in order for participants, staff and the service itself not to be identified.

3) Participant names will be exchanged for pseudonyms in all written reports.

4) Participants will be assigned a participant number, known only to the principal investigator, and this number will appear on the participant demographics form, in place of the participant name.

Timescale

July 2013:

- Write and complete protocol and accompanying documents, and all ethics documents ready to submit to University ethics committee
- Develop interview schedule in consultation with all supervisors and advisors.
- Meet with Fiona and Suzanne to agree research contract
- Work on literature review paper

August – September 2013:

- Continue to work on (narrative) literature review paper and prepare draft.
- Submit documents to University ethics committee ready for September review.

September 2013:

- Make any suggested amendments following ethics review

October-December 2013: (study start dates)

- Distribute information at the service
- Recruit participants
- Conduct initial interviews with participants, and transcribe interviews
- Analyse interviews and identify questions for further interviews
- Conduct second round of interviews
- Conduct final analysis
- Write up introduction and methods sections

January 2014 – April 2014:

- Finish writing up results section and write discussion.
- Re-write drafts of all sections (including literature review and critical review), making changes following input from supervisors

May 2014:

Submit thesis

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LANCASTER UNIVERSITY

DIVISION OF HEALTH RESEARCH
Doctorate In Clinical Psychology

Participant Information Sheet

Reasons women remain in street-based sex work

My name is Lisa Jones and I am conducting this research as a student in the Doctorate of Clinical Psychology programme at Lancaster University, Lancaster, United Kingdom.

What is the study about?
The purpose of this study is to explore and understand women's experiences of street-based sex work, and the different reasons women remain in street-based sex work.

Why am I being invited to take part?
You have been approached because the study requires information from women who are currently working in street-based sex work.

Do I have to take part?
No. It's completely up to you to decide whether or not you take part. If you do choose to take part, you have a right to withdraw from the study at any time, and you can withdraw your interview from the study up to two weeks after your interview has taken place.

What will I be asked to do if I take part?
If you decide you would like to take part, you will be asked to meet with the researcher, Lisa Jones, at the drop-in session at [redacted]. You will be asked questions about your experience of street-based sex work, and this interview will be recorded. The interview is expected to last approximately one hour.

Will my data be confidential?
The information you provide is confidential. The data collected for this study will be stored securely and only the researchers conducting this study will have access to this data:

- Audio recordings will be deleted after the researcher's final written thesis has been assessed.
- Any hard copies of interview transcripts will be kept in a locked cabinet.
- Data files stored on a computer will be encrypted (that is no-one other than the researcher will be able to access them) and the computer itself password protected.
- At the end of the study, electronic versions of interview transcripts will be kept securely in password protected file space for ten years. At the end of this period, they will be deleted.
- The typed version of your interview will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your interview may be used in the reports or publications from the study, so your name will not be attached to them.

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There are some limits to confidentiality: if what is said in the interview makes me think that you, or someone else, is at significant risk of harm, I will have to break confidentiality and speak to a member of [redacted] staff about this. If possible, I will tell you if I have to do this.

What will happen to the results?
The results will be summarised and reported in a thesis and may be submitted for publication in an academic or professional journal.

Are there any risks?
There are no risks anticipated with participating in this study. However, if you experience any distress during or following participation, you are encouraged to inform the researcher and contact the resources provided at the end of this sheet.

Are there any benefits to taking part?
All participants will be offered a £10 store voucher, as a way of saying thank you for taking part.

Who has reviewed the project?
This study has been reviewed by the Faculty of Health and Medicine Research Ethics Committee (FHMREC) and approved by the University Research Ethics Committee at Lancaster University.

Where can I obtain further information about the study if I need it?
If you have any questions about the study, please contact the main researcher:

Lisa Jones
Tel: 07508 375655
Email: l.o.jones@lancaster.ac.uk
Trainee Clinical Psychologist
Furness College
Lancaster University
LA1 4YT

Also, you can contact the project supervisor:

Dr Suzanne Hodge
Tel: 01524 592712
Email: s.hodge@lancaster.ac.uk
Lecturer
Doctorate in Clinical Psychology
Division of Health Research
Furness College
Lancaster University
LA1 4YT

Complaints
If you wish to make a complaint or raise concerns about any aspect of this study and do not want to speak to the researcher, you can contact:

Dr Jane Simpson
Tel: 01524 592858

Email: j.simpson2@lancaster.ac.uk
Research Director
Doctorate in Clinical Psychology
Division of of Health Research
Furness College
Lancaster University
Lancaster
LA1 4YT

If you wish to speak to someone outside of the Clinical Psychology Doctorate Programme, you may also contact:

Professor Paul Bates
Tel: 01524 593718
Email: p.bates@lancaster.ac.uk
Associate Dean for Research
Faculty of Health and Medicine
Division of Biomedical and Life Sciences
Lancaster University
Lancaster
LA1 4YD

Resources in the event of distress
Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

[redacted]
Tel: [redacted]
Website: [redacted]

Samaritans
Tel: 08457 909090
Website: www.**samaritans**.org

Mind
Tel: 0300 123 3393
Website: www.**mind**.org.uk

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Participant Demographics Form

Participant Number:_____

Age:_____years

Ethnicity:_____

Age at entering sex work:_____years

Number of years involved in sex work:_____

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Consent Form

Study Title: Reasons women remain in street-based sex work: A grounded theory analysis
Name of researcher: Lisa Jones

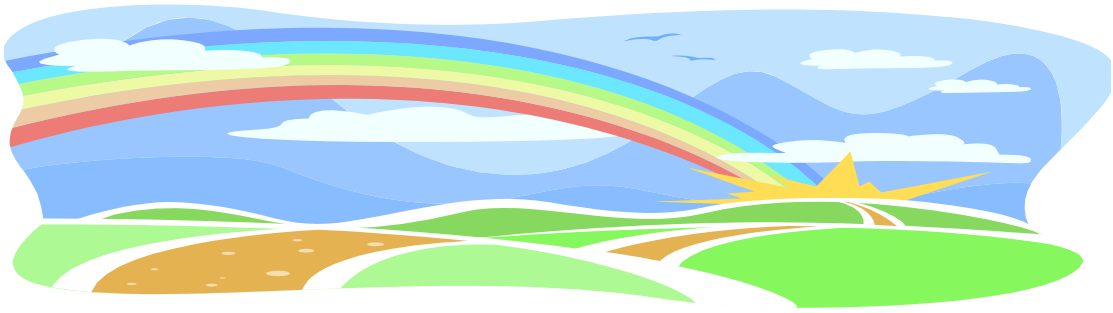
I am asking if you would like to take part in a research project exploring reasons women remain in street-based sex work. Before you consent to participating in the study, please read the participant information sheet and initial each box if you agree. If you have any questions or queries please speak to the researcher, Lisa Jones.

Please initial all boxes

1. I confirm I have read the information sheet (dated 8th August 2013, version 1) for the above study. ☐
2. I have had the opportunity to ask questions and have had these answered satisfactorily. ☐
3. I understand that my interview will be audio recorded and then made into an anonymised written transcript. ☐
4. I understand that audio recordings will be kept until the written thesis has been assessed, and will then be deleted. ☐
5. I understand that I am not obliged to take part in this study and can withdraw my participation at any time, without giving any reason, without my medical care or legal rights being affected. ☐
6. I understand that I can withdraw my interview from the study up to two weeks after the study interview has taken place. ☐
7. I understand that the information from my interview will be pooled with other participants' responses and may be published ☐
8. I consent to information and quotations from my interview being used in reports, conferences and training events. ☐
9. I understand that any information I give will remain strictly confidential and anonymous unless it is thought that there is a risk of harm to myself or others, in which case the researcher may need to share this information with her research supervisors. ☐
10. I understand that data collected during the study may be looked at by individuals from Lancaster University, from regulatory authorities or from Lancashire NHS trust, where it is relevant to my taking part in the research. ☐
11. I consent to Lancaster University keeping written transcriptions of the interview for 10 years after the study has finished. ☐
12. I consent to take part in the above study. ☐

Name of Participant _____ **Signature** _____ **Date** _____

Name of Researcher _____ **Signature** _____ **Date** _____



Research project: Do you want to share your thoughts?

My name is Lisa and I am training in clinical psychology at Lancaster University. I am a researcher who is interested in finding out about women's experiences and their reasons for staying in sex work. I'm really interested to hear about what has helped or hindered you in terms of making choices about either remaining in or leaving sex work.

If you would like to talk to me, or if you would just like to find out more about the research, please come and speak to me at a drop-in session. I will attend drop-in sessions during October, November and December 2013. Those taking part in the interviews will be given a £10 supermarket voucher.

All conversations will be confidential.

Initial Interview Schedule

1. How long have you been involved in sex work?

2. Can you tell me a bit about why you first came into sex work?

3. What are the challenges with sex work for you? – e.g. are there things you find difficult? (consider emotional or safety challenges, or other)

    - What kinds of things you do to cope with X?

4. Can you tell me about the things that are good about sex work, or your own reasons for being involved?

    - What do you like about the work?

5. Can you tell me about your reasons for staying in sex work? (What kinds of things keep you in sex work?: consider social factors, financial factors, and any other factors mentioned)

    - You mentioned X, can you tell me a little bit more about that?
    - How does X keep you in sex work?
    - What are your thoughts on this/how do you feel about that?

6. Have you ever tried to leave sex work?

    - If so, what made you decide to try to leave then?
    - If so, what was that like?
    - Did you manage to leave - if so, how long for?
    - What helped you leave?
    - What caused you to come back?
    - You mentioned a few different things – which were the most significant and why?

7. Finally, can you tell me about any experiences you've had with services that have affected the choices you've made?

    - Are there any ways you think services could work differently to help women involved in street-based sex work?

November 2009

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PFACT project information and ethics questionnaire

(*To be completed by the student together with their supervisor in all cases*)

Name of student: Lisa Jones

Name of supervisor: Suzanne Hodge

Project Title: Reasons women remain in street-based sex work: A grounded theory analysis

1. *General information*

1.1 Have you, if relevant, discussed the project with

☐ the Data Protection Officer?

☐ the Freedom of Information Officer?

☒ N/A

(Please tick as appropriate.)

1.1 Does any of the intellectual property to be used in the research belong to a third party?

No

1.2 Are you involved in any other activities that may result in a conflict of interest with this research?

No

1.3 Will you be working with an NHS Trust?

No

1.4 If yes to 1.3, what steps are you taking to obtain NHS approval?

n/a_____
_____

_____
_____

1.5 If yes to 1.3, who will be named as sponsor of the project?

n/a_____
_____

1.6 What consideration has been given to the health and safety requirements of the research?

n/a_____
_____

_____
_____

2. *Information for insurance or commercial purposes*

(*Please put N/A where relevant, and provide details where the answer is yes.*)

2.1 Will the research involve making a prototype?

N/A

2.2 Will the research involve an aircraft or the aircraft industry?

N/A

2.3 Will the research involve the nuclear industry?

N/A

2.4 Will the research involve the specialist disposal of waste material?

N/A

2.5 Do you intend to file a patent application on an invention that may relate in some way to the area of research in this proposal? If YES, contact Gavin Smith, Research and Enterprise Services Division. (ext. 93298)

N/A

3. *Ethical information*

(*Please confirm this research grant will be managed by you, the student and supervisor, in an ethically appropriate manner according to:*

(a) the subject matter involved;
(b) the code of practice of the relevant funding body; and
(c) the code of ethics and procedures of the university.)

(*Please put N/A where relevant*)

3.1 Please tick to confirm that you are prepared to accept responsibility on behalf of the institution for your project in relation to the avoidance of plagiarism and fabrication of results.

☐

3.2 Please tick to confirm that you are prepared to accept responsibility on behalf of the institution for your project in relation to the observance of the rules for the exploitation of intellectual property.

☐

3.3 Please tick to confirm that you are prepared to accept responsibility on behalf of the institution for your project in relation to adherence to the university code of ethics.

☐

3.4 Will you give all staff and students involved in the project guidance on the ethical standards expected in the project in accordance with the university code of ethics?

Yes

3.5 Will you take steps to ensure that all students and staff involved in the project will not be exposed to inappropriate situations when carrying out fieldwork?

Yes

3.6 Is the establishment of a research ethics committee required as part of your collaboration? (This is a requirement for some large-scale European Commission funded projects, for example.)

N/A

3.7 Does your research project involve human participants i.e. including all types of interviews, questionnaires, focus groups, records relating to humans, human tissue etc.?

Yes

3.7.1 Will you take all necessary steps to obtain the voluntary and informed consent of the prospective participant(s) or, in the case of individual(s) not capable of giving informed consent, the permission of a legally authorised representative in accordance with applicable law?

Yes

3.7.2 Will you take the necessary steps to find out the applicable law?

Yes

3.7.3 Will you take the necessary steps to assure the anonymity of subjects, including in subsequent publications?

Yes

3.7.4 Will you take appropriate action to ensure that the position under 3.7.1 – 3.7.3 are fully understood and acted on by staff or students connected with the project in accordance with the university ethics code of practice?

Yes

3.8 Does your work involve animals? If yes you should specifically detail this in a submission to the Research Ethics Committee. The term animals shall be taken to include any vertebrate other than man.

3.8.1 Have you carefully considered alternatives to the use of animals in this project? If yes, give details.

N/A

_____

_____

_____

_____

3.8.2 Will you use techniques that involve any of the following: any experimental or scientific procedure applied to an animal which may have the effect of causing that animal pain, suffering, distress, or lasting harm? If yes, these must be separately identified.

N/A

Signature (student): _____ Date: 8th August 2013

Signature (supervisor): _____ Date: _____

N.B. Do not submit this form without completing and attaching the Stage 1 self-assessment form.

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Faculty of Health and Medicine Research Ethics Committee (FHMREC)
Lancaster University

Application for Ethical Approval for Research

Instructions

1. Apply to the committee by submitting
   - ✓ The University's Stage 1 Self-Assessment Form (standard form or student form) ***and*** the Project Information & Ethics questionnaire. These are available on the Research Support Office website: LU Ethics
   - ✓ The completed FHMREC application form
   - ✓ Your full research proposal (background, literature review, methodology/methods, ethical considerations)
   - ✓ All accompanying research materials such as, but not limited to,
     1) Advertising materials (posters, e-mails)
     2) Letters of invitation to participate
     3) Participant information sheets
     4) Consent forms
     5) Questionnaires, surveys, demographic sheets
     6) Interview schedules, interview question guides, focus group scripts
     7) Debriefing sheets, resource lists
2. Submit all the materials electronically as a **SINGLE** email attachment in PDF format. Instructions for creating such a document are available on the FHMREC website (http://www.lancs.ac.uk/shm/research/ethics/).
3. Submit one collated and signed paper copy of the full application materials. If the applicant is a student, the paper copy of the application form must be signed by the Academic Supervisor.
4. Committee meeting dates and application submission dates are listed on the research ethics committee website http://www.lancs.ac.uk/shm/research/ethics. Applications must be submitted by the deadline stated on the website, to:

   Diane Hopkins
   Faculty of Health & Medicine
   B03, Furness College
   Lancaster University, LA1 4YG
   d.hopkins@lancaster.ac.uk

5. Attend the committee meeting on the day that the application is considered.

1. Title of Project: **Reasons Women Remain in Street-Based Sex Work: A Grounded Theory Analysis**
2. If this is a student project, please indicate what type of project by ticking the relevant box: ☐ PG Diploma ☐Masters dissertation ☐MRes ☐MSc ☐ DClinPsy SRP ☐ PhD Thesis ☐PhD Pall. Care/Pub. Hlth/Org. Hlth & Well Being ☐MD ☐DClinPsy

February 2013

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☐ original ☐ resubmission

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Thesis ☐ Special Study Module (3rd year medical student)
3. Type of study ☐ Involves direct involvement by human subjects ☐ Involves existing documents/data only. Contact the Chair of FHMREC before continuing.

Applicant information
4. Name of applicant/researcher: Mrs Lisa O Jones
5. Appointment/position held by applicant and Division within FHM: Trainee Clinical Psychologist
6. Contact information for applicant: E-mail: l.o.jones@lancaster.ac.uk Telephone:07730 593491 Address: Department of Clinical Psychology, C Floor, Furness Building, Lancaster University, LA1 4YG
7. Project supervisor(s), if different from applicant: Name(s): Suzanne Hodge: Fiona Eccles E-mail(s): s.hodge@lancaster.ac.uk; f.eccles@lancaster.ac.uk
8. Appointment held by supervisor(s) and institution(s) where based (if applicable): Suzanne Hodge: Research Supervisor, Lancaster University Fiona Eccles: Research Supervisor, Lancaster University
9. Names and appointments of all members of the research team (including degree where applicable) Lisa Jones, Trainee Clinical Psychologist, Lancaster University (BSc Honours Psychology, 2.1, The University of Sheffield, 2005) Suzanne Hodge: Lecturer in Research Methods, Doctorate in Clinical Psychology, Lancaster University Fiona Eccles: Lecturer in Research Methods, Doctorate in Clinical Psychology, Lancaster University

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The Project

NOTE: In addition to completing this form you must submit a detailed research protocol and all supporting materials.

10. Summary of research protocol in lay terms (maximum length 150 words).

Commercial sex workers (CSWs) attract stigma, and while there is evidence that some women choose to sell sex, sex work carries many risks, including violence and psychological harm. Studies have examined women's pathways into sex work, and barriers to exiting sex work. Studies on 'exiting' have been criticised for the moral assumption that women 'should' exit sex work. A better understanding of factors contributing to the reasons women remain in sex work, as well as barriers to exiting is required. A grounded theory analysis study offers the opportunity to examine the role of different factors that contribute to CSWs experiences of remaining in sex work, and the mechanisms by which such factors interact. Individual interviews will be conducted with up to 15 women, and will be analysed using an adapted grounded theory analysis.

11. Anticipated project dates

Start date: October 2013

End date: May 2014

12. Please describe the sample of participants to be studied (including number, age, gender):

Up to 15 women will be included in the study.
Inclusion criteria: Women over the age of 18, who are currently involved in street-based sex work, will be included in the study.
Exclusion Criteria: women who appear to be under the influence of alcohol or drugs at the time of planned interview.

13. How will participants be recruited and from where? Be as specific as possible.

Participants will be recruited from [redacted] a service that works specifically with women involved in sex work. The drop-in service, at the service centre, is mainly attended by women involved in street-based sex work. Leaflets will be displayed at the service centre for staff and clients to inform them about the project and let clients know how to become involved if they wish to, and a poster will also be displayed advertising the study. These resources will be accessible for all service users accessing the service centre, and will be displayed for between one and two weeks prior to the researcher's first drop-in session visit, and throughout the duration of recruitment to the study. (Staff working at the centre include support workers, health care staff and sessional workers. The information is to inform both staff and clients about the study, however only clients will be invited to participate).

The researcher will then attend a number of drop-in sessions at the service base, where a number of different staff members will also be available. Staff will be made aware of the

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study via the presence of posters and leaflets and by discussion with the operations manager at the service. The researcher will be introduced to staff and clients at each drop-in session. The researcher will then have opportunity to speak informally about the study with potential participants who express an interest.

14. What procedure is proposed for obtaining consent?

While the principal investigator is attending drop-in sessions, if any client expresses an interest in participating in the study, then a private room will be available where they can discuss the study in more detail with the researcher, look at information sheets, ask questions, give formal consent, and where interviews can be undertaken. The principal investigator will seek approval and advice from [redacted] staff before proceeding to take consent and conduct interviews. This is in order to help determine a client's capacity to consent. If a member of staff expresses a belief that a client is under the influence of drugs or alcohol, they will be considered unable to consent at that time.

The reason for planning to take consent and conduct interviews at the time when clients express an interest (rather than leaving a 24-hour consideration period) is due to the chaotic nature of the lifestyles of many women accessing the service. If such a window were left then it is highly unlikely that the women would return at an arranged time. Women tend to access the service on an ad-hoc basis, and factoring in a 24-hour consideration time could provide a major barrier to the study. This suggestion has been supported by the service. I will make clear women's rights with regards to withdrawing from the study at any time, and they will be able to leave me a message on the research phone, or tell the service if they wish to withdraw from the study.

Due to the social stigma associated with sex work and the sensitive nature of the interviews, it is possible that some women may not wish for there to be a written identifiable trace of their involvement in the research, regardless of confidential storage. If a participant expresses such a wish, then recorded verbal consent will instead be taken. This will involve making a digital recording, whereby the participant states her name, or alternative identifier should she express such a wish, and the date. I will read out the consent form and ask the participant to say 'yes' if they agree to each statement.

15. What discomfort (including psychological), inconvenience or danger could be caused by participation in the project? Please indicate plans to address these potential risks.

Possible psychological discomfort may result from women discussing any negative feelings around their experiences of sex work. Should any participants appear distressed then the researcher will discuss this with them, and ask them if they wish to stop the interview or access further support. Contact details for further support will be offered as detailed on the information sheet. Staff at [redacted] will always be available during and post study interviews.

Women may be inconvenienced by spending time participating in the study. It is hoped that the financial remuneration for taking part will go some way to compensate for this. It is also clear in information sheets that participation is wholly optional, and participants can

withdraw from the study at any time. Where I am obtaining consent and carrying out the interview at the same time or on the same day, I will ensure the participants are aware that they can withdraw their interview up to two weeks after the interview has been conducted.

It is not anticipated that any danger would result from conducting the study. Women will be given the option of taking the information sheet home with them or accessing it at the service base. Information sheets will be stored at the reception desk of the service base for the duration of the study.

16. What potential risks may exist for the researcher(s)? Please indicate plans to address such risks (for example, details of a lone worker plan).

No risks have been identified. The researcher will travel to and from the service base by car and there is parking available right outside the service. Only the principal investigator's work-related contact information is available to potential participants on the information sheets.

17. Whilst we do not generally expect direct benefits to participants as a result of this research, please state here any that result from completion of the study.

No benefits are anticipated. It is possible that some participants may enjoy having the opportunity to talk about their experience, and may find this a therapeutic process.

18. Details of any incentives/payments (including out-of-pocket expenses) made to participants:

As a number of studies with a similar population have offered a store voucher as a means of thanking CSW study participants (Gorry et al, 2010), so it has been deemed appropriate that this study should do the same. The £10 store voucher will be given at the end of an interview, regardless of whether or not the participant was able to complete the interview.

19. Briefly describe your data collection and analysis methods, and the rationale for their use

Individual interviews and a grounded theory analysis will be employed, as this approach fits with the exploratory aims of the study.

Semi-structured interviews will be conducted individually by the principal investigator, and will be digitally recorded. An interview schedule will be followed. The interview schedule will be developed in consultation with advisors, supervisors and the service operations manager.

Each interview will be transcribed and analysed in turn by the principal investigator, involving her supervisors in analysis. Following the first few interviews (between one and four) the second interview schedule will be developed, based on the initial analyses, and

participants will continue to be interviewed until theoretical sufficiency (Dey, 1999; Charmaz, 2006) or saturation is reached, up to a maximum of 15 participants.

An adapted grounded theory analysis will be conducted. This will consist of firstly, conducting a number of initial interviews. These interviews will be transcribed and re-read by the main principal investigator, individually analysed, coded, and explored for themes. The codes and themes will be discussed with the research supervisors who will also review the coding from transcripts. The themes from the different interviews will then also be compared and contrasted.

Following this initial analysis, the next stage of recruitment will be adapted according to the needs identified by the analysis of prior interviews. Also, the interview schedules will be adapted for the second stage of recruitment to ensure that the questions focus on issues that need exploring in greater depth, as a response to the analysis.

Following the second stage of interviewing, the second analysis will take place. The second analysis will take the same form as the first, including input from supervisors, however the researcher will continue to compare and contrast the themes from every interview, in order to arrive at a final set of themes and sub-themes. These will then be written up as the results section of the thesis, in a way to best capture the essence of each theme. Draft sections will be read and commented upon by the supervisors.

Also, prior to interviews, participant demographic information will be collected regarding the following: age, age at entering sex work, number of years involved in sex work, and ethnicity. The reason for collecting this information is to situate the sample of participants, and will aid comparison with research participant demographics in other studies. Participants reserve the right to refuse to disclose any of this information, and this will be explained at the time of requesting the information. The information gathered will be pooled and included in the final research report.

20. Describe the involvement of users/service users in the design and conduct of your research. If you have not involved users/service users in developing your research protocol, please indicate this and provide a brief rationale/explanation.

No service users have been involved in the design or conduct of this research, however as it is a grounded theory study it is hoped that service user's responses will improve understanding of their experience. Consultation has taken place with the operations manager at [redacted], who has a number of years of experience of working with women involved in street-based sex work.

21. What plan is in place for the storage of data (electronic, digital, paper, etc.)? Please ensure that your plans comply with the Data Protection Act 1998.

Typed transcripts will be stored electronically as password-protected files on the

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principal investigator's password protected file space on the Lancaster University Network. Hard copies of consent forms and participant demographics forms will be scanned and stored as electronic files as soon as possible after consent has been taken. These files will also be stored in a separate folder, as password-protected files, in the principal investigator's password-protected file space on the Lancaster University network. Original hard copies of consent forms and participant demographic forms will be destroyed once they have been scanned and saved electronically in the above manner.

The electronic transcript files, consent forms and participant demographics forms will be deleted from the principal investigator's file space twelve months after the completion of the study, provided the thesis has been marked within this timeframe, and will be transferred to secure file space accessible by the DClinPsy programme research co-ordinator, where they will be kept for ten years, after which they will be deleted in accordance with the Data Protection Act (1998). If, for any reason, the thesis has not been marked within twelve months of study completion, the typed transcripts will be deleted and transferred only after the thesis has been assessed.

All personal data will remain confidential in the following ways:

1) Where direct quotes are used in written reports, these will be anonymised and other personal identifiers will be removed.

2) The service from which participants are recruited will also be anonymised in written reports, in order for participants, staff and the service itself not to be identified.

3) Participant names will be exchanged for pseudonyms in all written reports.

4) Participants will be assigned a participant number, known only to the principal investigator, and this number will appear on the participant demographics form, in place of the participant name.

22. Will audio or video recording take place? □ no □audio □video

If yes, what arrangements have been made for audio/video data storage? At what point in the research will tapes/digital recordings/files be destroyed?

Digital recordings of interviews will be transferred from the digital recorder as soon as possible after each interview has been conducted and stored electronically as password protected files on the Lancaster University computer network. This is because it is not possible to encrypt files on the portable digital recorder. Once transferred, the files will be deleted from the digital recorder. The files will be stored within the chief investigator's password protected file space, and will be deleted from this file space after the thesis has been assessed.

23. What are the plans for dissemination of findings from the research?

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1) The findings will be written up into a thesis which will be printed and bound and available within the Clinical Psychology department at Lancaster University
2) Findings will be shared with staff working at [redacted]: The principal investigator will send a summary to the operations manager to share with staff.
3) Printed versions of the findings summary will also be made available to service users at [redacted] and will be available at the service base.
4) Findings will be presented to staff, trainees and stakeholders as part of a 'thesis presentation day' which forms part of the DClinPsy programme.
5) A research paper will be prepared for submission to a journal (exact journal to be decided).

24. What particular ethical problems, not previously noted on this application, do you think there are in the proposed study?

Content of discussions

Participants will be informed prior to interview that the content of the interview will remain confidential, however there are certain limits to confidentiality and these will be made explicit to the participant: should the participant indicate that they may cause harm to themselves or others, I will explain to them that I will need to share my concerns with my supervisors. Following the interview I will discuss any concerns with the operations manager at [redacted], and my supervisors, and will act accordingly following such discussions.

It will be made explicit prior to interview that participants will not be required to answer any questions that they do not wish to, or that make them feel uncomfortable. Should any distress occur, the chief investigator will offer to break or stop the interview. It is possible that women may find the content of interviews distressing, should they choose to discuss topics of a sensitive nature. While every effort will be taken to ensure that there is appropriate support within the context of the interview, participants may wish to seek further support. Service staff will be available in the building as additional sources of support while all interviews are conducted, and further contact details will be provided in the information sheet for all participants wishing to gain any additional support following interview.

Emotional wellbeing of the researcher

It is possible that the content of the interviews may be distressing for the researcher. The researcher is experienced in listening to distressing information and providing emotional support to service users, so it is unlikely that any such distress should impact upon interviews. However the researcher will access supervisory support both via the operations manager at the service base, and University supervisors, as outlined below.

Disclosures of risk-related information

De-briefing sessions with [redacted] or another member of the [redacted] team will be held on a weekly basis while interviews are being conducted. This is as a means of talking through any issues that may have arisen in interviews conducted since the previous meeting, including identifying safeguarding or other risks.

Supervisions with Fiona Eccles (Lancaster University field supervisor) will also be scheduled during the week following the conduct of any research interviews, specifically to address

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emotional, clinical and risk issues. Any such issues identified through either of these meetings or otherwise will be reported on to the academic supervisors as soon as possible. (If, for any reason, Fiona Eccles is unavailable then an alternative supervisor will be identified to conduct the supervision within the timeframe). Responsibility for taking any necessary action will be transferred to [redacted] staff and/or academic supervisors as soon as possible so they can ensure this is carried through.

Signatures: Applicant:

.....

Date:

.....

Project Supervisor* (if applicable):

.....

Date:

.....

*I have reviewed this application, and discussed it with the applicant. I confirm that the project methodology is appropriate. I am happy for this application to proceed to ethical review.