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Policing and public health interventions into sex workers' lives: necropolitical assemblages and alternative visions of social justice

Pippa Grenfell^a, Rachel Stuart^b, Janet Eastham^c, Aisling Gallagher^c, Jocelyn Elmes^a, Lucy Platt^a and Maggie O'Neill^d

^aDepartment of Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, UK; ^bSchool of Social Sciences, Brunel University, London, UK; ^cIndependent Researcher, UK; ^dDepartment of Sociology, University College Cork, Cork, Ireland

ABSTRACT

While extensive literature documents how criminalisation harms sex workers' health and rights, limited research has critically examined how interactions between criminal-justice, health, and other systems shape support and justice for and by people who sell sex. We attend to this question by drawing on participatory, qualitative research with a diverse group of sex workers and other stakeholders in East London, UK. In addition to directly and structurally-violent enforcement practices, we identified wider, necropolitical assemblages and practices – across police, local and immigration authorities, health and social services – that disciplined sex workers' lives, responsibilised them for their health, and defunded specialist services grounded in lived realities, amid tensions over sex-work governance. These effects – grounded in notions of community and vulnerability that often privileged residents' concerns over threats to sex workers' safety and health – impacted marginalised and minoritised cis and trans women the most. Those who worked on the street and used drugs, were migrants, and/or women of colour were particularly targeted for enforcement, discounted when reporting violence and impacted by service cuts. Yet participants' appeals for redirection of funds from enforcement towards respectful, peer-led services reflected claims to social justice on their own terms. We recommend (re)commissioning health and support services that respond to sex workers' diverse realities, with and by them, alongside concerted efforts to end policies and practices that criminalise, punish, and blame. This would help to alleviate the health and social harms that we document, in support of inclusive participation in health and broader social justice goals.

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Introduction

Criminalisation profoundly affects the health, safety, and rights of people who sell sex. Internationally, sex workers who experience law enforcement suffer greater violence, sexual and mental ill-health (Platt et al., 2018). Such policing disrupts safety strategies, institutionalises violence, and reinforces structural injustices – through direct abuse, denied justice, and by disproportionately targeting sex workers who work on the street, use drugs, are migrants, people of colour, and/or trans women (Platt et al., 2018). Enforcement can also restrict healthcare access, for example when police use condoms as 'evidence' of prostitution (Anderson et al., 2016), or ban sex workers from areas

where services are located (Goldenberg et al., 2017), or when its threat deters care-seeking (Baratossy & Wendt, 2017). Prior research has described productive partnerships between police and HIV programmes (Tenni et al., 2015) and affiliated activists' challenges of police brutality and injustice (Biradavolu et al., 2009). Less work, particularly in Europe, has critically examined how interactions between criminal justice, health, and other systems shape support and justice for and by people who sell sex (Grenfell et al., 2018). We draw on participatory, qualitative research in East London, UK, to analyse how sex workers' encounters with law enforcement, health and social services shape their safety, health, and social justice.

In England, selling and buying sex are not illegal but are effectively rendered so by laws criminalising loitering, soliciting, kerb-crawling, and brothel-keeping (RELEASE, 2017). Street-based sex workers experience particularly heavy policing, including through civil measures targeting activities (e.g. sex-working, drug use, rough-sleeping) and individuals deemed 'undesirable' in residential and gentrifying neighbourhoods (Neville & Sanders-McDonagh, 2018). When breached, these orders can lead to fines and imprisonment. The 2009 introduction of Engagement and Support Orders – which mandated street sex workers to attend appointments with support services to avoid fines and court – reflected shifts towards 'forced welfarism' (Carline & Scoular, 2015). Coupled with enforcement against men buying sex, this was aimed at 'ending demand' for paid sex, and women 'exiting' sex work (Carline & Scoular, 2015). While often framed as tackling exploitation, scholars argue that these practices produce 'conditional citizenship', discounting women's agency while continuing to criminalise those who do not or cannot comply with such requirements (Scoular & O'Neill, 2007). A dominant focus on trafficking has simultaneously distracted from the hostile immigration policies, structural racism, xenophobia, and classism that harm migrants who sell sex (2022). Indeed, anti-trafficking operations frequently result in migrants' forcible 'rescue', detention, and deportation without consideration for their welfare (Global Network of Sex Work Projects, 2018).

In 2016, the UK Home Affairs Select Committee (2016) recommended removing penalties for street sex-working and working together indoors. The committee refrained from endorsing models of decriminalisation, or criminalisation of the purchase of sex, citing the need for more evidence of their effects. Support for decriminalisation typically centres on how criminalisation harms sex workers' safety, health, and rights, while proponents of client criminalisation tend to locate harm in (cisgender) women's relationships with clients, 'pimps', and paid sex itself (FitzGerald & McGarry, 2018). The latter often self-identify as radical feminists, but critics consider the focus on criminalisation 'carceral feminism'—whereby 'previous generations' struggles for gender justice and sexual liberation are recast in terms of criminal justice' (Bernstein, 2019, p. 21). Support for decriminalisation has been critiqued as liberal feminism (Byng et al., 2016), yet sex worker rights groups make intersectional critiques of how criminal justice systems oppress sex workers and other marginalised communities (ICRSE, 2016). National guidance urges police to prioritise sex workers' safety over enforcement (National Police Chiefs' Council, 2019) but community organisations document ongoing sex worker arrests (Bowen et al., 2019).

Specialist sex-worker health and support services (hereafter termed 'sex-worker services') have experienced growing cuts since public health commissioning transferred to local government (Davies, 2018). While this partly reflects austerity, there have also been shifts from commissioning 'harm reduction' to 'exiting' services (Grenfell et al., 2016). In practice, services do not neatly demarcate as such but are often connected discursively with specific legislation. Advocates of client criminalisation frame exiting services as integral to this model, yet sex workers in these contexts have reported absent and/or conditional services requiring them to present as victims and/or stop selling sex (Levy & Jakobsson, 2014). A singular focus on exiting has also been criticised for failing to acknowledge: sex workers' expressed needs; financial and other barriers to leaving for those who wish to; and sex-working alongside other jobs (Bowen, 2015). Critics of harm reduction, meanwhile, point to a singular focus on HIV and sexually transmitted infections without attending to wider harms (Byng et al., 2016). Although such services often originated in sexual health programmes, many also offer broader health, safety, and welfare support.

Conceptual approach

Enforcement can only partially be understood as the enactment of laws and regulations. Instead, we examine power-infused, dynamic assemblages (DeLanda, 2016) of institutions, policies, spaces, communities, actors, and social forces that work in tandem and tension to discipline sex workers' lives. As opposed to accountability and harms conceptualised within criminal law, we draw on concepts of social justice and social harms (Canning, 2018). Fraser (2009) argues that social justice requires a redistribution of resources, recognition of marginalised communities, and their political representation, such that they may highlight and challenge the structural injustices they face. Hudson (2006) indicates that, to go beyond 'white man's justice', restorative justice must be discursive, relational, and reflective. This involves those most excluded making claims to justice in and on their own terms, in the contexts of their lives, without having to 'accommodate to the dominant modes of legal/political discourse' (Hudson, 2006). Social harms, meanwhile, constitute damage to individuals and communities beyond legally-bounded conceptualisations of 'crime' (Canning, 2018). We use the concept of necropolitics, through which Mbembe (2003) articulates how social and political power, and particularly the 'technology' of racism, are deployed to subjugate racially minoritised and other marginalised communities to precarious and life-threatening conditions that 'confer upon them the status of *living dead*' (p. 40). Mbembe describes colonial sovereignty as 'the capacity to define who matters and who does not, who is *disposable* and who is not' (p. 27).

Notions that sex workers are too 'unrepresentative' or 'vulnerable' to speak for their communities have excluded them from policy, service-provision, and academic spaces, generating often harmful responses and scholarship that do not reflect their lived experiences (Bruckert, 2014). Participatory approaches – whereby members of affected communities are involved in conducting research – seek to challenge these power relations by centring community priorities, valuing knowledge gained through lived experience, and driving action (O'Neill & Laing, 2018). This requires time, resource-commitment, and reflexivity, amid potentially divergent agendas and power relations shaping notions of 'experts' and 'communities' (Arieli et al., 2009). Such approaches thus vary in their potential to disrupt knowledge-power relations.

Methods

This qualitative study contributed to the East London Project – mixed-methods, participatory research with academic, community, and practitioner partners, including sex-worker service A (see Findings) (Grenfell et al., *In Press*). University-based staff worked with freelance co-researchers with experience of sex work or working with sex-worker advocacy/support organisations, to refine research questions, develop interview guides, recruit and interview participants, analyse data, write up and disseminate findings. We sought to challenge knowledge production about sex workers' health, and related epistemic exploitation (Berenstain, 2016), while acknowledging power imbalances of a university-held research grant. Elsewhere, we reflect further on our methods' tensions and potential (Grenfell et al., *In press*).

From October 2017–June 2019, we carried out 47 in-depth interviews and six neighbourhood walks – similar to 'walking interviews' (O'Neill & Roberts, 2019) – in Hackney, Newham, and Tower Hamlets, East London. Twenty-six interviews and three walks were with people who sold direct sexual services, selected for maximum diversity in age, gender/identity, racial/ethnic identity, migration status, sex-work sector, contact with sex-worker services, and enforcement experience. We recruited via sex-worker services and clinics (n = 14), community networks, snowballing, and direct outreach (n = 12) (on-street, online, and in venues invited by participants/outreach workers). We interviewed 21 other stakeholders, including service providers, police, activists, and local-authority commissioners (detailed below), selected for maximum diversity in sector and borough. All interviewees provided informed consent. For six participants, a Portuguese- or Romanian-speaking interpreter who works with sex-worker services was present.

We asked about: experiences of police and other enforcement; safety and violence at/outside of work; accessing justice, health and social services; support networks; and views on sex work laws in England, Sweden (client criminalisation), and New Zealand (decriminalisation). We asked stakeholders about the same topics, and how their/other institutions shaped these issues. For walks, we invited participants to map out where they: worked; spent time; encountered/avoided police, other authorities, services, and threats to their safety; and did/not feel comfortable. We invited them to walk two researchers around spaces they considered safe and appropriate to visit together. During three additional walks, 2–3 researchers – one with lived experience of street sex work – had brief conversations with sex workers and others (e.g. receptionists, security guards) about the research, current policing, and service-provision, offering condoms and services information. We offered participants £20 and £40 respectively in thanks for interviews (average 1-hour) and longer mapping/walks, later increasing the former to £40 on co-researchers' advice. We offered information on and referrals to health, support, and rights agencies.

Interviews and walks were audio-recorded, transcribed verbatim and, where needed, translated into English by bilingual translators. We used a thematic, grounded, analytical approach. We identified *a priori* and emerging *in vivo* (sub-)codes, linking them conceptually, using relevant literature to aid interpretation (see Conceptual Approach) (process detailed further in Grenfell et al., [In press](#)). Our analysis focused on sex-worker participants' accounts, complementing these with other stakeholders' accounts to unpack institutional practices and politics that shaped participants' experiences. We sought regular input from the project advisory group, and feedback from participants, other sex workers, and stakeholders during workshops in February–March 2020. We replace participants' names with pseudonyms, and label local services/boroughs A, B, C to avoid identifiability. The study received approval from the London School of Hygiene & Tropical Medicine and Stanmore ethics committees (refs: 13919 and 204494).

Sex-worker participants included 20 cisgender (cis) women, two transgender (trans) women, two non-binary people working as male sex workers, and three cis men, aged 18–57 (median = 33). Nine participants identified (grouped to avoid identifiability) as Black, biracial, Traveller, South Asian, or Latin American ethnicities/nationalities, seven as East European ethnicities/nationalities, and eleven as white. Participants were nationals of the UK (n = 8), other EU (n = 13) and non-EU countries (n = 6). Three had precarious immigration status but others had also experienced immigration enforcement (Grenfell et al., [In Press](#)).

Participants had sold sex for 2–39 years (median = 5). Cis and trans women primarily met clients on-street (n = 9), via sex-work-specific websites (n = 10), or saw regular clients (n = 3). None currently worked in managed saunas or brothels, but a few had done so very recently and now worked from rented rooms in flats/hotels. All cis men and non-binary participants met clients online, via sex-work-specific and/or queer hook-up websites/apps, a minority having previously worked on-street. Most women working outdoors used drugs (heroin/crack) and had UK citizenship; a small minority, including the few who didn't use drugs, were EU nationals. Most participants who worked indoors, including all cis men and non-binary participants, were migrants, and few described drug use (e.g. cocaine, crystal meth). Almost all participants (n = 25) had encountered a sex-worker service but just three – who worked independently, online, and indoors – were members of established, UK-based, sex worker-led organisations. Just under half had been arrested, detained, or raided by police, local authorities, or immigration while sex-working but almost all had contact with UK police (e.g. reporting violence) (Grenfell et al., [In Press](#)).

Stakeholders included cis women (n = 14) and men (n = 7), aged 25–66, four identifying as Asian-British, biracial, or East European ethnicities/nationalities, 17 as white. They worked in a sex worker-led organisation (n = 1), sex-worker clinic/service (n = 6), other support agencies (e.g. drugs, legal advice) (n = 2), sex industry (n = 1), local authority (Public Health, Violence Against Women & Girls, Substance Use, Probation) (n = 7) and Metropolitan Police (including a police community support officer) (n = 4), in post for 4 months–18 years.

Findings

Community and vulnerability: whose safety matters?

Most police and local-authority stakeholders framed sex work-related enforcement as protecting vulnerable women and/or maintaining community safety. Yet participants – particularly cis and trans women who worked on-street, used drugs, were migrants, and/or women of colour – described encounters with police, local-authority, and immigration officers that were structurally, symbolically and, at times, physically violent. Simone described being knocked unconscious by a police officer, frustrated by her ability to evade a community protection notice while she worked on-street.

[Police officers] were running at me and I thought [...] they're gonna beat me up. So I just steamed into 'em [...] he [...] knocked me out [...]. They'd gave me [...] some section thing [...] like a ASBO [Anti-Social Behaviour Order] [...]. They was getting the hump with me, because I kept finding roads I could stand in [...] and they don't like being defeated. (*Simone*)

Karen described officers previously forcing her to have sex to avoid arrest: 'You had to do all three of them [officers in police car] before they let you go without charging you'. Melanie, who also worked on-street, recounted the violation of being 'outed' to her local community: 'They [police] turned round [...] to my mum's neighbour, "You do know she's a prostitute, yeah?"'. Celia and other women who worked indoors described confiscation of personal funds during police/immigration raids that resembled armed robberies: 'I saw one person, but when I opened the door, I saw that bunch of people [...], that scared me [...] you even think [...] it's a gang' (*Celia*). Patricia, a trans woman who had worked from shared premises, described an immigration officer refusing to use her female name. Enforcement threatened safety, income, accommodation, dignity, and wellbeing (Grenfell et al., *In Press*), producing precarious and life-threatening conditions reflective of necropolitics in action.

Institutional notions of who was/not vulnerable produced policing practices that both reinforced and obscured these conditions. Despite acknowledging 'they've had hard lives' (Police), one officer framed street sex workers as defiant and enforcement the ultimate response:

If you've got one female who [...] doesn't give a shit [...] she's going to get five punters [...] you've really got to deal with that [...]. Yes, they are vulnerable [...] however there comes a point where [...] there has to be some kind of enforcement [...]. If they refuse to engage [...] we'll put together [...] a breach of the Community Protection Notice, we could summons them to court [...], arrest them [...], let the judges deal [...] £500 fine [...], 10 days in prison, or whatever. (*Police*)

Similarly, a singular focus on whether (migrant) women who sold sex were/not forced detracted attention from their broader working conditions and related violence. Nina and other migrant women experienced little concern for their wellbeing – and indeed blame for being 'here' – during raids on shared flats:

They just wanted to know where is money, who is boss, and who pushed you there [...]. Police, especially womens [...] are so rude [...], "You are in this shithole [...] nobody didn't put you here" [...]. They go through your all stuff [...] taking [the] piss [...]. You have no rights [...] [you're] very judged, especially when you are from a different country. (*Nina*)

Yet Anna described police tolerating a venue where the manager was sexually violent, blamed women when clients were abusive, and refused requests for compassionate leave.

He [client] come ready to punch me [demanding money back] [...], shouting [...], he called the police [...], [they] started to laugh [...], "We can't do nothing". [...] The police already know what is happening there. The boss [...] saw on the camera what happened but didn't come [...], never he didn't understand the girl or listen to her [...], "[he said] it's your fault, my customer is gone". (*Anna*)

Stakeholders variously attributed enforcement to unawareness of national policing guidance, changing personnel, local-authority priorities, and gentrification: 'There's the push to [...] clean our streets really of any unsightly [...] loitering [...] closing down brothels' (Service Provider). Yet we also

heard about policing grounded in frustrations, convenience, pragmatism, and cynicism. For example, one officer described ‘difficulties’ he and other frontline officers experienced when instructed to ‘engage’ rather than arrest women. By contrast, several women recalled a former *de facto* tolerance zone in Borough A, and officers elsewhere forgoing arrest to avoid ‘paperwork’. Another officer characterised enforcement as primarily serving to perform police ‘strength’ to residents, while in fact generating other criminalised activities and failing to reduce street sex work, as women’s poverty and need for drugs remained unchanged.

If we were to do something [enforcement] on Friday night [...], the girls still need their drugs, except they can’t work for it, so you would see a spike in theft from motor vehicle or burglary [...]. Sunday [...] they’d be trickling back [...], we’re trying to reduce crime but we’re just creating crime somewhere else [...]. The only thing it does is give [...] high visibility, that we are doing something [...], show strength by the police [...] to the residents. (*Police*)

These enforcement practices characterised sex workers – and the most marginalised workers in particular – as outside of ‘safe communities’, discounting the violence and precarity they experienced in these same spaces. Francesca, who mostly worked on-street, explained:

I was walking down [main road, Borough A] [...] I woke up eight days later [...] in hospital [...]. Someone had hit something on my head and given me a haemorrhage [...]. I told the police everything, and they arrested my boyfriend for it [...], they never caught that person that did it. (*Francesca*)

Participants described authorities targeting women who were racially-minoritised, migrants, and/or used drugs based on how they ‘looked’ in or near sex-work spaces (outdoor and indoor), and dismissing these same women’s reports of violence.

The police [...] won’t protect us, the Romanians [...]. I was on the corner [...], they only picked me up [...]. I asked them why [...], they said I shouldn’t concern myself with the other girls. (*Denisa*)

If they see you walking about, they used to give you an ASBO [...]. [We didn’t get ASBOs], ‘cause out of all the girls [...] three of us used to look presentable, we didn’t look like we was on drugs. (*Helena*)

Despite visible injuries, Helena and Stephanie were denied justice and arrested after brutal attacks by men in their personal lives – their credibility discounted, as a woman who formerly used heroin, and a Black woman repeatedly targeted for arrest.

I got pregnant by a punter, he [the man living with me] got [...] jealous [...] and made me lose my baby [...]. He [...] tried to strangle me, he pinned me down, fingered me and opened up my womb [...]. I nearly died [...] I went mad, I stabbed him [...]. I got arrested [...] three years’ suspended sentence, I said it was self-defence [...] they looked at my record and thought [...], “She’s going crazy because she’s got no drugs”. (*Helena*)

[Police at particular station] are [...] disgusting [...], racist [...]. I’ve been arrested so many times now, it’s like, “Oh yeah, [...] her again [...]. She’s probably lying” [...]. This guy had attacked me [...], my scar was actually bleeding [...], there was CCTV [...], they was just like, “[...] you have to make a report at the front counter”. I was remanded so I couldn’t [...], by the time [...] the detective investigated it [...] they couldn’t get the CCTV again [...]. I was still charged with this harassment against him. (*Stephanie*)

When Celia – a migrant woman of colour working indoors – reported rape by a client, officers questioned her taxes and ‘dangerous work’ rather than the client. They outed her to neighbours and threatened arrest, denying her justice then and in future (‘I don’t call the police anymore’; Celia). One officer was ‘shocked but not surprised’ upon hearing that a woman who street sex-worked and used heroin had suffered an attempted murder, based on her ‘aggressive’ tendency not to appease ‘unhappy’ clients (Police). Cis male and non-binary participants attributed not having experienced enforcement at work to being less ‘visible’ – in terms of how they worked (alone and indoors) and in sex work policy/discourse. However, participants of all genders avoided reporting violence to police, for fears of arrest for collective-working and/or drug use, deportation, blame, being outed, or inaction.

The enforcement described here – produced through assemblages of criminal and civil laws, institutional agendas, officers' (in)actions, structural discrimination, and gentrification – tended to centre residents' concerns while exacerbating and ignoring the vulnerabilities of highly marginalised cis and trans women who also lived and worked in these communities. In necropolitical terms, they dictated whose safety and lives mattered and whose did not, subjecting sex workers – particularly racially-minoritised, migrant, and street sex workers – to precarious and life-threatening conditions. Repeated failures to imagine, see, and acknowledge participants' full and diverse realities denied them (restorative) justice and generated extensive social harms. By contrast, accounts of more respectful treatment by Sexual Offenses Investigation Team officers, compared with frontline police, highlighted how remarkable it was to be treated like 'a normal person' (*Denisa*).

Disciplining beyond enforcement: service conditions and cuts

Many participants – particularly women who worked on-street, used drugs, and/or were racially or ethnically minoritised – had encountered disciplinary, dismissive, and conditional treatment in health and social services. The partial defunding of sex-worker service A – and shifts towards services less grounded in (lived) expertise – rendered vital services inaccessible not only to those unable to comply with these service conditions, but withdrawn from wider communities of sex workers. Disciplinary assemblages and their necropolitical effects thus extended beyond enforcement, to health and social care delivery and commissioning.

Shannon, who worked on-street, described social services compelling her to stay with a violent partner to keep custody of her daughter.

The social workers made me believe, because he [violent ex-partner] has family, he's got a job and all that, if I didn't stay with him, I wouldn't get to keep my daughter because of my chaotic lifestyle. (*Shannon*)

Simone described medical staff as part of a system working against her, after she was attacked by a police officer: 'The doctors [...] wouldn't take pictures [of my injuries] [...]. I couldn't prove anything cos it's all them against me'. Some migrants feared immigration authorities being notified if they sought care.

Amid chronic lack of housing, participants had been rehoused away from where they lived and worked, and barred from returning to sell sex there, losing their accommodation if they did so. Conditions of abstaining from drug use, and having no recourse to public funds, rendered housing particularly inaccessible for those who used drugs and/or were migrants. Housing had thus become central to both public-health and exiting-commissioned services' work with street sex workers. Simone described dire conditions, including hostel staff withdrawing essential services, stealing from and intimidating residents, with severe mental health consequences.

The [hostel] staff have had my methadone stopped [...], my benefit stopped [...] they want me out [...]. They were pocketing [...] sandwiches [...] we're supposed to get from Pret a Manger [...]. I ordered a tablet [computer] and the manager nicked it [...]. It gets worse every time I complain [...], everything I put in place for myself I feel like they're just pulling it away [...]. It's stopped now but I kept trying to kill myself and I thought, "Fuck that, they're gonna win [...] my son's gonna lose his mum, no". (*Simone*)

Conditional service provision had compromised care, amid austerity cuts and disciplinary practices. Kate, a woman who worked on-street and used heroin, described a new drug service cancelling her methadone script when she missed appointments, requiring her to wait to re-enter treatment while her drug use increased. This held her, rather than a rigid system, responsible.

If I'd overslept or [...] missed an appointment [...] my script would be cancelled [...]. You have to [...] wait another two weeks to see a doctor to get put back on a script [...], sometimes [...] a month and a half [...]. Where you was [...] slowly [...] reducing, your habit's sky high again. Because you've messed up. (*Kate*)

Stephanie had been left without vital mental health care, amid assessments that her life was insufficiently 'stable' due to repeated arrests.

The NHS are stretched [. . .], but I just feel like they've made so much empty promises [. . .]. The psychotherapist said [. . .] I should be starting therapy within six months [. . .] a year and a half ago [. . .]. Then they said that my life [. . .] when I kept going getting arrested, it was too chaotic to enter proper treatment [. . .] which is obviously the whole point why I would need treatment. (*Stephanie*)

Disciplinary, dismissive, and conditional treatment thus did not alleviate but exacerbated participants' precarious living conditions, contributing to necropolitical assemblages that dictated whose needs and lives mattered.

Services accommodating participants' realities and wishes were therefore vital. The most frequently-mentioned Service A had helped participants navigate healthcare, housing, welfare, criminal justice and immigration systems, secure more respectful treatment by police, and report violence, on their own terms. This included filing reports through National Ugly Mugs – a UK-wide charity that enables sex workers to report violence against them anonymously – accompanying participants to police stations and providing material and emotional support. Mo, a migrant sex worker of colour, explained:

[Service A] and National Ugly Mugs [. . .] are helping to [. . .] get this investigations [into sexual assault by a client] [. . .]. This man is very strong [. . .] powerful [. . .] wealthy [. . .], I always had this fear that I cannot fight against this big establishment [. . .]. [The support workers] made me realise that you are not alone [. . .] [they give me] emotional support as well as contacting with other [. . .] services [. . .]. Great support for every angle. (*Mo*)

Participants valued Service A's sustained, unconditional support for their expressed needs, grounded in an understanding of their lives and trust developed over several years – akin to Hudson's theorising of (social) justice as relational. Melanie described this as follows:

She's [outreach worker I know well] on that phone every day [. . .], she understands the lifestyle [. . .]. Right now she's helping me out with [. . .] claiming for PIP benefit [. . .], she's gonna help me get a freedom pass to get about, she got me on a script [. . .], she's taking me to court [. . .] getting my housing sorted [. . .] they're brilliant. (*Melanie*)

Yet access to Service A had been compromised, by enforcement and (de)commissioning. Participants described how arrest for brothel-keeping had made some indoor venue staff reluctant to admit outreach workers, and the service had lost contact with women displaced by police raids. Access was more systematically disrupted when Service A lost its funding for street outreach in two boroughs and to indoor premises in all three. Some commissioners attributed this to austerity, provision of services beyond commissioned remits, and 'duplication' (*Local Authority*). Others pointed to how sex work was governed and imagined. Some stakeholders described exiting services being prioritised over those dismissed as '[just] giv[ing] out condoms' (*Simone*). Others indicated a downplaying of needs and vulnerabilities: fixed-site sexual health clinics were considered sufficient for indoor sex workers, based on their assumed lack of vulnerability; and, in one local-authority representative's account, sex work was not a priority based on current violence levels. Two local-authority representatives highlighted a more direct influence of conflicting politics. Providing legal support to (street) sex workers – which recognised them as marginalised community members with complex needs – was deemed contradictory to 'community safety' agendas constructing them as 'alarming for local residents'. Service providers who publicly criticised enforcement were disciplined.

[Senior public health and law enforcement officials] took a view that there were some aspects [. . .] that [Service A] shouldn't be doing [. . .], [a] pain-free way of reducing their budget [. . .]. A sense that [. . .] "Doesn't it send out a mixed signal that the councillors are saying that street sex work is wrong and [. . .] alarming for local residents and then when someone ends up in court, a Council-funded person is supporting that person in court?" (*Local authority*)

A few participants attributed funding cuts to Service A's unwillingness to share information about their clients with police, within local-authority fora about vulnerable residents (see below). Several stakeholders highlighted this as a broader tension between sexual health services and police, and denounced unnecessary and unethical sharing of information, including in one case a woman's HIV status.

Amid wider austerity, the stripping back of Service A profoundly limited available support. This particularly impacted cis and trans women who worked on-street, many of whom had multiple unmet health and welfare needs, and migrants working indoors, who often lacked access to mainstream services. Some participants felt that newer services – commissioned as exiting-programmes – offered insufficient experience, outreach, supplies, and food. Shannon feared that such services might report her to the police, leaving her reluctant to share information about her life.

The ones out there now [unnamed new service] [...], it's not about just handing a few condoms and a hot drink, "There you go" [...]. [Service A] were [...] out all night till 6 in the morning [...], [new service] 2 hours maybe a week [...]. I'm not into talking to people from a textbook [...], you need [...] experience [...]. I wouldn't tell them anything [...], they would go and tell the police on you [...]. That's why [Service A's] funding was stopped because they wouldn't disclose, and why should they? Unless we're going to harm someone or ourselves. (Shannon)

A privileging of local-authority visions of sex workers' vulnerabilities, needs and realities therefore ultimately resulted in the loss of services grounded in (lived) expertise.

Things that were less health-specific [were being cut] [...] [but] often you can't address the health issues [...] if you haven't sorted out some basic things like [...] them not going to jail [...] and not losing their home [...]. What doesn't work is [...] we who dabble in this [commissioners] are going to tell you [frontline staff] [...] what's most important to the women you support. (Local authority)

This hindered possibilities to tackle health inequalities structurally and positioned sex workers as threats to communities rather than part of them. It produced necropolitical health and social harms by worsening precarious conditions, and further dictating whose needs – and on whose terms – did/not matter.

Alternative visions of justice

Participants voiced changes to service-commissioning, provision, policing, and laws that they believed could better meet sex workers' needs, in the contexts of their lives – in effect, arguing for a shift from a criminal justice approach to one of restorative social justice. Amid cuts to housing, welfare, and specialist services, Melanie described enforcement as a misplaced use of public funds that did little to stop women selling sex on-street. She felt that resources should instead (re)fund sex-worker services that respect and respond to sex workers' needs.

In a couple of years' time, everything's gonna be cut [...], they're spending too much money on bullshit like looking for prostitutes when they should be [...] putting it into [...] people like [Service A and Service C – a collaborating drug service] [...]. You address the drug use or the underlying problem, the girls won't go on the road [...]. There's no point in stopping them from doing prostitution, they're only gonna do it somewhere else. Because they need that money for the drugs, so they've gotta get it one way or another. (Melanie)

Simone contrasts what such services offered her relative to the police.

[Police] that pick you up on the road [...] [they say], "What do you want [Service A] for?". I said, "Because they help ya". "What, they give out condoms?". I said, "Yeah, well it stops you from getting AIDS [...], they help give you housing [...], support [...]. What do you do? Stick me in a cell [...], in court and then [...] back out again". (Simone)

Participants highlighted how their (lack of) positioning as experts shaped service quality and community trust. Although many spoke favourably about experienced sex-worker services, such services' ability to negotiate improved treatment by police and other authorities often required participants being 'invited in' rather than disrupting divides between 'professionals' and 'communities': 'If she [outreach worker] does it [requests paperwork to challenge deportation order] I know I'll get a result [...], she's a professional isn't she? She knows how to deal with all them lot' (*Francesca*). Participants described restrictions within services on communication between sex workers. One woman who worked independently indoors had been discouraged from attending a service for street sex workers because outreach workers feared she may be tempted to start working that way, which she contested.

She felt it was best that I kept my visits there [to drop-in] very rare [...], women like to share tips [...], I'm young and my sex work isn't that broad, it could encourage me to be more out there [...]. I don't agree with that [...]. A woman's not just gonna come to me and say, "You should go on the street" [...] and I'm gonna do it, I know what I wanna do and it's not that.

Some participants, such as Kate, called for services designed and delivered by people with shared lived experience – in relation to sex work, but also drug use, racial and/or ethnic identity – and for spaces in which they could share advice:

'The ones that have been on the drugs know where you're coming from [...] not tell you what to do, but just give you [...] advice. And that friendly chat. That's what majority of us need' (*Kate*).

Yet Ryan, a migrant who worked independently indoors, noted how policies against hiring peers in some sex-worker services had limited service quality.

Service B [sexual health clinic] [...] [ran] a very useful once a week thing [...], you could get alright advice about your work [...], get screened [...]. [But] the thing about the people [staff in this service] [...] and [...] in the NHS [...] not being allowed to be [sex] workers [...], a service for sex workers that isn't participatory is naturally not gonna be as good as something that was. (*Ryan*)

Participants described acting with other sex workers to avoid enforcement, work safely, challenge bad working conditions, access services, and seek justice – despite and in response to laws and conditions that obstructed organising on- and off-line. These actions thus worked counter to the necropolitical assemblages that (re-)produced precarious conditions and discounted sex workers' safety. The few participants in contact with UK-based sex worker-led organisations – such as the English Collective of Prostitutes and the Sex Worker Advocacy and Resistance Movement – and/or other peer-led spaces known to the co-research team found them invaluable sources of community and support. Those who were not were often grateful to receive information about them and/or be connected via co-researchers, even if they did not envisage participating regularly – reasons for which included competing life pressures and commitments, and unwillingness to be seen in sex-worker spaces. Participants also described social media groups that they and their peers had set up to share information on safety and support services, and organising with co-workers. Nina and her colleagues had engaged a lawyer experienced in advocating for sex workers' rights, to challenge confiscation of funds during police raids.

They [police] collected money from all the girls and they took it [just under £1000] [...]. When we get solicitor, [he confirmed] that wasn't allowed [...]. [He] write three letters [...], they finally answered and the girls could go police station [...] to collect the money [...]. He got us all the money back. (*Nina*)

Several stakeholders had, or wished to forge, collaborations with peer-led organisations – for example, referring their clients or inviting representatives to services to provide advice on legal rights, welfare, social, and other support; and providing evidence for advocacy/policy consultations. Others, particularly police and local-authority representatives, had little knowledge of sex worker-led organisations beyond campaigns for decriminalisation and labour rights. When asked about decriminalisation and client criminalisation, most sex-worker participants preferred the former, on the

grounds that it would allow them to work more safely, for example with others indoors, and/or without the threat of enforcement and income loss. One indoor worker voiced support for client criminalisation because, although it might mean less income for her, she was primarily concerned with the abuse that outdoor workers experienced. Yet although some women working on-street initially considered criminalisation of clients preferable to being criminalised themselves, they ultimately deemed it unfavourable because it would continue to prohibit their income. Some women operating where clients were already pursued described how any sex-work-related enforcement endangered them: ‘When I’m behind the fence the police don’t see me but [...] someone can approach me from behind and I can’t see him’ (*Denisa*). When enforcement targeted clients, women still typically had to attend designated services three times in six months to avoid court – ‘diversion schemes’ that one stakeholder described their organisation joining, counter to their ethos, to protect women from the criminal justice system. Several participants and stakeholders urged reform of prostitution, drug, and immigration laws, and civil legislation used to target sex workers and other marginalised communities. One activist, whose organisation campaigns extensively against sex work criminalisation and austerity, urged specialist services and NHS bodies to speak out about the harmful effects of criminalisation and cuts to sex-worker services.

Discussion

We demonstrate how participants’ lives were disciplined through assemblages across police, local and immigration authorities, health and support services, structural discrimination, and gentrification, with necropolitical effects. Enforcement practices exacerbated unsafe working conditions, precarity, marginalisation, and violence against sex workers, and denied them justice. Trusted services that had helped sex workers navigate rigid requirements and hostile systems were extensively defunded. Underpinned by dominant notions of community and vulnerability, this enforcement and (de)commissioning othered sex workers as outside of ‘safe communities’, stripped away vital services, and deprioritised lived expertise, impacting marginalised and minoritised workers the most. This use of public resources failed to recognise and respect sex workers’ needs and indeed humanity, in the context of pervasive intersecting ‘whore stigma’ (Pheterson, 1993), misogyny, racism, xenophobia, anti-drug-user, and anti-poor policies and practices. Yet participants’ accounts of sharing advice, challenging police abuses, and appealing for redirection of funds towards respectful, peer-led services reflected claims to a relational social justice, on their own terms (Hudson, 2006).

Our findings echo research demonstrating how sex-work criminalisation, enforcement, and gentrification endanger sex workers and deny them justice (Lyons et al., 2017; Neville & Sanders-McDonagh, 2018; Platt et al., 2018). We add to evidence challenging narratives that contemporary sex-work policing protects communities and vulnerable women (Krüsi et al., 2016; Levy & Jakobsson, 2014), identifying health and social harms of such approaches. In linked research, we document high levels of police violence against sex workers, with heightened enforcement against cis and trans women working on-street, and against racially and ethnically minoritised sex workers in all sectors (Elmes et al., 2021; Platt et al., *In Press*). These communities are systematically overpoliced, blamed, and denied justice (Platt et al., 2018), against which activists have long organised (Smith & Mac, 2018). Participants’ calls for a social justice approach echo sex-worker rights, racial justice and anti-gender-based violence movements’ advocacy to reduce policing and ‘prioritise spending on community health, education, and affordable housing’ (Abolitionist Futures, 2021), in contrast with carceral feminist reliance on the criminal justice system. Participants’ accounts also challenge some stakeholders’ tendency to dismiss sex workers who advocate for legislative change and peer-led services as ‘unrepresentative’.

Previous research demonstrates how criminalisation disrupts and places conditions upon service access (Carline & Scoular, 2015; Goldenberg et al., 2017; Levy & Jakobsson, 2014). We document how sex-work governance also restricts service availability, through the withdrawal of funding from sex-

worker services that do not align with enforcement-based approaches. These cuts implicate local authorities in undoing efforts to tackle health inequalities, and continue a long history of public health complicity in sex-work governance (Grenfell et al., 2018). They undermine a national 'Inclusion Health' agenda (Campos-Matos et al., 2019) by removing services relied upon by the most marginalised sex workers (Mastrocola et al., 2015; McGrath-Lone et al., 2014). Exiting-focused commissioning, while women facing benefit cuts (House of Commons Work and Pensions Committee, 2019) and spiralling living costs (re-)start sex work, highlights how contemporary approaches fail to address structural causes of poverty and inequality. When the Covid-19 pandemic began, heightened enforcement and in-access to state financial protection worsened sex workers' precarity – extending necropolitical assemblages further – leaving mutual-aid funds to provide emergency support (Platt et al., 2020; Stuart & Grenfell, 2021; SWARM, 2020).

Our study has several limitations. Because we sought participants with diverse lived and work experiences, we could not explore specific experiences (e.g. by sector, gender, ethnicity) in-depth. We had limited success recruiting trans participants, people with insecure immigration status, migrants working on-street and people displaced by indoor raids, more interviews with whom may have revealed additional ways in which the policing and (de)commissioning we document failed to deliver social justice to sex workers. Because we did not analyse findings by borough, we could not unpack these effects within specific local-government areas. Our collaboration with Service A and other sex-worker-support organisations may have influenced how participants and stakeholders related their experiences, yet these relationships provided vital insights and support to undertake this research. A grounded approach to interviews and analysis, and diverse (lived) experiences within our (co)-research team and advisory group, fostered critical reflection and a focus on divergent alongside consensus accounts.

Participants' narratives of police violence and harassment warrant urgent action, to hold perpetrating officers accountable and redress enforcement-related health and social harms. The practices we document contravene national police guidance (National Police Chiefs' Council, 2019) and human rights standards. We follow participants and others (FitzGerald & McGarry, 2018; Smith & Mac, 2018) in urging a social justice approach to sex work. Decriminalisation – advocated by sex workers, health and human rights agencies internationally – is a vital first step to undoing the necropolitical conditions that threaten sex workers' safety, health, and rights (Grenfell et al., 2016; Platt et al., 2018). Yet meaningful change also requires tackling institutional racism, xenophobia, misogyny, transphobia, classism, and discrimination against people who use drugs, across criminal justice, immigration, health and social-care systems, and the repeal of drug, immigration, and civil legislation used to target marginalised communities (Neville & Sanders-McDonagh, 2018). We urge (local) governments to acknowledge how enforcement and (de)commissioning can threaten the safety and wellbeing of vulnerable members of the communities they serve. We also urge public health and medical communities to speak out against the harmful effects of sex-work criminalisation and linked cuts to specialist services. We recommend (re)commissioning services that recognise, respond to, and represent sex workers' diverse lives and needs, on their own terms and with their central involvement, without punishing, patronising, or blaming. We urge particular support for underserved communities most harmed by current enforcement and service cuts, including cis and trans women who work on-street and use drugs, are migrants, and/or belong to the global majority, and wider communities of trans and non-binary workers. People who sell sex experience widespread discrimination in health services but are rarely consulted on their development, despite emphasis on community involvement in health (Grenfell et al., 2018). Peer-led interventions can improve health and well-being (Barker & Maguire, 2017) but public health studies have largely focused on sex-worker HIV/STI programmes, particularly in India and Brazil (Kerrigan et al., 2015). Participatory research into how sex-worker services are commissioned and delivered, and funding for sex workers with diverse lived experiences to participate in and lead service and policy development (ICRSE, 2020), would support inclusion health, public and patient involvement in healthcare, and broader social justice.

Conclusion

Research examining the health impacts of criminalisation often focuses on how police enforcement affects health outcomes and access to existing services. Grounded in a UK-case study, we demonstrate how assemblages across police, (local) government, immigration, health, and social-care systems can discipline and remove vital services from the most marginalised sex workers, while disregarding their broader vulnerabilities to violence, precarity, and lived expertise. By (re)producing precarious and life-threatening conditions, and dictating whose safety, health, and needs matter, these assemblages reflect necropolitics in action. They undermine principles of inclusion health and community involvement, and contradict purported goals of protecting vulnerable women, maintaining community safety, and reducing health inequalities. We follow participants' calls for social justice approaches, with a redistribution of resources from sex-work-related enforcement towards specialist and peer-led services that recognise, respond to, and represent sex workers' diverse realities.

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The authors report there are no competing interests to declare.

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Data availability statement

The data used in this analysis is held at the London School of Hygiene & Tropical Medicine. It is not publicly available because of the difficulties of anonymising transcripts of participants' detailed and sensitive biographical accounts.

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