



**MEN IN  
CRISIS**

**What do male sex workers in crisis  
experience when they engage with  
frontline support services?**

# Introduction

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## Boxing Day 2014

It is 8am on the 26<sup>th</sup> December 2014 when I receive a phone call from the police. There is a current service user of the charity I work for, on a bridge, about to jump. He is saying he won't come down unless I attend. I have my Christmas pyjamas on. I'm at home alone with my 14-month-old daughter. I am currently on leave, but the police – deeming it to be a crisis situation - had contacted a previous employer to obtain my personal number. I had to decide what to do there and then. I offered to speak to the man to try and talk him down. I also agreed to meet him the following day, when I would be in the office. Thankfully, the man didn't jump and was taken to hospital. This situation gave me many things to consider. I spoke to colleagues about it and was met with almost polar opposite responses from “You *did* go, didn't you?” to “I'd have put the phone down on them.”

## My research question

Two years on, I am lucky enough to be on the Clore Social Leadership programme for aspiring leaders in the voluntary sector. As part of this programme, I have an opportunity to conduct a piece of research and to ask a question that interests me and is likely to be of interest to others. The incident with the man on the bridge came back to mind, because I am interested in how charities respond to people in crisis and in what, if anything, can be done to improve the outcomes of such events for the service users and for the Workers who deliver support at such times. The question I decided to ask through my research was ‘What do male sex workers in crisis experience when they engage with frontline support services?’

## My professional experience

My experience for over 14 years has been around helping hard-to-engage individuals to access the support available to them. They include rough sleepers, sex workers and women fleeing domestic abuse. Many of them have complex needs, including poor physical and mental health and the impact of drug and alcohol misuse, sexual violence, trauma and serial offending. Most have multiple experiences of being in crisis.

At Christmas 2014 I was working at The Manchester Men's Room, supporting male sex workers. To make the best use of the time I had for research, I decided to focus on the users and Workers of the Men's Room, and other charities in the UK that work with the same client group.

## Methodology

I started with a literature review of current thinking around crisis, male sex workers and support for people with complex needs. I identified the sample of individuals I would include in the research and formulated the questions I would be asking them. I then conducted one-to-one interviews with service users and Workers of three sex work support charities The Men's Room, MAP a project within Changing Lives and SWISH a

project within Terrence Higgins, one each in Manchester, Newcastle upon Tyne and London. I asked each agency for permission to interview up to three service users who have experienced crisis and Workers. I conducted face-to-face interviews with six service users and three Workers. The sex workers I interviewed were involved in street-based work and used the internet (websites and apps) to find and arrange to meet customers. All six of the men identified as gay or bisexual. This is not representative of all aspects of sex work, especially street-based work, where a larger number of men identify as heterosexual. (In 2014, 67% of the sex workers engaging with The Men's Room were heterosexual.)

All of the men I interviewed volunteered to take part. All said they had experienced several episodes of crisis (citing family breakdown, rough sleeping, mental ill health, substance misuse, self-harm and attempted suicide) and all had engaged with frontline services while in crisis. All were paid for the time they gave to this research. The interviews were recorded and subsequently transcribed. I read through each interview looking for patterns and common themes of which there were several for both sex workers and Workers. I then referred back to the reading I had done and drew some conclusions.

The three charities that contributed to this research support men involved in sex work, working in and around Manchester, Newcastle and London. Manchester and Newcastle each has a street-based, male sex work 'beat' which overlaps with the gay cruising areas, where gay men seek and exchange sex consensually. It is commonly accepted that there has been a decrease, in recent years, in the number of men in Manchester and Newcastle selling sex in this kind of environment, due partly (not exclusively) to factors that include policing, regeneration and the increasing accessibility of the Internet. In London there has been no street scene for several years. All the men I interviewed from London work off their phones. For more information on this there is some excellent research in. P. Aggleton and R. Parker 'Male Sex Work: Current Characteristics and recent transformation', a chapter in *Men who sell sex: Global Perspectives* (London: Routledge, 2015)

I would like it to be noted that I am not an academic or professional researcher. I am a frontline worker and manager who supports male sex workers. What follows is my learning from the research process.

## Findings

These findings are organised into two groups: themes raised by the sex workers and themes raised by the frontline workers.

# Themes raised by sex workers

## Treatment by workers

The negative way men are treated by professional workers when they are in crisis was the strongest unifying theme. Five of the six men highlighted negative attitudes as a real barrier to being able to disclose their need for support, or engage with the support available. The biggest issue was the men's perception of the lack of respect they receive from workers at times of crisis. This was referred to multiple times. It makes a significant impact on their ability or desire to engage again and risks compounding their existing needs. One interviewee (in London) described his experience of a nurse who, in trying to be supportive and get him better support, suggested he be "less flamboyant". This, for a transgender patient in a psychiatric ward, was a really negative experience and completely insensitive to his needs.

A further shocking example was described by an interviewee as being dropped off at his school gates by a punter and meeting the headmistress, who said "I'm going to tell your parents, if he comes again." As he observed, "That's not support, that's blackmail." This is a glaring example of a school failing to safeguard a child from sexual exploitation. The interviewee, now a man, felt it was a missed opportunity to engage with support at a moment of crisis and comments that if he had been a girl, the headmistress's response might have been different.

## Inclusive and accessible advertising

The men interviewed described a lack of accessible and engaging advertising and literature designed for gay men. Information leaflets and other literature are perceived to be aimed solely at the heterosexual population and the lack of targeted literature is therefore a barrier to seeking support. This issue is highlighted in a recent piece of research by Stonewall. "Health and social care Workers overwhelmingly say there is a lack of inclusive information available to LGBT patients.<sup>1</sup>" The same report draws attention to the still commonly held misconception that it is acceptable to treat everyone the same, regardless of gender and sexuality. "Given

- 1 C. Somerville, *Unhealthy Attitudes – The Treatment of LGBT people within health and social care services*, (Stonewall 2015) .32
- 2 C. Somerville, *Unhealthy Attitudes – The Treatment of LGBT people within health and social care services*, (Stonewall 2015) .15

the high prevalence of mental health conditions self harm and suicide amongst LGBT people, it is particularly concerning that half of mental health workers counsellors, psychologist and psychotherapist say they do not consider sexual orientation to be relevant to ones needs.<sup>2</sup>”

This was explained clearly by two London sex worker: “When you go into surgeries now, you see a lot of domestic violence leaflets, stuck everywhere, and it’s all to do with like women and straight people and you think, oh nothing really applies to me here.”

And reflecting on experiences of accessing support through drug services ‘I felt like I was a square peg in a round hole’

Compounding the lack of targeted literature, there is the fear of judgment. Although this is something that many people in crisis can relate to, men involved in sex work who find themselves in crisis can feel doubly judged. Most of the interviewees for this research had kept their sex work secret from friends and family, even though they had been involved in it for many years in some cases. “I have my guard up around me, so wasn’t communicating [with support workers],” one London sex worker told me. By contrast, another London sex worker described the positive experience of going to a male sex work charity for help, when in crisis, and not being judged, workers not being shocked and “not having the eyebrows frown up”.

## Understating the need for support

Another theme that was raised was that people who are in crisis are not always aware that they need support. Several factors were referred to as contributing to this situation, including peer group socialising, where “everyone’s doing the same.” The idea of “the scene” and the widespread use of drugs and alcohol were frequently referred to. This is well documented in *Part of the Picture – LGB people’s drug and alcohol use in England*.<sup>3</sup> “Across all age groups, LGB people are much more likely to use drugs than the general population,<sup>4</sup>” and there is a reluctance to seek support. “The experience of being an ‘outsider’ related to sexual orientation was common. Service structures and even ethos create barriers to access and completion of treatment.<sup>5</sup>” This ties in with the finding noted above about the lack of available, accessible literature and advertising.

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3 Jez Bun, Dr Alastair Roy, Heather Williams and Adam Winter *Part of the Picture: LGB people’s drug and alcohol use in England* (Big Lottery 2011- 2014)

4 Jez Bun, Dr Alastair Roy, Heather Williams and Adam Winter *Part of the Picture: LGB people’s drug and alcohol use in England* (Big Lottery 2011- 2014) .4

5 Jez Bun, Dr Alastair Roy, Heather Williams and Adam Winter *Part of the Picture: LGB people’s drug and alcohol use in England* (Big Lottery 2011- 2014) Briefing sheet for researchers 2

# Themes raised by workers

There were similarly strong uniting themes in the practitioner interviews. This was particularly striking as the interviewees work for charities that vary greatly in size, culture, structure, management and geography.

## **A lack of understanding on the part of funders of the complexities of supporting people in crisis and the duration of support needed**

All three workers identified a disconnect between some funders' assumptions about the support needs of service users who are in crisis and the reality. There is a lack of understanding of the demanding nature of the work and the time needed. Where there is good understanding and positive experiences, these tend to be because of personal relationships that have been established between individuals, within a local authority or charitable trust but when Workers on either side move on, the relationships and understanding have to be rebuilt. It is back to square one. Meanwhile the services have to continue and Workers regularly go above and beyond, delivering services they are not funded to do. This situation is not sustainable.

## **The impact of cuts to specialist services**

Another theme raised was the impact on the sector of the recession and consequent cuts in spending on specialist services. Workers feel they are being stretched too thinly. One interviewee in London described the experience of being expected to be "a jack of all trades and master of none, which is a bit depressing". A Manchester colleague said, "[we have to] look at a myriad of stuff. We kind of try and cover everything." For men who are already polarised and find it hard to access support, the loss of specialist agencies and workers is a major concern. Another observation made by Workers is that when they have been working with someone with complex needs and the case is closed or passed on, when something changes for that person "it can be very difficult to pull interagency support back in quickly enough to prevent a crisis"<sup>1</sup>

## **Real multi agency working**

The idea of multi-agency working is now embedded as a core principle of support and is referenced in several government policy and guidance documents<sup>2</sup>. For the past 20 years, 'person-centered care, securing

improvements in assessment and case management have been the holy grail of community care policy. However, there is a disparity between the plethora of policy and guidance and the experience of delivering support to men in crisis. Professionals cited several reasons why it has become increasingly hard to work collaboratively. One of them is the competition for the funds, with more organisations competing for a smaller pot. As one London worker said: “It’s easy for a lot of people to talk about [collaboration] but in a climate where everybody’s after reduced funding, it [the interest in collaboration] disappears and it disappears quickly.”

Some of the workers most experienced in collaboration have moved on and not been replaced, and some agencies have closed altogether. Another is the sense that some organisations for which people with complex lives are not their *core* business, are tending to pull back, in the face of cuts, to concentrate on their primary purposes and statutory roles. this conclusion is supported by T.C. McDonagh in *Tackling homelessness and exclusion: Understanding Complex lives*

## Similarities and learning from service users and service providers

Service users and service providers both thought it was important to be transparent and honest. The service users in crisis need the workers and their employers to be transparent with them and the workers need to be honest with the organisations they work for about what can be achieved with in s service users given circumstances and context. Simile the providers need to be honest with their funders about what can be achieved in the way of interventions for a set amount of money.

Addressing the actual needs of the men in crisis must take priority over the delivery of interventions that the service provider or funder *thinks* the men need. There is a risk, according to one of the practitioners in Manchester that “the emphasis becomes much more on working within a structure that fits the funding, rather than fits the needs of the men.”

There needs to be clarity from the service provider who is working with an individual in crisis that the continued provision of support depends on the individual man engaging with the process and that that not turning up for an appointment, for example, will have consequences.

All of the sex workers interviewed were much more positive about their engagement with specialist charities. This could be seen as evidence that specialist charities are better placed to support men. The sample of people interviewed for this paper was too small to draw any conclusions about this, but it could be the focus of further research. So too could issues of sustainability for small charities, Workers wellbeing, the long-term impact on individuals receiving support.

7 Working Together to Safeguard Children, 2013  
Munroe Review of Child Protection, 2011  
No secrets: guidance on development and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000  
Statement of Government Policy on Adult Safeguarding, 2013.

# Conclusion

This short paper has highlighted the disconnect between the way services for male sex workers in crisis are portrayed and perceived and how they are experienced by those using them and delivering them.

It seems the role of small charities in providing this support is only going to increase, as other, non-specialist, services pull back, and yet they may not have enough experienced, specialist workers and enough funds to provide what is needed. I believe that in the short term, it is crucial that workers in small charities champion and advocate for the male sex workers they support, to enable them to navigate the services available to them and to be treated with respect which is clearly sometimes lacking. In the longer term, statutory and voluntary agencies need funders who understand the complexities of the needs they are trying to address and who recognize the importance of specialist training as part of the solution.

Looking back to that Boxing Day call, I believe I did the best thing I could while working for a small charity with limited resources. What I wish had been the case was that the man involved had a relationship with a service with the funding and therefore the resources to be open that day and to be able to respond to a crisis.

## Acknowledgements

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## Polices

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