



Ascent



Good Practice Briefing

Women Involved in Prostitution and Multiple Disadvantage



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Introduction

ASCENT - Support services to organisations

Ascent is a partnership within the London Violence Against Women and Girls (VAWG) Consortium, delivering a range of services for survivors of domestic and sexual violence, under six themes, funded by London Councils.

ASCENT – Support services to organisations, is delivered by a partnership led by the Women’s Resource Centre (WRC) and comprised of five further organisations: AVA, IMKAAN, RESPECT, Rights of Women, and Women and Girls Network.

This second tier support project aims to address the long term sustainability needs of organisations providing services to those affected by sexual and domestic violence on a pan-London basis.

The project seeks to improve the quality of such services across London by providing a range of training and support, including:

- Accredited training
- Expert-led training
- Sustainability training
- Borough surgeries
- BME network
- One-to-one support
- Policy consultations
- Newsletter
- Good practice briefings

Good practice briefings

The purpose of the good practice briefings is to provide organisations supporting those affected by domestic and sexual violence with information to help them become more sustainable and contribute with making their work more effective.

For more information, please see:

www.thelondonvawgconsortium.org.uk



AVA

AVA- Against Violence and Abuse- is a charity working to end gender-based violence. With a mission to inspire innovation and collaboration and encourage and enable direct service providers to help end violence against women and girls, it has a demonstrable track record of effecting practical change within service delivery as well as changing policy. It has particular strength in leading innovative projects which address the complexity of issues relating to violence against women and girls. AVA's core services include provision and dissemination of information, training, conferences seminars, best practice policy and guidance, consultancy and advice and support for individual agencies. AVA's work with children and young people includes the award winning prevention platform (www.preventionplatform.co.uk).

The Stella Project

The Stella Project leads the way in addressing the overlapping issues of domestic and sexual violence, substance use and mental health. The project works for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators.

About this briefing

The Stella Project has spent over ten years working on domestic and sexual violence, substance use and mental-ill health. These intersecting experiences mean that we are regularly asked about best practice in supporting women involved in prostitution. On 25 September 2015 the Stella Project brought together a range of policy makers, researchers, practitioners and survivors in a seminar to explore the relationship between prostitution and women experiencing multiple disadvantage. It provided an opportunity to explore existing research, current practice and consider ideas for future projects, strategic aims and policy asks.

Around 60 people attended, including a large number of frontline practitioners and some women with personal experience. A full list of speakers and presentation titles is provided at the end of the paper. This briefing brings together the key points from the seminar and offers a space to consider gaps in current practice – it is not intended as a definitive guide but as a summary of the views and ideas put forward on that day. It is divided into three key areas: research, good practice, recommendations.

For further information on any of the issues covered in this briefing please contact Lucy Allwright, the London Stella Project Coordinator lucy.allwright@avaproject.org.uk

Terminology

‘Women involved in prostitution’

The seminar revealed a range of definitions and language around prostitution. In 2013 AVA partnered with Drugscope to research services for women involved in prostitution and substance use. This briefing uses the terminology from that paper (Drugscope and AVA, 2013):

‘There remain ongoing debates around terminology in relation to prostitution. The term ‘sex worker’ is aligned with a view that selling sex should be recognised as a job like any other; however, this is not a view that reflects the narratives of the women interviewed for this research. All but one of the women interviewed for this research described experiences of violence in the course of their ‘work’, alongside experiences of drug dependency, poverty and homelessness. The term ‘sex worker’ implies a level of agency and choice that was not described by the majority of women we spoke to. At the same time, the term ‘prostitute’ is historically laden with institutional and cultural discriminations against women who sell sex, and defines and labels them by that act.

In research interviews, we asked women for their preferred terminology and used that terminology throughout interviews. For the purpose of this briefing, we have used ‘women involved in prostitution’ as a term that does not define women by the act of selling sex, but also recognises that selling sex is not a job like any other. The term reflects an understanding of prostitution as a form of violence against women and girls, and is in line with, for instance, the Mayor of London’s violence against women and girls strategy, *The Way Forward*.’

‘Multiple Disadvantage’

The term multiple disadvantage is used here to reflect the intersecting experiences that place individuals in an unequal position in society. The term moves away from the language of ‘complex needs,’ which often holds individuals as responsible for a set of ‘problems,’ which services have to address. Instead the term captures how systems often fail and compound people’s life experiences. This builds on the definition with Langkelly Chase’s *Hard Edges* Report (Langkelly Chase, 2015). The report sought to evidence those facing ‘severe and multiple disadvantage’ those on the extreme margins of social disadvantage. Within this they explored the experiences of three key areas: substance use, homelessness and offending behaviour. The report details how each area often triggers a different response from statutory and voluntary systems and has different social and cultural constructs – this leads to a lack of joined up working and a highly marginalised group whose needs are not being met.

AVA’s Stella project explores the experiences of women facing multiple disadvantage. We have added domestic and sexual violence and trauma as additional categories – reflecting women’s lived experiences. In this context we find women facing a range of issues, compounded by gender inequality. This seminar sought to unpick and explore these categories to both consider the position of women involved in prostitution who are facing multiple disadvantage and to explore gaps in knowledge, research and service provision.

Disclaimer

This briefing is not intended to provide definitive information about women involved in prostitution and multiple disadvantage in the UK. At the time of publication, all care was taken to ensure the information contained in this briefing was accurate and correct. However, data of this nature can

become quickly outdated. Please always check information to ensure it is correct and up-to-date at time of use. Ascent cannot take responsibility for changes to references or information in this briefing.

1.0. Research Evidence: Substance Use, Mental Health and Involvement in Prostitution

Section one provides a summary of the research papers given and their key recommendations.

1.1. Gail Gilchrest, 'Women involved in prostitution and drug use'

Making the links: Drug Use and prostitution

- There is a range of evidence to show a relationship between women involved in prostitution and drug use. This includes high rates of heroin and crack use among street based sex workers (Home Office, 2006; Spittal, 2003).
- This is a gendered issue: 15% of females entering drug misuse treatment agencies in England reported sex trading in past 12 months (compared to 2% of men) (Gilchrist et al., 2015)
- Research suggests a link between initiation into sex work and the purchase of drugs for themselves or partners (Roshanfekar et al, 2015).
- Homelessness and drug addiction are key factors in initiating sex work and are two of the main barriers to exiting. Involvement in prostitution may be a barrier to accessing treatment.
- Women report that the distress of involvement in sex work compounds drug use – self-medication becomes a means of coping with involvement in prostitution and thus an increase in drug use (Brown, 2007).

Impacts?

Gilchrest drew attention to a range of research that demonstrated high risk of violence from both clients and intimate partners for women involved in prostitution (Gilchrist et al., 2007; 2011). Research has shown that this group are more likely to experience mental health problems; unplanned pregnancies, STIs, Hepatitis C and HIV and removal of children.

Recommendations:

- Drug treatment services need to ensure clients who have a history of involvement in sex work have their mental health needs assessed and appropriate treatment made available. This means asking women about their experiences when they come into contact with services to ensure needs are being met.
- Research among female sex workers entering drug treatment shows that providing additional mental health services (e.g., psychologist, counselling) and psychosocial services (e.g., employment counselling, housing assistance) resulted in cessation of sex work (Burnette et al., 2009)
- There needs to be improved multi-agency working to ensure community and professional support is joined up.
- Peer support can be crucial in providing support for this group.
- Women need a range of options and support in coordinating multiple areas of support – for example through link workers

1.2. Sian Oram, 'Mental health and women involved in prostitution'

Making the Links: Mental Ill-health and Prostitution:

This paper was based on a systematic review that aimed to describe the prevalence and risk of mental health problems among female sex workers (Saponara et al, In Prep). Five major academic databases were searched to identify studies: 39 were identified. The review revealed high rates of depression, PTSD and suicidal ideation amongst this group, but few studies compared sex working and non-sex working women. The review therefore couldn't answer whether sex working women are at higher risk of mental health problems than non-sex working women. All studies reported on cross-sectional surveys, meaning that questions of causality could also not be answered - does mental health problems come before or after entry into sex work?

Other points to note are that:

- Studies are extremely heterogeneous. Exposure to risk factors and ability to manage risk is likely to vary, e.g. according to
 - levels of autonomy;
 - economic needs and addictions
 - legislative status of sex work
- Physical abuse, sexual abuse, substance abuse, and poor general health were consistently associated with mental health problems, and longer duration of sex work with PTSD.
- Social support and older age have been suggested to be protective against depression and suicide attempt.

High quality research into the relationship between mental health and sex work is needed. European research is particularly needed: only 3 of the studies identified in this review were from European settings.

Recommendations:

- There is a need for high-quality research risk factors for mental health problems among women involved in prostitution;
- While some research exists on female sex workers' experiences of depression and PTSD, there is a lack of research other mental health problems, including psychosis.
- Social support seems to be a crucial protective factor in the context of mental ill health.
- Health settings are an opportunity to offer women support and ask about experiences
- There needs to be wider research on intersecting experiences, for example on the experiences of BAMER women.

2.0 Supporting Women Facing Multiple Disadvantage: Best Practice

This section includes both research and good practice models. It brings together suggestions and experiences from three sectors: violence against women, homelessness and substance use.

2.1. Heather Harvey, Eaves, Exiting prostitution good practice

The Research

Between 2009 and 2012 Eaves undertook research with London Southbank University (Eaves, 2012). The research covered England and Wales and used a mixed methodology; this included interviews with women involved in and exiting prostitution and formerly trafficked women plus interviews with professionals and practitioners and a survey of affected communities. Alongside new research a literature review of policy and academic research on exiting was undertaken. In all 114 women involved in prostitution were interviewed – around two-thirds on-street and one-third off street. 18 months later 50 women were interviewed who had ‘exited’ – this was defined as not working for 6 months and no intention of working again. All women interviewed were given direct support through a link worker.

Findings

These findings are not representative of the sex-industry as a whole but on the 114 women interviewed - as such they cannot be quoted out of context.

- 32% had entered prostitution before the age of 18
- 79% reported physical and / or mental health problems whilst involved in prostitution
- 50% reported coercion regarding their involvement
- 77% reported experiencing housing problems or being homeless during their involvement
- Over two-thirds (72%) suffered childhood violence
- Women experienced violence from a variety of directions – pimps, punters and partners. Eaves noted that ‘many women who are in prostitution are pimped by their partner either for prostitution earnings per se or for drug/alcohol addiction funds,’ many domestic violence and troubled families agencies are not making this link.
- The distinction between on-street and off-street is becoming blurred – both by technology that means spaces of selling sex are changing but also in terms of the common experiences of women themselves.
- There are a range of barriers to exiting: Problematic drug use; Physical and / or mental health issues; housing; childhood violence (emotional, physical, verbal, sexual); money; criminal record; coercion (partner, relative, other including trafficking); no qualifications or training; age of entry into prostitution

Supporting women involved in prostitution?

- Support women at their own pace, exiting can be discussed as part of a range of support options. However, hope and belief that exiting is a possibility is an important part of any support offered.
- Opportunity to exit: including, these might be life changing events, the removal of coercion e.g. a violent partner or offering alternatives such as access to training and employment.
- Timely access to effective support: agencies need to effectively assess, support and offer options.

- All agencies that come into contact with women need training in asking about prostitution and dealing with disclosures – housing and substance use agencies in particular were named as spaces that women attended.
- Frontline workers should be aware of trauma and its impact on their own practice
- There needs to be a move away from focussing on women’s difficulties to focusing on resilience, capabilities and strengths – this creates trust and hope.

Sadly Eaves closed in October 2015 due to the difficult financial climate. Some of Eaves’ services have been taken on by nia, including the exiting prostitution and the research and development functions. Consequently, specialist training on supporting women to exit prostitution remains available from the same team and can be arranged by contacting Heather Harvey at nia. hharvey@niaendingviolence.org.uk

2.2 Esther Sample and Ashleigh Haywood, St Mungo’s Broadway and the Chrysalis Project

Research: Homelessness and the links with Prostitution

In March 2014 St Mungo’s launched their Rebuilding Shattered Lives report, this was based on an 18- month project to explore women’s homelessness (St Mungo’s, 2014). The project looked at nine interrelated themes including involvement in prostitution (St Mungo’s, 2013)

Wider findings on women’s homelessness in the report found that homeless women’s experiences revealed common themes:

- **Trauma and Abuse:** Experiences rooted in traumatic childhoods, gender based violence
- **Complex and interrelated needs:** Found with women across sectors/services
- **Relationships with children:** Loss and separation key barriers to recovery
- **Stigma and Shame:** Judged by societal expectations of women
- **Access to Services:** Missed opportunities to get the right help at the right time.

In the context of prostitution, the project found around 24% of St Mungo’s female clients were currently, or in the past, involved in prostitution (1% for male clients). The figure rose to 36% amongst those women who had slept rough. Like the wider project the research found that this group had experienced violence, trauma and exploitation. The research on prostitution had some key recommendations:

- Provision of support for substance use and multiple disadvantage – women had a range of experiences and holistic support and a range of options are crucial.
- Support should be about both minimising harm and supporting exit from prostitution
- The criminalisation of women involved in prostitution is unhelpful and acts as a barrier to help seeking – court diversion schemes can help mitigate against this.
- Appropriate move on housing – this is a key issue for women to access support and safety. The local connection priority may
- Women describe how traumatic events overwhelm ordinary systems of self-care as such services should be gender and trauma informed – recognising that women’s experiences need to be properly understood and their needs met (Covington, 2014)
- Within St Mungo’s specialist service, Chrysalis House, at one stage 100% of those in the service were care leavers – this suggests more support, funding and appropriate housing is needed for this group.

Good Practice Model: The Chrysalis Project

The Chrysalis Project is a joint enterprise between Commonweal Housing, St Mungo's and Lambeth Council. It provides high-quality accommodation and support for homeless women involved in street prostitution in South London.

The project offers:

- Provision of 3 stage accommodation pathway
- A belief that recovery is possible
- Attention to the personal narrative – promoting a safe space for women to give a voice to their experiences and to be heard
- An opportunity to find safety and seek solutions
- Emotional archive of shared experiences

Trauma and Gender Informed:

The service recognises that

The project is based on a model of recovery with women's experiences of trauma and abuse at the heart: recognising the presence of trauma and its impact on the brain and functions can help to begin recovery (Herman, 1992). Holistic services and counselling are put in place to help women process trauma.

2.3 Charlotte Sharpe - Grace House and Rehabilitation Model

Addressing Substance Use: Grace House

Grace House is a women's only rehab that supports women facing multiple disadvantage. While not only for women involved in prostitution the trauma and gender-informed focus of Grace House meant we wanted to include the project in this briefing.

- Funded by Phoenix Futures
- 10 Bed residential rehab service in London specially designed for women who have experienced multiple-disadvantage.
- It has a specialist all female staff team
- 24 – 48 week programme
- Safe supportive environment
- Second stage move on accommodation
- Biopsychosocial approach and holistic activities

Why a women-only rehab?

- Initial service user consultation with women at HMP Holloway identified a lot of women left Holloway with no suitable accommodation often returning to situations that were high risk i.e. homelessness or domestic violence relationships.
- The consultation also revealed that their needs extended beyond just a housing need and that there was a need to support the women in: addressing behaviours and learning new skills to address their issues.
- AVA training highlighted the relationship between trauma and women's substance use.

Good Practice Model: Grace House and a Women's Bio-psychosocial model

The Bio-psychosocial model (Zinberg, 1984)

Grace House is based on the model of recovery that:

- An individual's experience of addiction is affected by the nature of the substance (the drug), their personal belief in their own worth (the set), and ability and the situation in which they find themselves (the setting).
- For women, the 'set' plays a more poignant role than it may for men. E.g. treatment that focuses on looking at and understanding the self, defining the view of the self, developing a support network and building self-esteem

The model of work:

4 strands:

- Specialist programmes (care planned)
- Key work
- 6 assignments: Courage, Faith, Strength, Acceptance, Hope, Freedom
- On site counselling from a specialist sexual and domestic violence counsellor
- Wraparound services and

The environment and rules of Grace House were put forward by women in Holloway and were followed up with the fact that they liked the idea of a 'therapeutic' environment with a 'homely' feel where they felt safe and secure to actively work on their recovery and which they could take pride in.

3.0 The Way Forward: Strategic Hopes and Policy Dreams

3.1. Oliver French, Lankelly Chase: Prostitution and Severe and Multiple Disadvantage: What we are learning

Women and multiple disadvantage?

- Women are poorly served by existing 'definitions' of severe and multiple disadvantage.
- The 'multiple needs arena' hasn't been a home for highly marginalised women
- Disadvantage plays out differently for women – particular focus on the impact of trauma, abuse and neglect

Prostitution and multiple disadvantage?

- Gendered issue
- Services working with vulnerable women report that their *most* vulnerable group are engaging in 'survival sex' of some form
- Economic disadvantage as a primary driver
- Histories of abuse and neglect
- Insecure accommodation and sexual exchange
- Different experiences of migrant/trafficked women
- It's difficult to know precisely where the crossover lies between prostitution and severe and multiple disadvantage, in a highly contested evidential field

What we need?

Services and systems redesigned with women and girls at the heart, especially those who confront the most extreme gendered inequality, violence, abuse and trauma.

3.2 Voices from the Frontline

The final session of the seminar gave participants an opportunity to put forward questions, ideas and thoughts about what needs to happen to improve support including: ideas about strategy; thoughts on commissioning and service funding; ways in which organisations / sectors could work together.

Policy and Strategy:

- Campaigning and lobbying should build cross-sector links between the homeless, VAWG, Substance use and mental-health sectors.
- We need a pan-London approach that recognises women move around, are moved around and may wish to move out of area.
- There is a need for a national strategic lead that hears the voices of those in need of support
- Service-user input must lead the way in the development of services/strategy
- A move away from criminalising those involved in prostitution
- Local strategies should create spaces for multi-agency information sharing
- The creation of good practice forums to share information
- Prevention through education and early intervention

Commissioning and Services

- Services should be commissioned with long term support in mind
- Service specifications should build in support for staff
- Training on prostitution for a range of services
- There is a need for women-only and gender informed substance use services
- Services need to be flexible and designed to seize the moment a woman is ready
- Fixed appointments set people up to fail – drop-ins and outreach offer greater scope to support women.
- Housing is a major barrier - we need more specialist refuges and housing services to meet the needs of this group.
- Services should take a strength based approach – a major barrier to accessing support is stigma and shame – if services focus only on what is going wrong for people it will affirm their world view.
- Women are often facing the trauma of have children taken into care – services need find ways to help manage loss and support with reconnections and legal rights.
- Joint commissioning between community safety, public health and housing.

Improving multi-agency working?

- There is a need for centralising of resources and knowledge
- Prostitution style Multi Agency Risk Assessment Conferences (MARACs) to bring professionals together
- Create time to understand partner priorities and how to meet their outcomes.

4.0 Recommendations and Next Steps

These recommendations are intended as thinking points for further research, collaboration and service gaps based on the common threads that emerged from the event.

1. Research Gaps

- There are gaps in knowledge around mental health's relationship to women involved in prostitution
- More work is needed to map out recovery pathways
- There are gaps in knowledge on the relationship between women involved in prostitution and complex trauma
- Frontline workers and Eaves research suggested that the boundaries between on street and off street prostitution have been blurred by new technology – there is scope for more research on this.
- The need for more research exploring intersections of inequality - there is a lack of evidence on the experiences of BME women, women with disabilities, trans women who are involved in prostitution and facing multiple disadvantage
- A better understanding of women's homelessness – survival sex, sofa surfing
- The overlap between domestic violence and prostitution needs to be better evidenced and understood
- How is data collected? Does this exclude women involved in prostitution.
- There is a lack of understanding on causality in the context of both substance use and mental ill health: it is unclear which comes first in the context of prostitution.
- Eaves uncovered The Women's Budget Group (WBG) have shown that women are bearing the brunt of austerity (WBG, 2015). More research is needed to explore the relationship between women's access to support and changes to services.
- More research on the experiences of Care Leavers

2. Frontline

- Link workers offer a means to coordinate support and help women co-ordinate the services that they need
- All agencies have an opportunity to support women involved in prostitution by asking about their experiences and creating safe spaces for women to disclose. Any contact is an opportunity.
- Eaves underlined that domestic violence and troubled families type services sometimes don't make the connection between the two areas.
- Exiting can be discussed as an option without putting pressure on that individual: Eaves rightly remind that 'each woman is an individual with her own life, aims and goals.'
- Properly managed peer support should be available
- Workers need support in understanding vicarious trauma and workers' wellbeing should be supported by managers and organisational policy.
- Services can address the stigma experienced by this group of women through thorough training and development of staff. Robust assurances about confidentiality can help to counter reluctance to disclose involvement in prostitution, as can literature/advertising that make it clear that prostitution is an issue services address (Drugscope and AVA 2012).

3. Trauma and gender-informed services

- Women's voices and experiences need to be at the heart of service design
- Given their experiences of physical and/or sexual violence, women-only provision is crucial, as is access to domestic and sexual violence support.
- Services for women involved in prostitution should understand the complex trauma they might have faced.
- Campaigning and lobbying should build cross sector links
- A recognition of gender means understanding the power position of women within society and how this may have impacted on sense of self and identity.

4. Homelessness and housing

- Safe secure housing is a need for this group. Lack of safe housing was a major entry point into, and barrier to exiting, prostitution.
- Housing options and homelessness teams should have access to training
- Any strategic lead on prostitution should view housing as a priority
- Research on women's homelessness and involvement in prostitution flagged up that many Care Leavers are not getting the support or housing that they need.
- Many refuges are unable to take women experiencing multiple disadvantage and as such many women involved in prostitution are not able to access safe houses, respite or crisis accommodation (AVA, 2014)
- More safe accommodation for women with no recourse to public funds
- Appropriate move on housing is a needed and limited resource for this group.

5. Strategy, policy and campaigning

- Campaigning and lobbying should build cross sector links
- While local areas need strategies this needs to be taken seriously at the national level and reflected in wider policy
- Local strategy should enable good information sharing
- Criminalising women involved in prostitution is a barrier to safety

Conclusion

In the context of multiple disadvantage, the range of research and good practice revealed that women involved in prostitution should be offered holistic support that offers both harm minimisation and options to exit. Safe accommodation and spaces for women to access support are desperately needed.

The lack of national lead and joined up strategy and policy mean this group are being left without the support and options they need and deserve.

Best practice is for trauma-informed, coordinated support that offers a strength based approach – understanding women's resilience.

Resources

Elearning and Training

AVA toolkit: Complicated matters: a toolkit and e-learning programme addressing domestic and sexual violence, problematic substance use and mental ill-health are designed to 'uncomplicate' matters by raising professionals' awareness about how the three issues interlink and reflecting on the most effective ways to engage with individuals and families who are affected by these issues. Available online - <http://goo.gl/h9klAe>

nia: Specialist training on supporting women to exit prostitution: contact Heather Harvey at nia. hharvey@niaendingviolence.org.uk

nia also have a specialist refuge for women using substances and who are involved in prostitution and a London outreach worker – you can access the project by calling the national domestic violence helpline on 08082000247

Solace Women's Aid: Solace have a specialist support worker and refuge in London, they provide support around substance use and mental ill health. For more information call: 0808 802 5565

Speakers and Presentation titles

Speaker	Role	Presentation Title
Dr. Gail Gilchrest	Senior Lecturer in Addictions Healthcare Research, King's College London	Women involved in prostitution and drug use
Dr. Sian Oram	Lecturer in Women's Mental Health, King's College London	Mental health and women involved in prostitution – Research undertaken with Antonella Saponaro, London School of Hygiene and Tropical Medicine
Heather Harvey	Research and Development Manager Eaves Please note since the closure of Eaves Heather is the Research and Development manager at NIA.	Exiting Prostitution
Esther Sample and Ashleigh Haywood	Esther is the Women's Strategy Manager at St Mungo's Broadway Ashleigh works at The Chrysalis Project	Rebuilding Shattered Lives Research & The Chrysalis Project
Charlotte Sharpe	Service Manager, Grace House	Grace House and Rehabilitation Model
Dr. Lucy Allwright	Stella Project Coordinator and AVA trainer	Women Involved in Prostitution and Multiple Disadvantage The Challenge of Change and the Policy Context
Meghan Field	Shared Services VAWG Strategic Lead, Royal Borough of Kensington and Chelsea	Pan-London VAWG Coordinators' Workshop on Prostitution – July 2015
Oliver French	Programme Manager, Equalities and Rights, Langkelly Chase Foundation	Prostitution and Severe and Multiple Disadvantage: What we are learning

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