Research Paper

2015/02

New Thinking About Women & Criminal Justice | THE GRIFFINS SOCIETY

Losing my voice: A study of the barriers and facilitators to disclosure for sex-working women in residential drug treatment

Kirsty Tate

Executive Summary

www.thegriffinssociety.org

Executive Summary

1 Background

Sex workers present a complex and unique footprint of needs and behaviour patterns. This is especially the case when those women also have drug and alcohol issues. Yet, when many of these women enter drug treatment system, their histories of sex work and the complex patterns of needs that such histories generate are often overlooked. This is not surprising. In comparison to dealing with the immediate needs subsequent to drug and alcohol issues, tackling the needs arising from sex work can seem less urgent. Drug treatment is a momentous process of change, but the background question to this research report is whether *just* dealing with the drug and alcohol issues is enough or whether it is also necessary for a woman who has sex-worked to create an ex-sex worker role, and what stands in the way of or promotes that?

The focus of this research is on sex workers and the residential drug rehabilitation – a setting wherein they are attempting to produce momentous change in their lives. I interviewed street sex workers, escorts and parlour workers. The aim was to contextualise the meanings sex workers placed on sharing their internal world with others and the powerful impact of disclosure of sex work in relation to their treatment. In order to meet this aim, this report addressed the following research objectives:

1. To ascertain the prevalence of UK drug rehabilitation services awareness of the number of sex workers in their services through their referrals, admissions and assessment procedures.
2. To explore the meaning, barriers and enablers of disclosure of sex working history in a residential treatment setting.
3. To explore the meaning and experiences of disclosure of sex workers post treatment at varying stages of recovery/relapse.

2 Relevant research literature

Does a woman with a sex working history need to discuss the realities of that history in order to create change within her life? Is the creation of an ‘ex-role’ (i.e. an ‘ex-sex worker’ or ‘ex-drug user’) in which an individual no longer identifies with a particular social role or identity necessary? It is difficult to achieve this when both the individuals and society continue to identify them with the

particular identity they held before. “Exes continually have to deal with society’s reactions to their once being involved in a role set” (Fuchs Ebaugh, 1988). Sex working, drug-addicted women are subject to three interlinked marginalisation’s, which arguably puts them at a significant disadvantage than those dealing with drug addiction histories and/or offending histories alone, or indeed even combined. This is particularly partly each role (sex worker, offender, drug user) is a stigmatized role and as the literature on gender and crime demonstrated, this is made doubly so for women (Carlen, Heidensohn 1988) Thus, stigmatized by society, judged doubly deviant within the criminal justice system and underrepresented in the treatment system, research indicated that what was needed were gender sensitive and specifically tailored programmes of intervention. Mannson and Heddlin (1999) identify four barriers to exit, all of which could arguably cross over when a sex worker’s pathway of exit is drug treatment. The most striking is, “The shame associated with the role as ‘‘whore’’ is felt most strongly immediately after the breakaway. The woman is forced to engage in a double battle, both against the condemning attitudes in her surroundings and against her own self-contempt”(P76) A review of the literature on gender and crime, women and drugs and gender responsive programming suggests that there exists at least one significant barrier encountered by sex workers in drug treatment: the intense shame those women feel.

3 Methodology

This methodology adopted for this research project was a survey and interviews. The survey was conducted in order to identify any systemic barriers or facilitators to disclosure across different drug treatment services and to survey how and in what ways such services were able to identify and meet sex workers’ unique needs. There were 42 responses, however only 22 of those responses were fully completed surveys and of these only 15 fully met the demographic requirements.
The interviews were conducted with women who currently were or had previously accessed residential drug/alcohol treatment – either in connection with the service in which I worked or through professionals who knew the participants who met the criteria. Eleven interviews were conducted and thematic analysis of the interviews was conducted.

4 Key findings:

The key finding of this report is that the needs of sex-worked women in drug treatment settings are not met. This is because:

1. Over half of surveyed drug treatment settings stated that they do not ask about sex working upon assessment. This means that unless the referring agency is aware of a woman's sex working history and shares this information, a vital link in assessment of this area of need is missed.
2. Five surveyed drug treatment services stated that their service addresses sex working as a care plan need, however only one organisation had access to a therapeutic intervention.
3. Interview data confirmed that many women were simply not asked about sex working histories at any point throughout their treatment journey.
4. Interview data also highlighted the lack of flexibility within drug treatment services. In particular, the interviewees felt that sex work wasn't recognised as a need within its own right.
5. The greatest self-reported barrier to disclosure for women when entering any service, including residential treatment, is an inability and unwillingness to disclose to men.
6. The reliance is upon the women themselves to disclose without encouragement or facilitation.
7. As women, the interview participants talked about their experiences of unwanted sexual attention from men in mixed services due to the stereotypes of sex workers being as 'promiscuous' or an 'easy target'. This created for many women respondents a fear of exposure in mixed services.
8. The respondents stated they felt safe disclosing to staff members whom they felt had a good understanding of the needs of sex workers and could deliver specialist interventions ranging from assignment work to group work.
9. Shared experience ("I am not alone") appears to be one of the key facilitators of change for many of the participants. This seems to have had the ability to transcend all internal barriers and reach into the psyche to challenge the deep-rooted sense of difference and disconnection.
10. All of the women interviewed had disclosed having a sex working history at least once prior to being interviewed and one of the more encouraging themes emerging from their experiences were the impacts of disclosure on their personality, outlook, belief systems, self-esteem, sense of self and identity. A multitude of responses illustrated the feelings of relief, contentment and connectedness that resulted from the discovery that they were not alone with their experiences.

Recommendations

Recommendation 1: The experiences of the women highlighted that sex work should be documented as an individual need at every step of the process, from referral to admission and care planning. This should be reflected within any data capture, referral, assessments, care plans and aftercare planning, incorporating sex work as a need within its own right.

Recommendation 2: Sensitive allocation of support staff for sex workers is crucial to relationships being fostered where disclosure could take place, females are preferable for women to feel safe and understood.

Recommendation 3: Specific workshops, programmes and assignment work are essential to follow up the process, so that disclosure is not only encouraged, but supported and transitioned into a process of further healing.

Recommendation 4: Opportunities for women to share experiences in a safe environment allows them to develop perspective and resilience, group settings that encourage women with enough agency to explore this topic would be beneficiary.

Recommendation 5: Overall, the study undertaken highlights a need for greater understanding of the hierarchal system within treatment centres, further research to explore this would potentially enable services to equalise the opportunities for change for all service users.

Recommendation 7: Sex workers have stated throughout the study that the barriers that travel with them into residential services with men will greatly impede progress if not managed sensitively. Gender-responsive provisions to combat this barrier should be a consideration for services with sex workers as a client group.

Recommendation 8: There is limited research on the long-term effects of sex working and due to the representation of those effects within the study, I believe that warrants further research.

Evaluations of any specific interventions or processes designed to support sex workers following disclosure in residential treatment are non-existent. Gaining a better understanding of what works when supporting sex working women in recovery is essential to establishing best practice, therefore further research could focus on this area.

ENDS