

# Street Sex Workers: what do we know and how can we care for them better?

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# Bristol



# Bristol



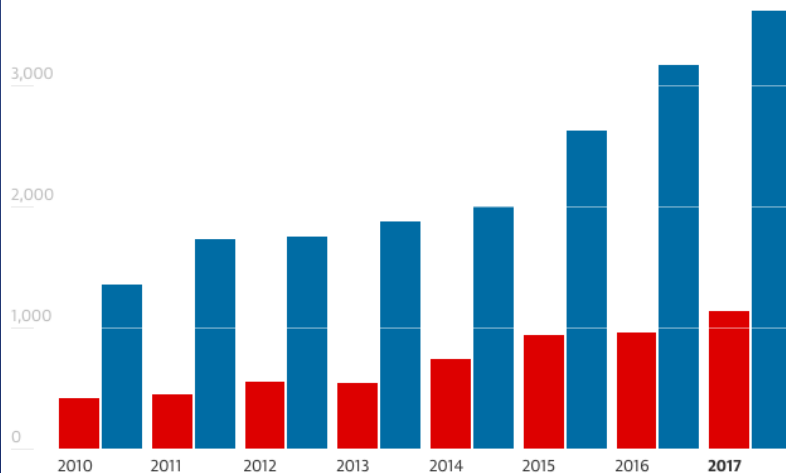


# The darker side



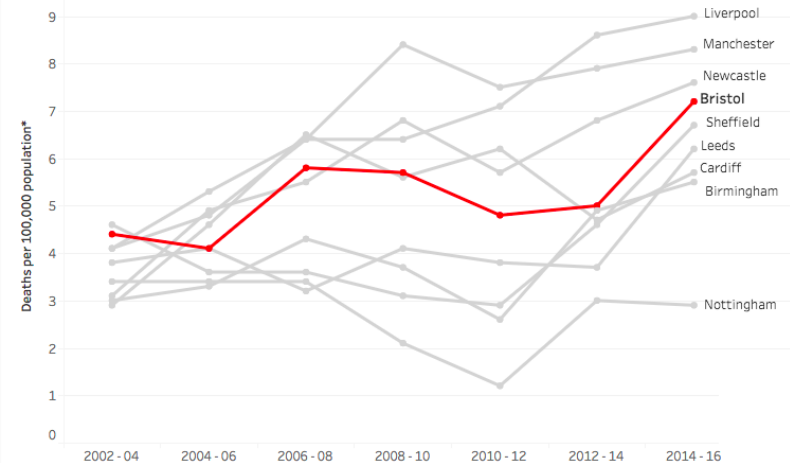
**The number of rough sleepers has increased to 1,137 in London and 3,614 in the rest of England**

■ London ■ Rest of England



Guardian graphic | Source: Rough Sleeping Statistics Autumn 2017, England

**Rate of Deaths from Drug Misuse in English Core Cities (per 100,000 population\*) 2002 - 2016**



\*Rate calculated by ONS using age-standardised mortality rate per 100,000 population, standardised to the 2013 European Standard Population.

Source: Office for National Statistics

# Morbidity and mortality (Aldridge et al 2018)

- Homeless individuals, prisoners, sex workers, and individuals with substance use disorders
- All cause mortality SMRs
  - 7.9 in male individuals
  - **11.9 in female individuals**
- **sex workers were the least well investigated**

# 146 SSWs in Bristol

- Almost all abused as children
- 1/3 were raised in care
- 99% addicted to drugs/ alcohol
- 80% homeless
- 92% malnourished
- 15% have been in prison

# Health needs of SSWs (Jeal & Salisbury, 2004)

- 71 Bristol SSWs interviewed
- Half had a **partner**
  - half of these influenced the amount they worked, either through **violence or manipulation**
  - None were trying to conceive but 71% did not use any **contraception**
- **Hidden homeless**
  - B&B, on floors, homeless hostel, crack houses, slept rough or with clients
- 2/3 had **children**
  - Majority removed from their care

# Health needs of SSWs (Jeal & Salisbury, 2004)

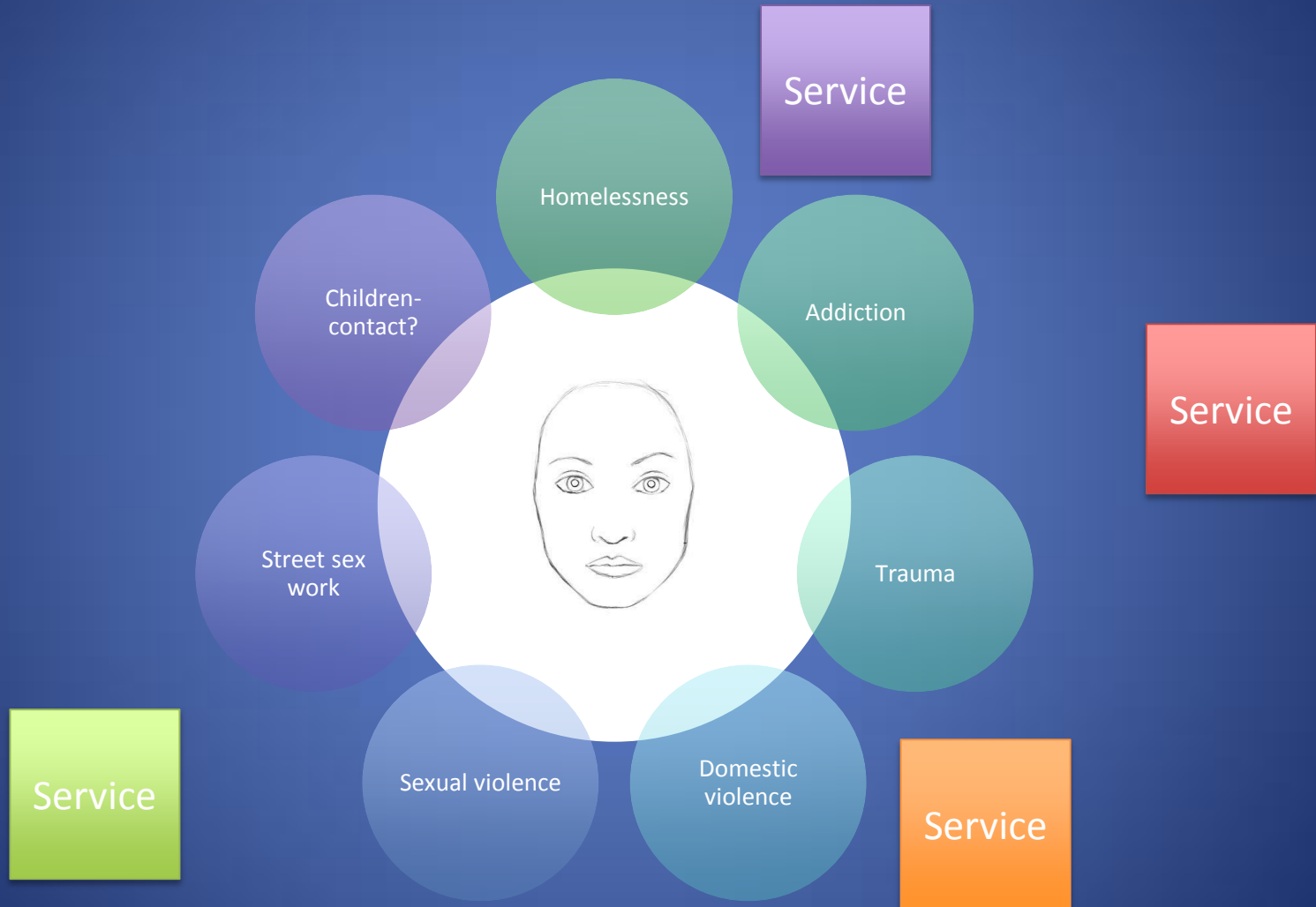
**Table 1** Chronic illness

Chronic illness experienced	Frequency	Per cent ( <i>n</i> = 71) (CI)	GHS <sup>16</sup> 2000* (%)
Longstanding illness/disability	71	100 (95–100)	22
Anxiety/depression	48	68 (55–78)	2
Vein abscess	33	46 (35–59)	
Recurrent chest infection/bronchitis	27	38 (27–50)	0.7
Asthma	20	28 (18–40)	5.3
Dermatoses	15	21 (12–32)	0.7
Gynaecology	13	18 (10–29)	1.1
Hepatitis C	10	14 (7–24)	
Musculoskeletal	7	13 (4–19)	5.8
Deep vein thrombosis	5	7 (12–16)	0.3
Hepatitis B	5	7 (12–16)	
Other	19	27 (17–39)	

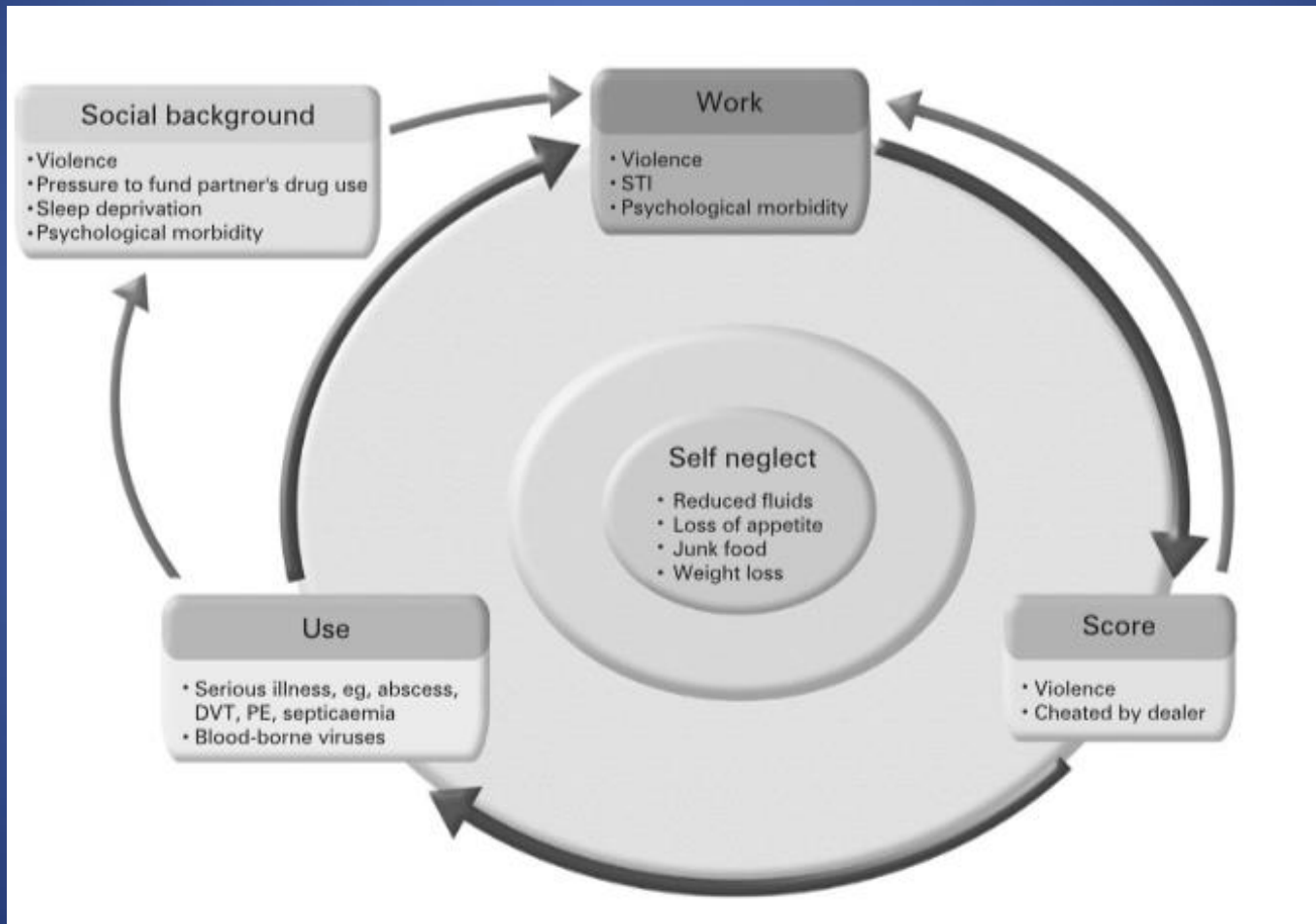
\*Women aged 16–44 years, so direct comparison to study population.



# Women with complex needs



# Work, score, use cycle (Jeal et al, 2008)



# Experiences of health services

(Jeal & Salisbury, 2004)

- 83% were registered with a GP
  - 62% had **not disclosed they were sex workers**
  - 80% reported **difficult to access GP**
- Less than half had STI screening in the past year
  - 18% had never been screened
- Only 1 up to date with cervical smear
- High number of **inpatient episodes**
- **High obstetric risk**- late antenatal contact

# What works?

- “In our Review, we did not find any systematic reviews that assessed individual or structural interventions for sex workers in high-income countries.” (Luchenski et al, 2018)

# Sex work harm reduction (Rekart, 2006)

Initiatives	Harms reduced	
Education	Peer education, outreach programmes, accessible and appropriate materials, sex worker involvement	Drug use, disease, violence, debt, exploitation
Empowerment	Self-esteem, individual control, safe sex, solidarity, personal safety, negotiating skills, refusal to clients, service access, acceptance by society	Drug use, disease, violence, debt, discrimination, exploitation
Prevention	Male and female condoms, lubricant, vaccines, behavioural change, voluntary HIV counselling and testing, participation in research	Drug use, disease
Care	Accessible, acceptable, high-quality, integrated care; prevention-care synergy; prophylaxis; STIs, HIV/AIDS, and psychological care; social support	Drug use, disease, violence, exploitation
Occupational health and safety	Control exposures and hazards, treatment for injuries and diseases, employer duties, worker rights	Drug use, disease, violence, debt, exploitation
Decriminalisation of sex workers	Sex worker organisations, sex work projects, non-governmental organisations	Criminalisation, discrimination, violence
Rights-based approach	Education, telephone hotlines, training targeted and user-friendly services, government action, media, PREVENT, refugee package, community development	Exploitation (ie, child prostitution, human trafficking, exploitation of mobile populations)



# Service provision suggested by the women

(Jeal & Salisbury, 2004)

*Table 3. Service provision suggested by the women.*

Facilities to include in a service provision for street-based commercial sex workers	Frequency	Percentage (n = 71)
Integrated service for primary care/reproductive health/substance abuse	69	97
Condoms	63	89
Near place of work	55	77
Showers	55	77
Food and drinks	55	77
Needle exchange	55	77
Evening/night opening	53	75
Counselling	40	56
A facility to wash clothes	33	46
No appointment	23	32
Someone to talk to	22	31
Service for sex workers only	13	18
Safe	12	17
Health education	10	14
Other	39	55

# A starting point

- Woman-centred, integrated service, meeting women where they are at
- Continuity
- Trauma-informed
  - Safe space
  - Outreach
- Focus on empowerment
- Experts by experience?

# Van outreach



# Drop in & case work





# GP clinic at drop-in

- Normal GP stuff, infections etc.
- Contraception
- Sexual health
- Screening
- Opioid substitution
- Crisis prescribing-regular meds, bridging support until re-settled
- Bad dressings





# Future work

- Do SSWs have access to effective primary care?
  - By what means? What/ who is out there?
  - Do you work with SSWs or know someone who does? Please give me your email!
- How can we design things better?
  - Co-production!

