

Reducing the risk of harm associated with 'on street' sex work

"...somewhere to sleep that is safe and where I don't have to do things I don't want to"

Colin McAllister, Sophie Robin & Charlotte Matthews

Background

People who sell sex are among the most vulnerable in society.

Women who sell sex 'on street' experience disproportionate health and social inequalities when compared to other populations. *

Many have been in care, many have experienced, and are at continued risk of, domestic and sexual abuse, as well as childhood trauma, substance use, other violence, crime and exploitation.

Sex work can also be linked to wider community safety and public health concerns.

Southampton has an active and concerning on-street sex trade. A variety of services and approaches have been delivered, over time, to address the harm and offer women selling sex on street (WOMEN SSOS) routes out of selling sex.

Background continued

Provision

- Sexual health, drugs and alcohol services try support Women SSOS.
- No dedicated services in Southampton directly commissioned to support Women SSOS.

Strategic

- Domestic and sexual abuse strategy, led by SCC, mentions sex work. No detail.
- Otherwise low profile, not clear part of staff portfolios.

Rapid Needs Assessment - Findings

- Between 40 and 60 women are actively selling sex 'on street' over any 3 month period
- Women that have been 'in care' are over represented in this cohort and are initiated into sex work at an earlier age than those who have not been in care.
- Hampshire Police report Women SSOS are at risk of increasing and significant levels of physical and sexual abuse and violence
- WOMEN SSOS are likely to have been , and continue to be, victims of domestic violence
- WOMEN SSOS do not all always practice 'safe sex'.
- WOMEN SSOS are at significant risk of acquiring sexually transmitted infections and blood borne virus and acting as conduits for infecting others

Findings - Continued

- Many women present with symptoms of Post-Traumatic Stress Disorders (PTSD) Bi-Polar or Personality Disorders (EUPD) but are unlikely to be engaged with Adult Mental Health Services.
- WOMEN SSOS are likely to be homelessness or in unstable accommodation.
- Substance Use Disorders are likely in this cohort, predominantly Crack, Heroin and Alcohol.
- The complex history and presentations of WOMEN SSOS and the stigma experienced by them can result in WOMEN SSOS being, or being perceived as, 'hard to engage'
- The night time nature of their activities mean 'working day' based services struggle to intervene successfully
- Women SSOS articulate a recognition of the risks they are subject to and indicate a desire to engage in support but an inability to do so.

The women's voice

"I've asked for MH support for years but I don't get any"

"If you get raped you just have to carry on as you need the gear"

"Having access to safe places at night would also help us. I'm currently street homeless and stay with punters for a place to stay, however, this can be fishy"

"Street working means being out at night and so day time is shifted"

"I moved to Southampton with my ex-partner who was also a drug user. I have nowhere else to go so, although he was violent, I stayed with him. Due to addiction he would make me work to earn money and has also sexually assaulted me with his friend. I have attended a&e on multiple occasions due to drug use and sexual assault."

The workers voice

"In recent weeks there have been several incidents of violence/ harm to women I engage with; fireworks being thrown, being drugged, exploited by other experienced women, being robbed by punters after sex work. In most situations there is no-one to inform/ support and they have to manage this themselves.

"Sex workers are often very chaotic in their lifestyle and can be difficult to engage"

"Of the 5 young women I know who street-based sex workers all are care leavers. I feel the LA has a moral responsibility to help them more than they do at present"

What works?

Previous local provision and learning

- **Sexual Health Services (SWWP/ TULIP)**
 - **Faith Based**
- **Substance Use Disorder Services**
- **HHCT**
- **Police**
- **Homelessness**

Trust - 'Reasonable Adjustments' – Training – Identification – Psychology – Joint working

Literature review

- Paucity of evidence. Emerging findings:
 - Build trust
 - Multi agency approaches more effective
 - Integrated harm reduction more successful for women who sell sex and use drugs
 - Peer led work for safer sex including condom use
 - Blood borne virus work requires a combination of approaches
 - Good service access

Other areas e.g. Gloucestershire

Next steps

- **Senior council officers to meet**
 - Review draft recommendations
 - Action plan (draft) to Domestic & Sexual Abuse Strategy Group
- **Commercial sex workers forum**
 - Ongoing collaboration and quality improvement
- **Sharing learning with peers**
- **Advocate for this vulnerable group – links to VRU, domestic abuse**

"Collaborative working and communication is key to keeping these women safe."

Survey of staff 2019

Thank you

**Further queries/comments:
Colin.McAllister@southampton.gov.uk**