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

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Abstract

The focus of this study was sex-workers and residential drug treatment. The aim was to investigate the impact of disclosure of sex-work in relation to treatment. To meet this aim, the research had the following objectives:

• To explore disclosure of sex-working history in a residential treatment setting.
• To explore the experiences of disclosure of sex-workers post treatment at varying stages of recovery/relapse.

The research is based on interviews with street sex-workers, escorts and parlour workers; and a survey of drug treatment services.

Findings

• Over half of surveyed drug treatment services do not ask about sex-working upon assessment.
• Five services stated that they addressed sex-working as a care plan need, but only one had access to a therapeutic intervention.
• Many women were not asked about sex-working histories at any point throughout their treatment and sex-work was not recognised as a distinct need by services.
• The greatest self-reported barrier to disclosure for women when entering any service is an inability and unwillingness to disclose to men.
• Interviewees 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.
• Women talked about unwanted sexual attention from men in mixed services due to sex-workers being regarded as ‘promiscuous’ or an ‘easy target’.
• Shared experience (‘I am not alone’) seems to be one of the key facilitators of change for many women.
• All of the interviewees had disclosed having a sex-working history at least once before, and one of the more encouraging themes was the impact of disclosure on personality, outlook, belief systems, self-esteem, sense of self and identity.

Recommendations

• Sex-work should be documented as an individual need at every step of the process.
• Sensitive allocation of support staff for sex-workers is crucial to allow relationships to be fostered where disclosure can take place.
• Specific workshops, programmes and assignment work are essential to follow up the process, so that disclosure is not only encouraged, but supported.
• Providing opportunities for women to share experiences in a safe environment, which allows them to develop perspective and resilience, is beneficial.
• There is a need for greater understanding of the hierarchal system within treatment centres — and there should be further research to explore this.
• 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.
• There is only limited research on the long-term effects of sex-working; this study shows that more research is needed.
• There has been no evaluation of specific interventions or processes designed to support sex-workers following disclosure in residential treatment. Gaining a better understanding of what works when supporting sex working women in recovery is essential to establishing best practice, and further research is also required on this area.