

Research Paper

2015/02



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

Kirsty Tate

www.thegriffinsociety.org

Acknowledgements

I would like to thank the Griffins Society and the LlanekellyChase Foundation for giving me the opportunity to pursue my ideas, and for believing that the subject matter was worthy of review. I know that the women interviewed finally felt that they had a voice and that someone wanted to listen.

During the course of the research, I have developed an intervention that is delivered in our women's residential services named, "The Griffin Programme". Its name is in deference to the Griffins Society and the interest held within the society of hearing the voices of disadvantaged or marginalised groups.

I have now built upon the Griffin programme and further developed and refined its objective to create The Phoenix Programme, which is a specialist intervention for women 3+ years in recovery with a sex working history who are still experiencing on-going issues. None of which would have been possible without this research.

I would also like to thank The Nelson Trust, with special thanks to Catherine Oadley, whose idea it was to apply for the fellowship, Ruth Saunders for her encouragement and support in the early days and the organisation as a whole for recognising the needs of the women the research is focused upon. Finally to the staff members within The Nelson Trust who inspire me to do more and improve, Rose Mahon, Karen Johnston and Sue Smith. You set an amazing example.

A heartfelt thank you to Jo Phoenix, for her constant encouragement, availability and persistence when I wanted to bury my head in the sand and make it all go away.

Thank you to Christina Line, who pulled me through this, staying up for hours on the phone discussing, debating, perusing and never once losing patience with me. I cannot thank you enough.

My biggest and most humble thank you goes out to all of the women who participated in the study, whose bravery and survival skills I will forever be in awe of. Your voices will forever ring in my heart as an example of the power of just getting up after life has knocked you down again and giving it one last shot. You are inspiring beyond measure.

And finally, to my biggest supporters, for everything, always, Ian and Mollie.

Contents

	Page
1 Introduction	5
2 Literature Review	6
3 Methodology:	12
3.1 Participants	12
3.2 Design	12
3.3 Procedure and Informed Consent	12
3.4 Ethical Considerations	13
3.5 Debriefing	13
3.6 Confidentiality and Anonymity	13
3.7 Analytical Strategy	13
4 Findings:	
4.1 Survey Data Analysis	15
4.2 Analysis of Qualitative Data	16
4.2.1 Internal Barriers/Belief Systems	16
4.2.2 Barriers to Disclosure	22
4.2.3 Systemic Barriers and Facilitators	23
Systemic Barriers	24
Systemic Facilitators	25
4.2.4 Impact of Disclosure	26
5 Conclusions	29

	Page
6 Recommendations	31
7 Reflexive Analysis	32
Bibliography	34
Appendices:	
Appendix A – Research Proposal	36
Appendix B – Ethical Approval	40
Appendix C – Information Sheet and Informed Consent Form	41
Appendix D – Debrief Form	43
Appendix E – Interview Schedule	44
Appendix F – Research Poster	45



1 Introduction

During my work directly with sex workers in my previous role as a key worker in The Nelson Trust's women's services, I became aware of the difficulties for women when disclosing their history as sex workers. The single-sex houses are trauma-informed, gender-responsive environments that aim to provide tailored interventions for women seeking abstinence-based recovery. Even within such an environment, it became apparent many women whom had previously sex-worked felt unable to disclose their history for a variety of reasons. Whilst the number of women I had contact with was small, they elicited a key question; what, if any, impact or meaning does disclosure, have for women in residential treatment?

The questions raised for me became the foundation of the idea behind the research. Just how many women had effectively lost their voice? And more importantly, why?

The study quickly became the telling of stories, of women whom had been silenced for many reasons over many years.

I have approached the research with the understanding that an individual's reality arises from various underlying structures and experiences, for example biological, economic and social structures (Stainton Rogers, 2003). I do not claim that the analysis reflects one ultimate truth, but rather acknowledge that the findings presented are specific to the participants within the study (Braun and Clarke, 2013) and are my interpretation of their accounts.

This research is an insight into their lives and aims to put into context the meaning sex workers place on sharing their internal world with others, particularly within residential treatment settings. Their realities, and the powerful impact of disclosure, brings to the forefront of the research the need and logic behind facilitating disclosure for sex working women.

2 Literature Review

From Carlen to Covington, Routledge to Rosenbaum, one thing is clear; there is an abundance of literature and study in existence covering some of the subject matter within the research. To review all of the literature would have been a momentous task that would have possibly detracted from the key elements of the research. To prevent this I identified key areas: Disclosure, Women in drug treatment, Sex workers and the literature surrounding these areas of knowledge were my focus for the review. I approached this review from a multi faceted angle, as I wanted to represent the complex and varied issues sex workers face, particularly when they are also in residential treatment and have a substance misusing history, all of which inform and shape potential participants experiences in their own way.

Women and Drug Use

It is recorded that the origins of problematic drug use for women were firmly set through prescription drug abuse from as early as the 1700's, (earlier if we look at alcohol also). Women were prescribed Opium and Laudanum (De Crevecoeur 1981) to support them through the, "perils of womanhood". The majority of physicians at the time were male and there appears to be a gap in knowledge around gender differences and appropriate prescribing for women. However, the first facility for "inebriate women" opened in 1867, so this does not necessarily ring true for alcoholism.

In its broadest sense, societal responses were to medicate these women, to chemically support them to continue to function in the "expected way". Women who spoke out against the patriarchal system of gender roles, or any injustice, ran the risk of being exiled from their communities, or worse. Lower class women had to rely upon black market trade or go without (Battaglia 1997).

As recently as 2014 US Department of Health studies report that a woman is 48% more likely to be prescribed a narcotic, anti-anxiety or potentially abusable drug. A direct consequence of this was a generation of addicted women whom then needed to continue to "use" behind a smokescreen of respectability, innocence, virtue and morality. There are many feminist scholars who view this as a form of slavery, as drug addiction through negligent prescribing is hardly a choice (Battaglia 1997) and also see this as yet another layer of an invisible prison that kept women locked into the firmly established gender roles they held at that time.

As we move forward through the fifties, sixties, seventies and eighties we see women progress into a whole new level of social and economic equality, that bred choice and diversity in most areas for women e.g. professionally. It appears however, little movement is seen in the options available to female drug addicts (Maher 1997), and addiction was still seen as a “failing” of the assigned role of a woman as a homemaker. Despite many advances in equality between women and men and the new psychosocial approach to addiction treatment, a woman’s needs were still grossly underrepresented in the treatment system.

The Women’s Drug Research Coordinating Project was allocated the task of, “remediating the paucity and inadequacy of female oriented treatment, prevention, research and education” (Reed, Kovach, Bellows & Moise 1981). This wouldn’t have been necessary had there not been issues in delivery of treatment for females. I have read many accounts that outline the needs of drug-addicted females as varying, complex and specialised. Luckily, researchers have discovered more effective interventions to meet women's needs. It appears that through research and education, the knowledge that, “connection, not separation is the guiding principle of growth for women” (Baker-miller 1976). This became one clear outline of more informed interventions for women. This directly contradicts the older idea of the “fallen woman” being hidden away from society as an object of shame and introduces the idea that it is the exact opposite that may inform interventions for women.

Studies show that Women are more likely to be introduced to drugs by a male partner and also experience increased health impacts by their drug use (Covington, Burke, Keaton & Norcott 2008) Their experiences within the drug culture are differing from those of their male counterparts (Maher 1997). When we begin to link drug-addiction with other factors, such as crime, women rarely progress through to the upper echelons of drug trafficking or sales, which suggests that perceptions around a woman's ability to perform in an equal manner in comparison to men have not changed much over the years. Roles reserved for women when we review the cross-over to drug addiction and offending suggest they are less likely to become career criminals (Carlen & Worrall 2004) and that women’s roles involve using their, “feminine wiles” to ensnare “unsuspecting men”, to dupe police or that they sex work (Maher 1997). Other literature suggests that deviant women were grouped into categories and considered to be more, “monstrous than their male counterparts” (Gibson, Piquero & Tibbetts 2007).

The British justice system began dealing with female recidivist drug-addict offenders more harshly than other female offenders. Indeed, Hedderman & Hough (1994) argued, “the criminal justice system in Britain regularly discriminates against women”. Sex working, drug-addicted women are subject to three interlinked marginalisations, which arguably puts them at a significant disadvantage than the rest of the criminal fraternity. Scorned by society, scorned by the justice system, and underrepresented within the treatment system, these women stood little hope of lasting change before interventions became gender sensitive and informed and research began to mount up to suggest that successful interventions for women needed to be tailored. “Therefore, specialist projects, working alongside more general services, are best placed to understand and deliver support that meets the needs of the women whilst they are in prison and on release”. (Clarke 2006)

Women and Sex Work

As with drug addiction and deviancy, there is a mass of research already undertaken to explore and support the realities of sex working, a great deal of which focuses on the historical context and policy. I have opted to streamline both the literature review and the research itself away from bygone and the strategic as whilst it provides a back-drop, it could also lead away from the heart of the research. The research focuses specifically on drug treatment settings and sex workers who are accessing residential rehabilitation services. Already within this literature review, numerous scholars have highlighted the inequality in provision, “they do not always experience equality of treatment from mainstream general services in the community” (Clarke 2006) and this is repeatedly seen when sex work is considered. This underpins the rationale for the research. Do we still see this inequality once a sex worker enters residential services?

The need for provision to work on additional issues is discussed in various pieces of research and is touched upon when looking at homelessness and sex work, “an abundance of support available to her will not in itself help her make lifestyle changes until she addresses internal issues” (Sandwith 2011). It is this need that this research aims to explore further, the idea that potentially just addressing drug-addiction alone may not be enough to facilitate long lasting change for sex workers.

Does a woman with a sex working history need to specifically discuss the realities of that history? Indeed the creation of the “ex role” (the point at which an individual no longer identifies themselves within a particular role or identity), is deemed to need a set of factors in place, which can prove

difficult when both the individual themselves 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).

This push-and-pull between past and future supports the underpinning ideas that the research is born from; during the process of change that drug treatment brings, is that alone enough for a woman who has sex-worked to create an ex-role and no longer identify herself that way, and what stands in the way of or promotes that?

I will be looking primarily at street sex workers, escorts and parlour workers. Whilst considering the topic for research I became aware of the varying viewpoints regarding the Nordic model and the Amnesty model that argue for and against criminalisation. Despite solid arguments presented with research for either standpoint, my own position in relation to the two schools of thought is ambivalent. This allowed me to approach the research with as minimal bias as possible and represent the voices of the women. The hope within this was to retain their authenticity without getting lost, both in the literature review and the research itself, in conjecture about what is arguably not current to the women I interviewed who are not actively sex working.

A study of adversity in residents at a supported housing project in the UK entitled, “Sex work, Abuse or Choice” found that women who were interviewed in the survey who were not sex workers, had the perception that those involved in sex work enjoyed it, and this appears to be representative of common misconception regarding the activities of sex workers, (Harding, 2005).

There are many findings that explore the effects of childhood adversity on sex workers and in Pathways through sex work. Dodsworth (2012) highlights that experience of childhood adversity impact on the outcomes for sex working women. So for the purposes of the research it is safe to assume that sex workers entering residential treatment will have faced severe and multiple disadvantage. This is reflected within the data when participants discussed their drug-using and sex working history. Multiple rapes and trauma of a multitude of types was present amongst all respondents.

A 2004 documentary called “Born into Brothels” looking at sex working in Calcutta made the most striking point that, “a worker will never be able to dictate price to a client” which for me highlighted

the essence of the imbalance of the nature of sex working. It is arguable that the relationship between sex worker and client is still dominated by the need it meets for the sex worker. So for example, if a client doesn't have the full amount of money required, a fundamental choice remains for the sex worker....do I cut my losses.....or do I accept a lowered amount? In many cultures of sex working this is not even a question, it is a simple 'yes' and there is no room for manoeuvre. This choice is discussed throughout literature and throughout the interviews of the women, who spoke of power imbalances and that same drive to fund addiction through whatever means necessary. It is with this understanding, and the on-going impacts of those situations that disclosure becomes a more pressing need, for meaning, for understanding and for healing.

Sex workers present a complex and unique footprint of needs and behaviour patterns and when we delve into the lives of the women entering the drug treatment system, sex work as an individual need in its own right can possibly be overlooked. Once we begin to consider that process of life change, initially with drug or alcohol addiction, which is a momentous task, it can be understood why responding to this need would possibly be considered as less urgent.

However, 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". Once we begin to add this to disclosure and the barriers and facilitators, we identify one barrier to disclosure that has been highlighted through that research; the intense shame those women feel.

Other research on sexual trauma disclosure highlights the need for a set of critical factors that need to be in place for a woman to have a positive outcome, for example, "both laboratory and field studies of sexual assault have not shown positive effects, particularly when victims receive negative responses from others" (Ullman & Peter-Hagene 2014). This describes the impact of disclosure being responded to in negative ways, which again was reflected within the research through disclosure being a trauma in itself, when a particular set of factors is not in place. These are discussed in the findings of the research.

There are many studies focusing on trauma disclosure. For the purposes of this research I am approaching from the angle that trauma disclosure or disclosure of sex working experience is necessary, as outlined by Gidron, Connolly & Shalev (1996), and from the perception that disclosure of sex working history is helpful to a woman's recovery process.



3 Methodology

3.1 The Participants

Participants interviewed for this research were female, who were identified via various agencies as having had a sex working history. All of the participants were known to me through my professional role, although none were my clients. Participants were currently or had previously accessed residential drug/alcohol treatment. They were recruited using purposive sampling; I identified women whom were highlighted through either the service I work in or through professionals who knew the participants met the criteria. I also displayed posters in both the residential unit and ISIS women's centre. From the identified participants I made initial contact and once they had agreed to participate, I then selected based on potential to contribute in terms of both relevance and depth.

The research also used a simple survey, aimed at identifying any systemic issues that may present as barriers to disclosure, but also to throw open to the drug treatment field an opportunity to highlight any distinct measures that facilitate disclosure and therefore also have a voice and a representation in how sex workers' needs are identified and met within the residential treatment system.

3.2 Design

A qualitative approach was utilised, in which data was collected from eleven participants. This method of data collection allows for the exploration of the researcher's agenda whilst affording participants the flexibility to retain choice and control over information shared. Semi-structured interviewing is particularly useful when interviewing vulnerable participants as they are informal and non-threatening and provides participants with an element of control (Dalla, 2002).

Inductive thematic analysis was utilised according to the guidelines set out in Braun and Clarke (2006). Eleven interviews were conducted in order to gain enough data for a rich analysis to occur (Guest *et al* 2006).

3.3 Procedure and Informed Consent

A poster was displayed at ISIS Women's Centre in Gloucester and at The Women's Residential House at The Nelson Trust (Appendix F) which invited women to contact the researcher if they were

interested in taking part in the research. Participants were also directly e-mailed to gauge interest in participation. Prior to each interview participants were given a Research information sheet (appendix C) that detailed the nature and aims of the study and outlined what participation in the study would entail. As part of that form, signed consent was obtained from participants prior to interview. An interview schedule containing a list of questions and prompts (appendix E) were used to guide the interviews. The interview was recorded using a digital recording device and transcribed. After each interview participants were given a debrief form (appendix D) and were also given the opportunity to ask any further questions.

3.4 Ethical Considerations

Before any research was undertaken ethical approval was sought and granted through the University of Cambridge Ethics Committee. (Appendix B)

3.5 Debriefing

Following each interview participants were provided with a written debrief (Appendix D) which reiterated the aims of the study, thanked the participant for taking part and detailed how the data would be used. Participants were given the opportunity to ask any additional questions and were advised that they could seek further support from named professionals.

3.6 Confidentiality and Anonymity

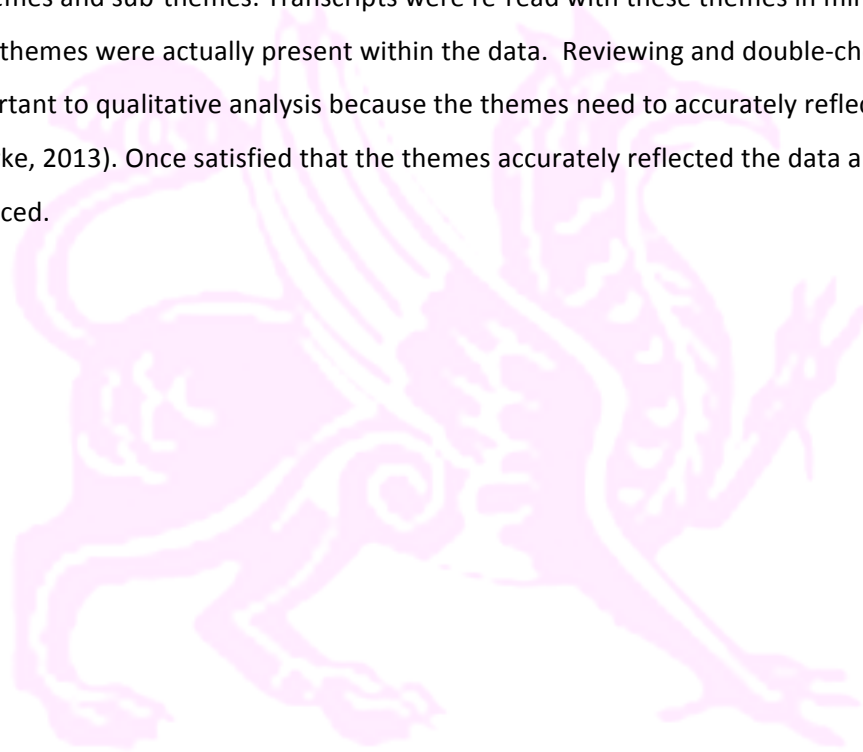
Data was made anonymous, as far as possible, and any confidential participant information was held securely electronically. Participants were given a participant code which was stored electronically and all digital data was held on a password-protected computer file.

In line with the British Psychological Society (2009) code of ethics and conduct, participants were informed of the limits of confidentiality (appendix C), they were advised that any disclosures of criminal acts or threats of harm to themselves or others would be passed to the appropriate agencies.

3.7 Analytical strategy

All interviews were transcribed verbatim in plain text, the application of any traditional notation convention such as Jefferson was deemed unnecessary. Data was systematically analysed using inductive thematic in accordance with the guidelines set out in Braun and Clarke (2006).

The initial stage of the analytical process involved data familiarisation; I read and re-read transcripts in order to become immersed within the data. Once immersed in the data I began the process of complete coding, whereby anything of relevance and interest was assigned a code. Initial coding was descriptive, succinctly summarising each data item. Descriptive codes were then developed into interpretative codes, which moved beyond the explicit content of data, identifying the implicit meaning within data items (Braun and Clarke, 2013). After coding, each transcript was re-read and codes were redefined, merged or separated where appropriate. Codes were organised into overarching themes and sub-themes. Transcripts were re-read with these themes in mind in order to ensure drafted themes were actually present within the data. Reviewing and double-checking themes is important to qualitative analysis because the themes need to accurately reflect the data (Braun and Clarke, 2013). Once satisfied that the themes accurately reflected the data a thematic map was produced.



4 Findings:

4.1 Survey Data Analysis

The other element of this study solely focuses on the search for any systemic barriers or facilitators, exploring areas such as referrals, admissions and also any interventions that may facilitate disclosure. Despite 42 actual responses, only 22 of these were fully completed surveys, of those only 15 of the surveys met the demographic requirements (a residential rehabilitation centre). Therefore the following findings relate to those 15 surveys, due to the small sample the findings are indicative, and the intent was to explore the possibility of any systemic barriers indicated from the survey being represented within the participants experiences.

The secondary aim of the survey was to incorporate practitioners having their own viewpoint on the research questions and to incorporate those findings.

It is interesting to note that whilst all other addiction treatment models are present within the study, a Christian ethos is not represented.

Over half of respondents stated that they do not ask about sex working upon assessment, which 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 could be missed. This implies the system in place relies upon a woman being able to self-disclose her history during the admissions process, without a prompt. However, when considering the qualitative findings, the likelihood of this happening is remote. This pattern is consistent throughout the survey with slightly more facilities not recording if sex working is part of a woman's history.

When respondents were asked at what point a natural disclosure would emerge, their responses largely matched those of the women's own experiences. One-to-one sessions, assignments and groups are usually the point at which a woman would disclose by choice.

This prompts the question: Would the natural disclosure point be altered if services were already aware that a woman had a sex working history? Would it be earlier?

Two thirds of facilities stated they do have specific interventions. Seven described the nature of the intervention; only one was a specialised programme, the remainder were referrals onto community sex working agencies or HIV forums.

Five respondents stated their facility addresses sex working as a care plan need, however again only one organisation had access to a therapeutic intervention. This is reflected within the findings of this study as a need (see recommendations).

4.2 Analysis of Qualitative Data

Setting out on thematic analysis the following themes were identified: barriers to disclosure, facilitators of disclosure, internal barriers/belief systems, impact of disclosure and systemic barriers and facilitators.

4.2.1 Internal Barriers/Belief systems

When exploring the sex working history of women interviewed, coupled with environmental factors such as intimate relationships and responses from society towards them as sex workers, a theme emerged: on-going internal barriers or belief systems that inhibited disclosure. This is included into the main body of the research as it represents an insight into major disclosure barriers that residential services may not be aware of.

The awareness of the negative impact of these internal barriers plays an important role in informing service need for sex working women, in particular when considering the facilitation of disclosure. Women reported entering into sex working typically due to having exhausted multiple forms of criminality and the risk of a custodial sentence becoming too high. Sex working then became a viable option due to the reputation amongst other women of it being less likely to induce legal consequence.

“And it was literally a case of I had, I felt that I had exhausted every other avenue of making money, shoplifting, street robbery, all that kind of stuff, I was banned from everywhere”,

Participant 1

and this was reflected again in another woman’s experience:

“Umm, I’d say that wasn’t my first experience of selling myself but that was the conscious decision of I’m known too much by the police for shoplifting and things”. Participant 10

When reflecting on their initial sex work experiences, women expressed feeling surprised when comparing the proceeds against the financial profits of shop-lifting, part of the initial attraction was due to the larger incomes available from sex working than other forms of earning. For many women the transition into sex work was eased somewhat by this, and appears to represent the nostalgic early days of sex working for women, which then escalated into a more depraved existence:

“[...] and I robbed my dad so he called the police and I ran away from the bail hostel, so I was twenty one then, Umm, I’d say that wasn’t my first experience of selling myself but that was the conscious decision of I’m known too much by the police for shoplifting and things, Umm I met this punter who said I could live with him and that’s the father of my son. So yeah like at twenty two full-blown addiction right the way through my pregnancy. Had my son, was using in the hospital, he was taken away from me at four days old because of my addiction.”

Participant 10

“I do remember thinking at the time what a touch! When I did it, this is like, it is a bit easier, it isn’t, but it felt easier, I felt in control, I like the money, I liked the fact that it was my money, I was less likely to get arrested, even though I did, it was less often, it was at the end of my road, I didn’t have to travel to work, you know, but yeah there was all sorts of things going on in my head with it that, until I did it and got that money in my hand, and I knew that first twenty quid, that I got, I knew in my head then that this was what I was going to do, there was no question that I would do it again, I got out of that car, ran and bought whatever drugs I was getting.” Participant 1

Another major motivating factor was the increased desperation caused by a rapidly progressing addiction and the lack of means to support that. For those participants who were also mothers, a resounding fear of statutory services becoming aware of both their addiction and criminality also played a role in the decision to sex work as opposed to following other pathways of crime.

“Social services, my son’s social worker knew that I’d had a lot of problems with men an abuse an, but I never went into detail and admitted that’s what I was doing.” Participant 8

A pattern of promiscuity in adolescence was interesting to note amongst all but two respondents.

“It looked like umm, sleeping with older guys, umm not protected umm, using kind of again sex as a way to get acceptance umm.” Participant 9

Whilst the individual patterns are somewhat dissimilar, they do typically involve older men and/or having sex to gain acceptance amongst peers or for self-worth. It presents a thought-provoking idea when such promiscuity is considered alongside an innocence of the sex working industry that was also found throughout a small number of accounts. Their experiences hinted at the idea of a possible “conditioning” of women to have less fear around the decision to sex work.

“One night I was walking back, and also where I lived was a sex working area so there was a lot of girls out, so I had thought about it, you know when I have been desperate before, and one night I was walking back from a friend’s and a car pulled up and I was just like fuck it and I got in.” Participant 3

Earlier experiences with having sex with drug dealers also could play some part in the process of entry into sex working for some of the women and could be the point at which the idea of transactional sex began to come into play.

“Umm when I was 16 I got involved with an older dealer umm he was around 45 at the time and there was another girl that used to come and actually touch him umm but I myself used to have to do things that he would watch umm”. Participant 9

If transactional sex plays a part for some women, the idea of conditioning through their own experiences is further supported. The women's experiences highlight that the transactions were not always financial but were nevertheless sex for gain.

"it was a lot of married men and a lot of men in the army umm across the world and we used to set up a time on a particular day more often than not when their wives were out and I would like perform different things for them over the internet." Participant 9

Those initial experiences appear to escalate into multiple traumas, a further erosion in identity, worthlessness and self-loathing for many interviewees.

"I was like give, no selling my body it was like umm I had a price and people could buy my body and it made me just not feel good about myself and I just felt like I had sold my soul to the devil because umm there was nothing of me left d'ya know what I mean." Participant 6

A common external stressor that nurtured these vulnerabilities whilst women were not out working, were partners using sex work as a weapon, despite appearing to happily live from the proceeds. Data suggests that this further erodes the relationships the women had with all men, as a woman's experience of telling her partner illustrates below.

"I think they changed how they felt, it just turned into a pure earner for them." Participant 11

Many women divulged an apparent hierarchy amongst the criminal and drug using community. Within this hierarchy sex working appears to be ranked at the "unacceptable" end of the spectrum.

"We were sat outside on a balcony on of the flats drinking and getting off our heads and these working girls walked past and we shouted out at them "go home, get a bath you stink we can smell you from here, it was just, it to me meant that you were a slag." Participant 1

"But there is a, a lowest form of, even in the junkie world, there is a judgement, there is between women, between men and women." Participant 7

This appears to lead onto judgement from other addicts, intimate partners and other criminals that again caused an internal belief system that disclosing they were sex working was a negative experience and should not be done.

An apparent lack of understanding of the complex dynamics that contribute to a woman sex working amongst these groups appear to directly impact on a woman's belief around her actions. This then acts as a motivator for a free fall into the creation of an adaptation of identity to survive and in effect women began to live a double life. Sex working by night, mothers by day, partners, friends, and other roles they fulfilled began to be separated, along with a break off of their internal world which was kept hidden. The seeming consequence of this dissociation is a dehumanisation that further ate away at their sense of self and identity. Experiences with clients whilst sex working further established this split self.

"I had a guy who I did business with once, and he did pick me up a second time and the second time he picked me up and he stopped at a cash point and left his mobile phone in the car so I rang my daughter while he was at the cash point because I was supposed to call her at a set time because of the courts and I hadn't managed to get it together, and he got back in the car heard the conversation, and after he said I cannot do this with you. I am gonna give you the money but I can't have sex with you again, your now a human being, now a person, I can't do it. [...]my best acting skills came into the fruition and I started to wear makeup and the clothes but again it was just this is what I have to do. I am putting on a performance as it were, a persona." Participant 1

This corrodes further an already fragmented self-esteem and sense of self, which is in line with the findings of Vanwesenbeeck (1994): "in prostitution they expose themselves to great risks, and the fact that customers tend to treat them as though they were cheap and worthless only confirms their already low self-esteem."

The women's experiences reflect the transition of these same judgements following them on their journey into treatment services, with women experiencing inappropriate comments, advances and intrigue from males in mixed services. A theme of often unwanted attention from males due to sex workers being seen as promiscuous or an "easy target" creates a reported fear of exposure.

"It's embarrassing, shameful well its well you get judged don't you, and if your with men and women straight away a man's gonna think yep and a women's gonna think slut." Participant 7

The final result of all of this appears to be women entering treatment services and attempting to address drug use whilst being defended and somewhat emotionally unreachable.

"I didn't feel any compassion or love, from the clients a little bit but I was 24 and a little ball of hate, if you were to try and penetrate that you wouldn't get a good response because I had fuck you written all over my face, I can deal with this, I'm hard as nails, I know. I know everything." Participant 1

This presents as a common starting point when sex workers entered drug treatment, however the findings also reveal an alternative, an unworthiness that permeates long after the drug use has ceased, as highlighted in the following quote:

"and I said "oh what do I know, I am just a bird from a corner in Bristol." Participant 11

Women recounted that although they had established some sense of normality in other areas of their lives; drug use had ceased, environmentally they were safe, physical and mental health had begun to stabilise and the chaotic elements of their lifestyle had been dramatically reduced, somehow, the enduring shame of sex work remained. The permeation of that shame into their identity appears to override all of these ingredients and remains a critically directive factor of thinking and actions.

Many women suggested they began wearing this identity as a form of protection, to shock, to create barriers and to keep people at a safe distance. Other forms of this self-preservation include being the first to mention their sex working past to control the possibility of being exposed and judged.

"I am showing off, because erm, I want to fit in, and I wanna shock you and I wanna be worse than you and I wanna be badder than you." Participant 1

4.2.2 Barriers to disclosure

My findings indicate that by far the greatest barrier to disclosure for women when entering any service, including residential treatment, is an inability and unwillingness to disclose to men. Indeed every interview confirmed this, with a permeating categorisation of males as judgmental, not understanding and a source of fear being contributing factors. When asked how she thought men perceived her, one woman stated:

“Just easy, slut like, not trustworthy just a bad person in general.” Participant 7

Provision in treatment services does not always allow for women to have an option of the gender of their worker, which presents another barrier to disclosure as reflected in one woman’s thoughts on who she may disclose to:

“yeah so like no male I just would not have discussed it with and just would not have discussed it with any male workers”. Participant 10

At least half of respondents had already experienced some form of negative response as a result of disclosure or had disclosed in an environment that they didn’t feel was particularly supportive,

Additionally, women told of being “exposed” without their permission or desire and hadn’t felt supported or understood, this resulted in an almost tangible “disclosure trauma”, a very real conflict between the fear of this information changing the nature of a relationship and the resulting shame.

“I remember my sister and my family all know, my sister said to me it’s not normal how do you expect me to accept the fact that my little sister did that when it’s not normal, I made it normal so I could talk about it all day long because I made it so normal but for my family and partners and friends and whoever that care about me, there is a fine line between they cared about me so it hurts them to hear that information or they are ashamed of it” Participant 1

“and I got attacked by this guy and it was on CCTV and they informed, I can’t remember it, it just got all, came out and then social services in a big meeting thing, in a child protection meeting it all came out and I think they asked my mum and Leon to leave the room but it was

kind of obvious cos the police were there, there was something going on but my mum was just, I said no, she sort of said okay, I will take that you have said no so I will take it that you don't, it probably would have just been a relief just to have said I have....[...]I think I was so fearful of what I would lose, losing my children and just so, it was just like a big barrier, deny deny deny deny I was just so frightened of anyone who I thought had control over anything in my life, so yeah.” Participant 3

Another interesting theme that emerged, pertained to numerous women realising the fact that they had actually been sex working prior to coming into treatment. During their time in residential, this awareness was raised, whereas previously they hadn't equated their actions as sex working. Of the women reporting this as true for them, a female worker or group setting exploring what sex working is, or another peer sharing their experiences about sex working facilitated that light-bulb moment.

The data revealed a real naiveté about what sex working or transactional sex actually is, which creates a fundamental barrier in the sense that women cannot disclose what they are unaware of. As illustrated in the following quote:

“when I first came in to umm the treatment centre it was on a form and I was asked if I'd done sex work and at that point I said no and it wasn't until I was with my recovery worker umm that I uhhh realised, well she sort of said to me that it was some form of it”. Participant 9

Multiple women revealed solidarity between sex workers when in treatment and a glamorising of sex working experience, a shared disdain for old clientele, and a sense of control and power in their experiences. This appears to combat the overwhelming shame of sex working, however, creates a barrier to facilitating disclosure as it separated women from other clients whom hadn't sex worked and allowed a lack of understanding of experiences to persist. This in turn, created a barrier to healing.

4.2.3 Systemic Barriers/facilitators

A strong theme developed relating to the messages women had received from others in society about themselves that made sex working a difficult part of their experience to talk about.

Systemic barriers:

Roughly two thirds of participants experience reflected a simple lack of opportunity for disclosure, they were simply not asked, at any point throughout the treatment journey, from referral to completion. This presented the greatest barrier to disclosure, in that, one woman reported only being able to discern that her experiences equated to sex working through hearing another woman's experience of sex working. This creates a reliance on women to push through all internal barriers, understand the meaning behind what they are disclosing and take a huge risk to being rejected. Once again, my findings indicate that the reliance is upon the women themselves and that the act of disclosure of sex working history has either been overlooked or is not considered at all within the majority of statutory frameworks that the women had experienced.

One woman spoke of feeling the need to prioritise her issues, as time in treatment was limited to whatever funding is available.

"There are times when I sort of think now, you know I probably should have or could have done some work around that [sex working] but I don't know where I would've fitted it in."

Participant 12

This elicits a number of questions:

- How does one decide which issues are most urgent or important?
- Where does the framework for that come from? Society's standards? Personal experience? Sense of shame?
- What is the impact on family/self/ society?

Once a woman is having to even consider the possibility of prioritising her own needs, alongside the existing internal barriers, an environment is created whereby sex working may not be considered a high priority need, particularly if the ramifications of disclosure outweighed the risks, which the women who participated had experienced numerous times.

A lack of knowledge within statutory services that a new client actually had been sex working would also mean a lack of influence to consider a sex working history as an explanation of on-going trauma related symptoms.

Common themes emerged from all of the women who had very little or no experience of disclosure; on-going sexual dysfunction, a deep internal sense of still somehow being broken, or defective, and an inability to sexually connect with a partner. This permeates throughout the research and appears to be a shared experience for many of the women.

“I started discovering that when I got into a relationship, into a sexual relationship I was probably about two and a half years clean. Umm, it continued for three/four years me struggling by myself and umm again like not having umm I think I went back to that, I don’t know if I necessarily associated it with sex working I just kind of went into a really low self-worth place that I, you know sexually I was kind of retarded, I don’t know if that’s the right word. Umm, and it was quite a hopeless place to be in you know I had to go and get some other interventions you know after treatment you know just as a woman in recovery to kind of help with that stuff and again once I started talking about it and started seeking out some specialist help that’s when I started to realise that oh I’m not alone with this stuff and made the links backwards. It would have been a lot more helpful if I didn’t struggle for four and half years by myself, clean, with this stuff it was quite painful.” Participant 5

A common thread throughout women’s accounts focused upon the lack of flexibility within services. In particular, women felt that sex work wasn’t recognised as a need within its own right, which is reflected to some degree within the survey data or that there were simply no facilitated settings that allowed or encouraged group discussion around sex working.

Systemic facilitators

Women specifically mentioned feeling safe when disclosing in a group setting, due to staff presence, (notably female staff) this appeared to alleviate some fears of rejection. I have drawn from this that staff represented a holding force and a safe framework from which the women felt grounded enough to share their experiences. Facilitated or directive disclosure, within a safe space, supported women to have a positive experience of disclosure.

Multiple women mentioned particular staff members who had played a meaningful role in their ability to disclose and upon probing the qualities of these staff, the common themes were being non-judgemental and trustworthiness. Women stated they felt safe disclosing to staff members

whom they felt had a good solid understanding of the needs of sex workers and could deliver specialist interventions ranging from assignment work to group work.

“But like you were my recovery worker and you were doing the programme so it was more easier to say it but if I had had a different worker and you were doing the programme I think I still would have come to you and talk to you about it.” Participant 8

Staff members who self-disclosed, having had their own sex working history, also fostered a safe environment for disclosure.

Of the women interviewed, 25% have had a previous opportunity to disclose and that became clear when analysing the facilitators of disclosure. The lack of data here suggests that little exists aside from what is outlined above to facilitate disclosure.

The impact of disclosure was interwoven throughout the research and due to the level of meaning attached to it for the women interviewed, coupled with the connotations of it, I felt I would be underselling the women’s experiences if I did not include it in the final report.

4.2.4 Impact of disclosure

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.

“When she came in and said it, and she that sort of gave me, it was right at the end of my treatment but it gave me the courage to say it as well and when I said it, and then like, (name) was like, started crying and saying that she had never admitted it to anyone, and because I had said it she could say it, and like that day, I had to read out an assignment, and (name) said, it’s not about you, it’s not about reading it out for yourself, your reading it out for other people and then, she was right, and it was such an amazing moment, I felt so happy.”

Participant 3

Staff members validating what they had shared, was also meaningful to them.

The women's experiences reflect this, dialogue has created pathways for them to derive some personal meaning and context for their experiences. The women described feeling hope, reassurance and belonging.

"that identification, yeah if someone says I have been there, even if it's not that they have gone out of the street and done exactly what you have done, just that knowledge that they have done, that they've also, you know, humiliated themselves through their desperation, just that knowledge that you're not the only person who has done that, like, yeah I think that's really important." Participant 6

That sense of belonging appears to combat the dehumanisation of sex working and not only restores a sense of self but further fosters self-esteem.

"I think today I have a choice though you know only once I had the education, you can't chose something you don't know and don't understand, so you know even in recovery I couldn't chose to have a healthy sexual relationship because I had no idea what that looked like." Participant 5

Women were also able to gain perspective on their own experiences through hearing from other women whom were sex workers. This enabled them to gain a sense of empowerment and move from a powerless identity to that of a survivor and created a connectedness.

By far the most resounding impact of shared experience appears to be the resulting knowledge that "I am not alone". 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.

"What I needed, I needed to be told it was okay, I needed to have a space to feel the sadness erm and really connect with what happened to me, and be able to sit in a room, where sex workers are sitting and they are laughing and joking and storytelling erm, because we need to do that." Participant 7

“Sometimes you can’t put a word on atmosphere you know. Umm, it just felt very different there weren’t umm, it wasn’t the same mentality, I didn’t feel on guard so much, I’d also heard other peoples assignments beforehand although I can’t remember if I’d heard about sex working or prostitution but I do know they had talked about some quite deep stuff and that kind of gave me the permission that this was the level we were working at and I really wanted to.” Participant 5

This realisation also wields the power to rebuild a feeling of connection with all elements of a woman’s world, when we explore this in the context of healing from trauma, the cycle is completed at this point. As Herman explains (1992), “Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connection with other people, the survivor re-creates the psychological facilities that were damaged or deformed by the traumatic experience. These faculties include the basic operations of trust, autonomy, initiative, competence, identity, and intimacy.”

Women spoke about the ongoing ripple effects of disclosure and one woman reflected this in discussing how she feels about a specific intervention she experienced in one treatment centre.

“Just this is the first treatment centre that I have been to that has done like a group none of the other places have done it and I think it’s really important to do it cause some women are like traumatised by like I think I was a little bit from some of the stuff and do you know what it’s like a massive thing to be able to talk about that stuff and I think it’s a really good idea like not making the group big and keeping it small it’s like so much more personal keeping it like that.” Participant 8

Another mentioned sharing her experiences being fundamental to her feeling the way that she does about herself now.

“Umm I think it’s made me stronger learning to deal with it and talking about it and learning about it” and another said *“it’s just it’s just helped me understand a lot more within myself.”*
Participant 7 and 11

5 Conclusion

The present study aimed to explore the experiences of the barriers and facilitators to disclosure for sex working women in residential drug treatment. Thematic analysis identified three overarching themes; barriers to disclosure, facilitators of disclosure, and systemic barriers and facilitators. Within these barriers I encountered internal belief systems that inhibit disclosure and suppress its benefits.

Within these overarching themes, I chose numerous sub-themes were chosen for further analysis. Internal barriers/belief systems which impact upon ability to disclose, positive impact of disclosure and on-going effects of sex working were sub-themes emerging from the research which added an interesting additional finding that was not specifically explored within the research itself. These were not all explored in depth but were present in the vast majority of accounts.

Whilst the facilitators of disclosure were somewhat underrepresented within the study, it is perhaps not unusual to conclude that removing barriers to disclosure would, within its own right, become a facilitator.

The systemic barriers to facilitation that appear throughout the research, particularly those that the literature review highlighted, that are also reflected within the women's experiences, give opportunity for change, for a drug and alcohol treatment system that is responsive to sex workers needs and that understands what meaning they derive from experiences and relationships.

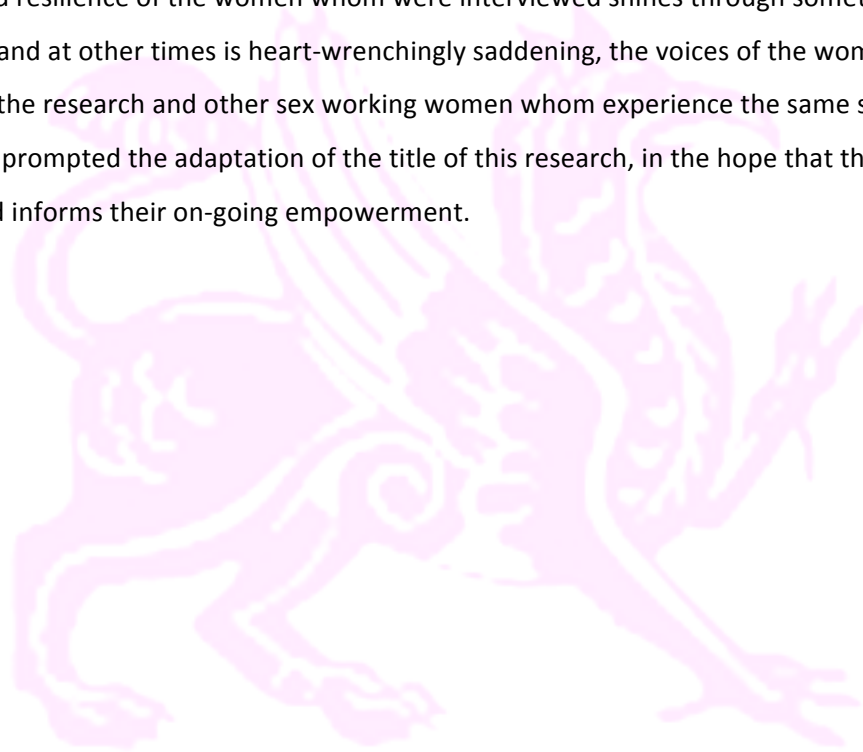
The following recommendations aim to provide an outline of a few ways this could be achieved.

It could be argued that facilities that do not record any information regarding sex working history solely rely upon the women themselves to identify the need, thus creating an additional barrier to disclosure, if a service itself is a barrier, the women yet to enter into treatment stand little hope of experiencing the positive aspects of disclosure that the women within this study spoke of.

The data suggests that whilst sex working may be recognised as a need within its own right, little is available to address that need once it has been established.

This research and the literature review throws into contrast the harsh realities of sex working women experiencing an acute lack of understanding wherever they go, even in environments where hope is often planted.

The bravery and resilience of the women whom were interviewed shines through sometimes with brutal honesty and at other times is heart-wrenchingly saddening, the voices of the women who participated in the research and other sex working women whom experience the same struggle to find their voice prompted the adaptation of the title of this research, in the hope that this encourages and informs their on-going empowerment.



6 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.

7 Reflexive Analysis

Qualitative researchers embrace subjectivity and reflexivity and can be thought of as the measure of that subjectivity (Willig 2008). In essence, reflexive analysis is a forum whereby the researcher can make their own position, background and values clear, and evaluate the impact this has had on their research. As suggested by Willig (2008) I have kept a reflexive log throughout the research process in order to maintain insight into such issues.

My position in relation to this research is that I identify as an insider (Smith, 1999). I am female and have insight into women's experiences of disclosure and the barriers and facilitators of this through my work in residential single sex drug treatment, and as an outreach worker to sex working women.

Whilst, I recognise that my circumstances and life experiences are different from many of the women that I interviewed, the awareness of the research topic afforded by my experiences at work will have influenced my investigation of it (Willig, 2008). For example, I have an existing relationship with all of the women interviewed, to varying degrees, some of the women having been directly key worked by me, have previously disclosed. Those existing relationships influenced the saturation of data. Finally, I was aware that the voices and experiences of women with a sex working history whom are in recovery are grossly underrepresented within research, therefore I believe I have a unique platform due to the trusting relationships developed, to represent the unheard voices of these women. (Braun and Clarke 2013). This is present throughout interview transcripts most notably by one participant commenting:

"It's like you and (name) know what you are doing but just yeah that's why if it hadn't of been you two it may have been different experience for me and maybe I wouldn't of said nothing."

Participant 6

Additionally, this may have influenced the grouping of themes formulated and chosen for further analysis. I have attempted to select quotes that were broadly representative of all of the transcripts, particularly those that were repeated throughout accounts.

Furthermore, when approaching the research topic, I was aware that my dual role of practitioner and researcher would need ethical consideration, I felt that due to the trust and rapport I had

established with the women, it would allow for thorough accounts to be given during interview. For example, when asking about the qualities of staff members who may have been more difficult to disclose to, I remain aware that participants may have felt reluctant to discuss unhelpful qualities of either myself, or my colleagues in interview (Parker, 1994).

The study was approached from a contextualist epistemological perspective and critical realist ontological position. Indeed Willig (2008) argues that the use of an alternative methodology or epistemological stance may result in a different understanding of the topic under investigation. This is not to say that the findings presented here are incorrect but rather reflects the complexities and richness of qualitative data.



Bibliography

Battaglia, J., Moss, S., Rush, J., *et al* 1997. Haloperidol, Lorazepam, or both for psychotic agitation? A multicentre, prospective double-blind, emergency department study. *American Journal of Emergency Medicine*, 15, 4, 335–340

Baker Miller, J. 1992. *Towards a new psychology for women*. Michigan: Beacon Publishing.

Born into brothels. (2004). [film] India: Zana Briski & Kauffman.

Bjork, D. 2008. Disclosure and the development of Trust in the therapeutic setting. *Journal of lesbian studies* 8(1-2), pp.95-105.

Crèvecoeur, J.H., 1981. *Letters from an American Farmer and Sketches of Eighteenth-Century America*. New York: Penguin Books

Clark, L., 2006. Provision of Support for Imprisoned Adult Female Street-based Sex Workers. *London: The Griffins Society*.

Covington, S.S., Burke, C., Keaton, S. and Norcott, C., 2008. Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs*, 40(sup5), pp.387-398.

Carlen, P. and Worrall, A., 2004. *Analysing women's imprisonment*. Taylor & Francis.

Dodsworth, J., 2012. Pathways through sex work: childhood experiences and adult identities. *British Journal of Social Work*, 42(3), pp.519-536.

De Crevecoeur, J.H. 1981 In: Stone, A.E., ed. *Letters From an American Farmer and Sketches of Eighteenth-Century America*. (Edited with an introduction by A.E. Stone). New York: Penguin Books, 1981.

Ebaugh, H.R.F., 1988. *Becoming an ex: The process of role exit*. University of Chicago Press.

Gibson, C., Piquero, N.E., & Tibbetts, S.G., 2007 Deviance and Social Control: A sociological perspective. *Journal of research in crime and delinquency*, 44, 185.

Gidron, Y., Connolly, J.F., Shalev, Y. Written disclosure in post-traumatic stress disorder: Is it beneficial for the patient? *Journal of nervous and mental disease*. 184, 505-508

Home office, 2011. A Review of Effective Practice in Responding to Prostitution. London: Home office.

Hedderman, C. & Hough, M., 1994. Does the criminal justice system treat men and women differently? Britain Home Office, research and statistics depart United Kingdom.

Harding,, R. and Hamilton, P. 2009. Working Girls: Abuse or choice in street level sex work? A study of homeless women in Nottingham. *British Journal of social work*, 39, 1118-1137.

Kandall, S. R. 1996. *Substance and Shadow: A History of Women in Addiction in the United States – 1850 to the Present*. Cambridge,MA: Harvard University

Kandall, S.R., 1981. Women and addiction in the United States—1920 to the present. *Drug addiction research and the health of women*, pp.53-79

Maher, L., 1997. *Sexed work*. New York: Clarendon.

Månsson, S.A. and Hedin, U.C., 1999. Breaking the Matthew effect—on women leaving prostitution. *International Journal of Social Welfare*, 8(1), pp.67-77.

Reed, B.G., Kovach, J., Bellows, N. and Moise, R., 1981. The many faces of addicted women: Implications for treatment and future research. In *Drug dependence and alcoholism* (pp. 833-847).

Sandwith, L., 2011. 'Score, smoke, back on the beat': An Exploration of the Impact of Homelessness on Exiting Street Sex Working in Manchester.

Ullman, S.E., Peter-Hagene, L., 2014. Social reactions to sexual assault disclosure, coping, perceived control and PTSD symptoms in sexual assault victims. *Journal of community psychology*, 42 (4), 495-508.

Appendix A – Research Proposal

Sex Workers and Treatment Project (SWAT)

Kirsty Tate – The Nelson Trust

Background

There is a documented vicious circle between sex working and drug dependency, sex work generates funds and drugs facilitate continuation of work (Sandwith 2010; Mosedale *et al.* 2009; Ward & Hay 2006). Sex workers have been reported to be more likely to use cocaine, inject drugs, have overdosed accidentally and have higher rates of adulthood abuse than female drug users who are not sex workers (Gilchrist *et al.* 2005). This suggests that sex working is an even more extreme situation for female drug users that might need specific mental health interventions.

I have encountered the link between sex working and drug misuse whilst working in frontline services with homelessness and supported housing services and also whilst volunteering at a recovery community organisation. I have been working directly with sex workers in my current role as a key worker at The Nelson Trust in the women's residential treatment house in Gloucestershire. The single sex house is a trauma informed, gender responsive unit which aims to provide tailored interventions for females seeking abstinence based recovery. Between November 2012 and December 2013, 23 of the 34 women admitted for residential rehabilitation disclosed their sex working history to their key worker at some point during their treatment. However, half of the sex workers felt unable to disclose their history to their peers for a variety of reasons. This reluctance to disclose is also apparent in other settings; for example, disclosing in a prison setting to staff has been shown to be difficult (Clarke, 2006). The stigma attached to sex working might directly hinder disclosure amongst peers and sometimes professionals. This reluctance to disclose can fuel the underlying shame that these women feel, closing off an opportunity to share mutual experiences which directly challenge that shame and enable healing from their trauma.

The other half of the women at the house with a sex working history disclosed their status in a group setting. None of the sex workers had specific interventions in relation to their sex working history during treatment. Table 1 shows treatment outcomes for women at the house during this period. The successful treatment completion rate for women with a history of sex working who disclosed their status to their peers (75%) was similar to that of women who were not involved in sex working (73%); whilst those sex workers who did not disclose had a lower success rate (55%).

Table 1: Treatment outcome by Peer Disclosure	Disclosed in group setting		Did not disclose in group setting		Non sex worker		All women	
	%	No	%	No	%	No	%	No
Incomplete - dropped out	25%	3	45%	5	27%	3	32%	11
Successful completion	75%	9	55%	6	73%	8	68%	23
Grand Total	100%	12	100%	11	100%	11	100%	34

Although numbers are very small and not statistically significant, they elicit a key question;

Is there a link between a sex worker disclosing her status and her chances of a successful completion? What, if any, impact or meaning does disclosure have for women in residential treatment?

There are pieces of research describing the challenges women trying to exit prostitution face when working through their experiences of sex work and dealing with the stigma of being a sex worker and recommendations of multi-faceted approaches being necessary (Månsson & Hedlin 1998). As women go through the transition from addiction to recovery whilst in residential services there is a unique opportunity for them to face these challenges in a safe and supportive environment such as a peer group of women involved in sex working.

Although there are potential benefits of such a tailored intervention, there seems to be an apparent lack of specific provision for women involved in sex working in residential rehabilitation settings. This could be systemic, through a lack of data collection regarding a sex workers status, which could lead on to a lack of awareness or interventions, or could be a multitude of other things.

The importance of using the expertise of those involved in sex work to develop interventions that are effective and meet individual needs has been highlighted by others in the past (Dodsworth 2012). This research will lead the way for women involved in sex working to inform the development of effective interventions in treatment settings to enable them to recover from addiction whilst working towards staying free from sex working.

Research Aims & Design

The aim of this research is to hear participants' experience of peer disclosure focusing on its meaning for them and any impact on their treatment. Participants' narratives will be at the centre of the study to ensure that this research is not 'on' sex workers, but 'with' them (Hubbard, 1999). The main focus is:

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 peer 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.

Participants & settings

My current employer has agreed to be one of the research sites, allowing all women in the service to be invited to take part in the research (whom fit the requirements). I will be approaching Manor House in Birmingham and Hope House in London. For the post treatment demographic I will be using a snowball sample method to approach participants who meet the required criteria to participate.

The views and experiences of three groups will be explored:

- a. Female sex workers currently in residential rehabilitation treatment;
- b. Female sex workers post residential treatment.
- c. Data monitoring systems of participating treatment centres in the UK.

Methods

In-depth literature review which will include policy and practice papers, Probation and Home Office literature, journal articles and other publications.

A semi-structured interview schedule for sex workers will be developed based on the literature review and professional knowledge in the area of study.

A survey of treatment centres will be undertaken to ascertain the platform for disclosure upon referral, assessment and admission through relevant in house systems.

Epistemological stance

Participants' subjective experience of disclosure is at the heart of this research and will allow theory building on this area. A qualitative grounded-theory approach (Glaser & Strauss 1967) which inductively analyses women's narratives will ensure their voices and expertise are a pivotal part of building an understanding of peer disclosure.

Ethical considerations

When accessing this vulnerable group of women special considerations will be taken to ensure that the research is undertaken in an ethical fashion. Participation will be voluntary, informed consent will be sought, suitability will be considered, confidentiality will be maintained and participants will not be identifiable in any research papers produced from the study.

For those participants who are post treatment, the interviews will be held at Isis Women's centre in Gloucester, and support will be made available before, during and after interviews through the sex workers outreach worker and centre manager.

As some of the women taking part in this study will know me or have known me in a professional capacity, I will reassure participants that during the research activities I am a researcher and not a Nelson Trust staff member. All information will be treated in the strictest confidentiality. Due to my own history as a sex worker, I am aware of the risk of bias. I will not disclose my history to any interviewees, nor will I make suggestions that I have any prior knowledge of sex working. All questions will be open, so as not to lead or direct answers. Prior to taking part in the interview, I will ensure provisions are made available should any women become distressed as a result of participating in the research. This provision will involve a support session from a qualified staff member at the Nelson Trust or any other participating residential centres as appropriate.

Project timetable

Research activity	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Literature review												
Data collection method development												
Ethical Approval												
Recruitment of participating centres												
Peer disclosure survey												
Interviews with women and staff												
Analysis & report writing												
Dissemination activities												

References

Clark, L. (2006). Provision of support for imprisoned adult female street-based sex workers. *Research Paper. The Griffins Society*. Available at http://www.thegriffinssociety.org/Research_Paper_2006_01.pdf

Dodsworth, J. (2012) Pathways through Sex Work: Childhood Experiences and Adult Identities. *British Journal of Social Work*, 42, 519–536.

Gilchrist, G., Gruer, L., & Atkinson, J. (2005). Comparison of drug use and psychiatric morbidity between prostitute and non-prostitute female drug users in Glasgow, Scotland. *Addictive Behaviors*, 30 (5), 1019-1023.

Glaser, B. and Strauss, A. (1967) *Discovery of Grounded Theory*, Chicago, Aldine.

Hubbard, P. (1999) 'Researching female sex work: Reflections on geographical exclusion, critical methodologies and "useful" knowledge'. *Arena*, 31(3), 229–37.

Månsson, S.A. and Hedlin, U.C. (1998) Breaking the Matthew Effect – on women leaving prostitution. *International Journal of Social Welfare*, 8, 67-77.

Mosedale, B., Kouimtsidis, C., & Reynolds, M. (2009). Sex work, substance misuse and service provision: the experiences of female sex workers in South London. *Drugs: Education, Prevention, and Policy*, 16 (4), 355-363.

Sandwith, L. (2011). Score, smoke, back on the beat. An exploration of the impact of homelessness on exiting street sex working in Manchester *Research Paper. The Griffins Society*. Available at http://www.thegriffinssociety.org/Research_Paper_2011_01.pdf

Ward, H., & Day, S. (2006). What happens to women who sell sex? Report of a unique occupational cohort. *Sexually Transmitted Infections*, 82 (5), 413-417.

Appendix B – Ethical Approval

*Professor Loraine R Gelsthorpe FRSA, FA cSS
Professor of Criminology and Criminal Justice
Chair, Ethics Committee, Institute of Criminology*

Kirsty Tate
Recovery Worker
The Nelson Trust
Port Lane
Brimscombe
Stroud
GL5 2QJ



**UNIVERSITY OF
CAMBRIDGE**

Institute of Criminology

18 March 2015

Dear Kirsty

Re: Facilitators and Barriers to disclosure of sex working status for females in residential drug treatment

I write to confirm that your research proposal has been considered by the Institute of Criminology's Research Ethics Committee. The Committee has approved the proposal following all due consideration of ethical matters.

Yours sincerely

Professor Loraine Gelsthorpe
Chair, Ethics Committee
Institute of Criminology

Enc. Prof Jo Phoenix [jp353@leicester.ac.uk]
Chris Leeson [chrisleeson.griffinsociety@gmail.com; chris.leeson@thegriffinsociety.org]

Sidgwick Avenue
Cambridge
CB3 9DA
Telephone: 01223 335377
Fax: 01223 335356
E-mail: lrg10@cam.ac.uk

Appendix C – Research Information & Informed Consent

Informed Consent Agreement

Title of Study: “Facilitators and Barriers to disclosure of sex working status for females in residential drug treatment”

Researcher Details:

Name: Kirsty Tate

Department: Griffin Fellows

Address: University of Cambridge

Phone: 07584101898

E-mail kt428@cam.ac.uk

Background:

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear of if you need more information.

The purpose of this study is: To explore experiences of disclosing sex working history, and what supports and also discourages that.

Research Procedure:

Your expected time commitment for this research is: roughly 1 hour. The interview will take place in a private room at your residential treatment centre. You will be informed of the location prior to interview.

Risks:

The risks of this study are minimal. These risks are similar to those you experience when disclosing personal information to others although the topics in the interview may upset some respondents. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose and should you become distressed during any part of the interview, the interview can be stopped if you feel it necessary, and access to support staff/counsellors can be arranged.

Benefits:

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may go on to help inform treatment services understanding of supporting sex working women should they choose to disclose.

Alternative Procedures:

If you do not want to be in the study, you may choose not to participate.

Confidentiality:

All identifying information will be held securely online in an encrypted file that is password protected. All information will be anonymized afterwards. Every effort will be made by the researcher to preserve your confidentiality including the following:

Assigning code numbers for participants that will be used on all researcher notes and documents.

- Notes, interview transcriptions, and transcribed notes and any other identifying participant information will be kept in a locked file cabinet in the personal possession of the researcher. When no longer necessary for research, all materials will be destroyed,
- The researcher and the members of the researcher's committee will review the researcher's collected data. Information from this research will be used solely for the purpose of this study and any publications that may result from this study.
- Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

Person To Contact:

Should you have any questions about the research or any related matters, please contact the researcher at kt428@cam.ac.uk

Institutional Review Board:

If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the researcher, please contact Lorraine Gelsthorpe at The University Of Cambridge Criminology Department.

Voluntary Participation:

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you do decide to take part in this study, you will be asked to sign a consent form. If you decide to take part in this study, you are still free to withdraw at any time and without giving a reason. You are free to not answer any question or questions if you choose. This will not affect the relationship you have with the researcher.

Unforeseeable Risks:

There may be risks that are not anticipated. However every effort will be made to minimize any risks.

Costs To Subject:

There are no costs to you for your participation in this study

Compensation:

There is no monetary compensation to you for your participation in this study.

Consent:

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Signature _____

Date _____

Appendix D - Research Debrief

Researcher: Kirsty Tate

Contact: kt428@cam.ac.uk

Thank you for taking part in my research. You gave consent to complete a one hour semi-structured interview and for this interview to be recorded and transcribed, with quotes being used for analysis. You have been given the opportunity to review your interview transcript within the timeframe agreed. As the participant you have the right to withdraw your data by the agreed date, and if you have any queries relating to any part of the research you can contact me on the email address above.

From this research I am hoping to gain insight into The barriers and facilitators of disclosure for sex working women in residential drug treatment.

In terms of the analysis, it is my intention to amalgamate all participants' interview data and look for themes running within each interview and across all participants' interviews. The identified themes will be written up as part of the final research report.

Finally if you require further support relating to issues arising from this research you may find it helpful to contact lrg10@cam.ac.uk

Thank you again for taking part.

Kirsty Tate

APPENDIX E

Interview Schedule

Questions for research

1. How many residential treatment interventions have you experienced?
2. What models were they? (12 step, CBT, TC ETC)
3. What is your history with sex work?
4. Did you ever engage with any sex work supportive agencies?
5. What was your experience of that?
6. What support did you receive around sex work during your stays in residential drug treatment?
7. How do you feel about the support (or lack of) you received?
8. Were you ever asked, whilst going through the treatment process, if you were a sex worker?
9. Did you feel encouraged to talk about your history as a sex worker during any of your stays in res treatment?
10. What was your history with drug/alcohol abuse?
11. Would you consider yourself to be in recovery from addiction now?
12. Have you sex worked in any capacity since you stopped using?
13. Do you think there has been any link between your sex work and your ability to have relationships in recovery? Has there been any impact of one on the other?
14. Is there anything you can think of now, that you wish you had been told then, or any work you feel could have made a difference in how sex work has impacted your life?
15. Have you ever made a choice to disclose the fact you were a sex worker to anyone whilst in treatment?
16. Do you think this was a positive choice for you?
17. How was this received by the person/persons you told? How did you feel about it afterwards?
18. Whom did you disclose it to and why?
19. Would you have done anything differently regarding telling people you had been a sex worker?
20. What do you think would be an effective way to support those in drug treatment to speak to others about their experiences as a sex worker?

Appendix F – Research Poster



HAVE YOU:

- **Been involved in sex work?**
- **Told anybody?**
- **Not told anybody?**
- **Found it difficult to talk about?**

Would you be interested in taking part in some research about disclosure of your experiences of sex working whilst in Drug treatment?

**Please speak to a member of staff or ask to speak to Kirsty for more information
Cut off date: 25/04/15**

I am interested in hearing your experience of talking with staff or peers about being a sex worker whilst you are in treatment or at any time you may have been in treatment, if you would like to know more, or to meet with me to discuss the research, please ask a member of staff to contact me or contact me via email on: kt428@cam.ac.uk or 07584101898

END