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-ESSING SUPPORT

Improving health and wellbeing for sex workers - A review of evidence

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BACKGROUND

- Interventions to support sex worker health and wellbeing are often restricted to and defined by issues around sexual health.
- However, the stigma and labour experienced in sex work places unique demands on the coping resources of sex workers and highlights additional psychosocial issues impacting on their wellbeing.
- A systematic review was undertaken to establish the state of the evidence-base around psychosocial interventions that support sex worker wellbeing in order to inform policy and practice within a resource rich geographical context.

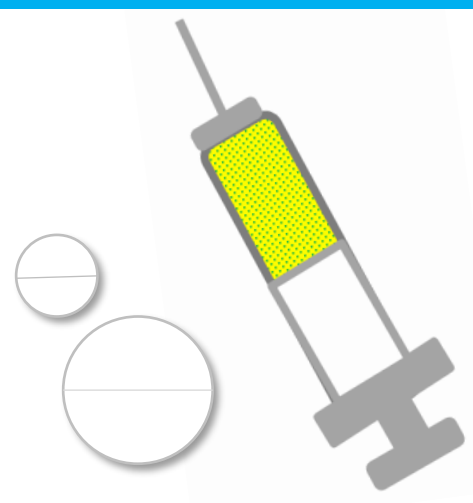
METHODS

- Published and unpublished studies were identified through electronic databases, hand searching and contacting relevant organisations and experts in the field (n=19, 202) between January 2000 and January 2020.
- Studies were included if they were conducted in high income settings, evaluated the effect of a psychosocial intervention using validated psychological/wellbeing measures or qualitative evaluation (n=10).
- The Effective Public Health Practice Project (EPHPP) Quality Assessment Tool for Quantitative Studies and the National Institute for Health Care Excellence (NICE) Quality Appraisal Checklist for Qualitative Studies were used to appraise the quality of included studies.

RESULTS

The heterogeneity of the aims, study design, outcome measures and sample populations of included studies precluded a meta-analysis of their results. A narrative synthesis across qualitative and quantitative data from a total of 10 studies is presented by intervention type.

DRUG SUPPORT



- Prescribed Maintenance Therapy (PMT) in the form of a regulated and controlled prescription for heroin to support drug dependency along with psychosocial support for female street-based sex workers over the course of 1 year from a specialist GP practice in the UK reported significant improvements in quality of life.
- Qualitative evaluations of female street-based sex workers experiences of drug treatment centres highlight the importance of providing opportunities for sex working women to openly discuss their drug use from the unwanted attention of male service users leading to recommendations for the provision of sex worker-only services to be delivered by same-sex staff.
- Availability of 1-2-1 counselling would help to support the exploration of more personal issues not possible in group settings.

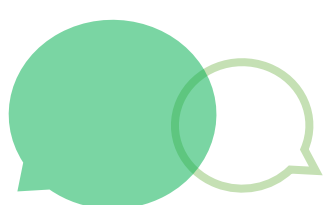
Ecologic Momentary Assessments (EMA) are questionnaires that can be sent out to someone's mobile phone. Completed responses can help to study thoughts and behaviours close to the time they are being carried out.

Daily diaries (EMA)

- Studies indicate that women engaging in transactional sex completing a questionnaire every 12 hours for 4 weeks helped to improve self-esteem and decrease levels of anxiety and depression.
- Use of these questionnaires also encouraged either actual or intended changes in behaviour including; decreased engagement in sex work, reduced drug & alcohol use and improved access to condoms.



PEER HEALTH INITIATIVES

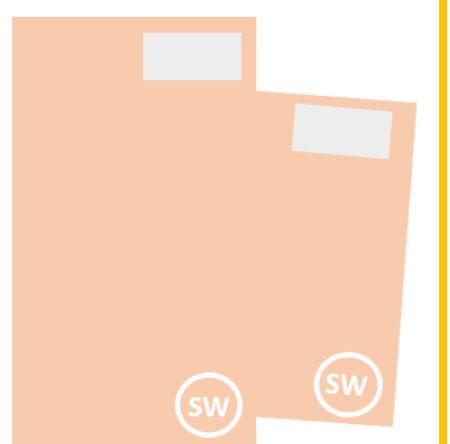


- Findings from qualitative interviews show that peer advocacy in the delivery of a sexually transmitted and blood-borne infection prevention strategy developed by sex workers as peer educators led to reduced internalised stigma and increased self-esteem and confidence.
- Improved critical consciousness and resource mobilisation were attributed to the inclusion of training materials that promoted diversity within sex working communities and awareness of local support agencies.

CASE MANAGEMENT PROGRAMMES

In Case Management Programmes (CMP's), a named case manager acts as a fixed point of contact during the co-ordination of an individual's care.

- Access to sex worker-specific treatment programmes for substance misuse and support with child custody were identified as important services among sex working women qualitatively evaluating a community based CMP in Florida.
- Within the same study, programme staff and community professionals involved in CMP delivery highlighted the need for support with engaging street-based sex working women in mental health services.



EXITING PROGRAMMES

Exiting Programmes address the causes and consequences of sex work to encourage exit from the industry. Across qualitative evaluations:

- Group counselling was experienced as being helpful in facilitating conversations around addiction, abuse, trauma, mental health and relationships.
- Engaging with peers promoted a sense of community belonging and cohesion in addition to presenting opportunities for reinvesting help and support to other sex working women.
- Request for programmes that offered financial assistance to women who were in the early stages of exiting sex work (between 3 months and 1 year).

EXIT

CONCLUSIONS

- Weak quality appraisal outcomes prevent the provision of evidence-based recommendations.
- Despite methodological limitations, available evidence suggests that peer health initiatives improve wellbeing in female street-based sex workers, whilst Ecological Momentary Assessment through the use of diaries on health behaviours on smart phones, increases self-esteem and behaviour change intentions.
- Future research should address the actual rather than the perceived needs of sex workers and should represent the diversity of sex workers given that available evidence lacks generalisability beyond female street-based sex workers.