

**In this article...**

- Interviews with female street sex workers about their personal histories
- The role of childhood and adult trauma in creating long-term health problems
- How health professionals can better meet the needs of this disadvantaged group

# Meeting female street sex workers' physical and mental healthcare needs



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## Key points

**Female street sex workers often have a history of childhood trauma, relating to sexual abuse and abandonment**

**The lasting effects of childhood trauma can limit life choices and contribute to poor physical and mental health**

**Female street sex workers are often trapped in a cycle of sexual abuse and substance misuse**

**Social exclusion and discrimination can prevent female street sex workers from accessing appropriate health and social support**

**Nurses need to understand what forces women into street sex work to be able to meet their health needs**

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**Abstract** It is estimated there are 60,000-80,000 sex workers in the UK, the majority of whom are women. Female street sex workers have poor physical and mental health. They are a socially disadvantaged group, which can prevent them from accessing the care they need. Interviews with 10 female street sex workers showed that childhood trauma, often relating to sexual abuse and abandonment, left them vulnerable to becoming trapped in a cycle of street sex work and drug dependency, causing them poor mental health throughout their life. Nurses need to understand what forces women into street sex work to better meet the health needs of this disadvantaged group.

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There are an estimated 60,000-80,000 sex workers in the UK working on the streets or in indoor settings, the majority of whom are women (Jones et al); around 32,000 work in London (Brooks-Gordon, 2006). If health professionals are to meet the health and wellbeing needs of women in the sex industry, it is imperative that they understand the contextual background to these women's lives. This particularly applies to practice nurses, mental health nurses and nurses working in accident and emergency and sexual health settings, who are most likely to encounter this group in their care.

Interviews with 10 female street sex workers were carried out for a doctoral study on the health and wellbeing of female street sex workers (completed in 2017); they showed that interviewees: experienced poor physical, mental and social health and wellbeing; faced limited life choices; and often felt discriminated against by the agencies and institutions that should have been supporting them.

The women attributed their poor health and wellbeing to their personal histories,

in particular to intimate partner violence in adult life and traumatic childhood events, including sexual abuse, neglect, loss and rejection. Other significant contributing factors were:

- Losing their children to social services;
- Housing difficulties;
- Addiction to alcohol and crack cocaine.

The interviewees were between 28 and 51 years old, and had started street sex work when they were between 16 and 35 years old; most had been engaged in the sex industry for more than 10 years. The majority had between two and four children; at the time of interviewing, only two were in a relationship. Two were homeless and most of the others lived in hostel accommodation. Participants' demographics are summarised in Table 1; pseudonyms have been used to maintain confidentiality and protect the women's identity.

This article discusses the life stories of these women, and how the pain of traumatic events affected how they perceived, interpreted and sought help for personal health issues. It shows how the

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Table 1. Demographic characteristics of the 10 female sex workers interviewed

Pseudonym	Status and number of children	Age	Age at entry to sex work	Accommodation type	Ethnicity
Tally	<ul style="list-style-type: none"> <li>● No children</li> <li>● Single</li> </ul>	28	18	Hostel	White British
Katie	<ul style="list-style-type: none"> <li>● Mother of four children: living with ex-partner</li> <li>● Single</li> </ul>	32	20	Hostel	White British
Berry	<ul style="list-style-type: none"> <li>● Mother of two children: both adopted</li> <li>● Single</li> </ul>	34	16	Lives with mother	White British
Mary	<ul style="list-style-type: none"> <li>● Mother of four children: three grown up, one in foster care</li> <li>● Partner</li> </ul>	46	18	Hostel	Caribbean British
Drew	<ul style="list-style-type: none"> <li>● Mother of three children: all adopted or in foster care</li> <li>● Single</li> </ul>	38	17	Homeless	White British
Poppy	<ul style="list-style-type: none"> <li>● Mother of three children: living with her parents</li> <li>● Partner</li> </ul>	28	16	Council accommodation	White British
Julie	<ul style="list-style-type: none"> <li>● Mother of two children: one in foster care, one adopted</li> <li>● Single</li> </ul>	38	19	Homeless	Caribbean British
Steph	<ul style="list-style-type: none"> <li>● No children</li> <li>● Single</li> </ul>	42	31	Hostel	White Irish
Nancy	<ul style="list-style-type: none"> <li>● No children</li> <li>● Single</li> </ul>	42	19	Hostel	Caribbean Scottish
Kelly	<ul style="list-style-type: none"> <li>● Mother of two adult children</li> <li>● Single</li> </ul>	51	35	Hostel	White British

implications of traumatic life events, including sexual abuse and abandonment, were key to how they saw their health and wellbeing, and includes the women's own interpretations of what good health means.

### Childhood trauma

It was evident that childhood trauma had shaped women's overall health and wellbeing and was associated with mental health problems. Childhood trauma from sexual abuse, abandonment and vulnerability was linked to women's engagement in street sex work.

### Sexual abuse

Many of the women spoke about being sexually and physically abused as children. Nancy described her experience of physical and sexual abuse after being adopted:

*"I was adopted when I was young. Prior to that I was in foster care and that was when I was five. My adopted father used to, like, physically abuse me. He raped me on numerous occasions."*

Nancy's story demonstrates a failure by the health-protection agencies to

safeguard a potentially vulnerable child under the adoption process. This history of childhood abuse could help explain Nancy's inability to form positive relationships ("I don't really like people too much"). Asked whether this was related to trust, or other factors, she felt trust was a key issue ("trust, yah"). Nancy described her health as follows:

*"I suffer from personality disorder, apparently; I suffer from psychosis, so if I don't take my medication, I get stupid and my behaviour is erratic. I explode over nothing and get abusive towards people."*

From this, it appears that Nancy's behaviour and personality were labelled as "disordered" and warranting treatment, rather than being seen as a response to traumatic life experiences. Her own understanding of her clinical diagnosis was that she had mental health and behavioural problems relating to her personality ("personality disorder").

Nancy said she interpreted health and wellbeing as:

*"Feeling good about yourself. You know, all the good things, not just going to the doctor's but also basically washing yourself and all that sort of stuff."*

She recognised that how she felt about herself, including her ability to function normally, was important to her mental, physical, and social health and wellbeing. This is in line with the World Health Organization's definition of health, which specifies that it is: "A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2014).

Nancy suggested that to improve the health of street sex workers, condom vans should be more readily accessible:

*"There is nowhere to get condoms from in the middle of the night. There used to be a van out here that used to dish out condoms up until late at night."*

Katie, another participant, shared her experience of childhood sexual abuse:

*"Growing up I was sexually abused... from a young age."*

She also described feeling neglected in her childhood:

*"I never had love and support from family and could never talk to my mum about what happened."*

Katie's experience of sexual abuse, combined with childhood neglect, could have increased her risk of experiencing traumatised behaviours. In her school years, she recalled being "sent out of class" and said her behaviour was labelled as "attention-seeking". She said that as a result:

*"I left school not being able to read and spell, and that is frustrating."*

Katie's experience of trauma and sexual abuse was negated by a response that located it within disorders of her personality. Rather than being offered help and support as a vulnerable child, her behaviour was trivialised, constructing her as someone who did not deserve care and understanding. She described how, as an adult, she "isolates herself a lot", and attributed it mainly to feelings of insecurity, which she believed stemmed from the abuse she experienced.

This form of defence, or self-defeating behaviour, demonstrated her fear of being hurt again. Her individual response to this trauma meant she subsequently became addicted to drugs, which she used to "block out things". Katie recognised she needed support for her mental and emotional health but, given the violent and traumatic nature of her experiences, her call for help seemed muted:

*"I need more confidence boosting; I think I still need a bit of support"*

This seemed to indicate her feelings of marginalisation, which made the prospect of real support unlikely.

Another participant, Drew, also disclosed how she had been sexually abused as a child. When she told her mother, she was told to "stop lying" – so, like Katie, she could not speak to her mother about it. On reporting it to the school, she was clinically screened to confirm the sexual abuse. She made the following comments about her school life:

*"I went to a special school. I went to boarding school 'cos I had behavioural problems"*

Drew linked these problems to "being abused, my background and upbringing", and said she had "mental health, depression, and self-harm issues".

Drew, Nancy and Katie shared similar

experiences of childhood sexual abuse and their accounts suggested their background experiences were ignored by health and social care professionals.

A common theme was 'trauma on top of trauma'. Another interviewee, Berry, described her experience:

*"I got raped when I was 16 and I done my hardest to be a virgin 'cos I always thought I would settle down with someone, but I got raped by my Dad's next-door neighbour"*

Most of the women were labelled as having health problems associated with personality issues rather than them developing a result of sexual violence and neglect in childhood. Many were aware of what constituted positive health and wellbeing; they were also aware of the labels they were given and the use of these labels in constructing or diagnosing their health problems.

***"I was addicted to quite a lot of drugs and it's sort of a Catch 22, I think. You need the drugs to work, and need to work to get the drugs"***

#### Abandonment

Many of the women had abandonment issues, stemming from neglect, loss and rejection by significant people in their lives. These featured particularly strongly in accounts by Julie, Mary and Drew, and were consistent with the identified theme of trauma on top of trauma. Their lived experiences highlighted how engaging in substance misuse to cope with trauma in childhood and adolescence had implications for their health and wellbeing as an adult.

Julie described how she started taking drugs after her father committed suicide:

*"Being depressed, I got introduced to it...I was about 19 or 20 when I got onto crack."*

During the interview, Julie seemed tired and her appearance could be described as impoverished. She said she had two children who had been put up for adoption, and was now pregnant with her third. As a homeless person, she was "not living anywhere"; her pregnancy increased her vulnerability on the street and also her continuing need to engage in street sex work to survive.

All of the women interviewed who had children ( $n=7$ ) were separated from them and the pain of loss was manifested in the sadness of their accounts. Some recalled

the events leading up to their child(ren) being taken away by the local authorities. Mary described her sense of guilt and regret about her own parenting:

*"I have abused my own children mentally because I was never really there for them – and I have lost one child to social services."*

She said this happened because she was described as "a prolific offender and drug abuser" and she felt "suicidal" when her child was taken away:

*"I could not believe I lost my daughter. I wanted to kill myself. I wanted to die."*

Mary felt robbed of her role as a mother, as someone who could not nurture and care for her own offspring. She felt helpless, but also guilty about her substance misuse.

Drew described how losing her children pushed her back into substance abuse:

*"My kids are in foster care and two have been adopted. One has been fostered. After my last kid was two, they took him into care. I went back on the drugs – back on heroin."*

Most of the women used substance misuse as a coping mechanism to deal with feelings of deep loss, which reinforced the necessity of street sex work to fund their habit.

#### Vulnerability

In all cases, the women's underlying issues were unresolved and they continued to experience life from a position of vulnerability. A common theme emerging from their stories of early trauma was running away from home – homeless and vulnerable, they fell into a cycle of street sex work and substance misuse. Here is Tally's account:

*"There were a lot of issues from where I came from as well, [...] when I came back [to London], I was pushed into it [sex work] again and that's when it started, my drug use. My alcohol use...I was addicted to quite a lot of drugs and it's sort of a Catch 22, I think. You need the drugs to work, but you need to work to get the drugs."*

A major problem identified by Tally was that when she first arrived in London, she lacked the contacts to find employment or access appropriate support:

*"I didn't know anything about the UK, about benefits, about help; when I found myself in a frightening position, I did not know there was anyone I could go to."*

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As a vulnerable young woman working on the street, she soon fell into the hands of pimps (usually heterosexual men who control sex workers, arrange clients for them and take a percentage of their earnings). She was aware of the power imbalance and her own vulnerability:

*"The pimps can see you are vulnerable and they take advantage of this whenever they can."*

Tally's childhood history of being sexually abused had also contributed to a number of mental health problems:

*"I get quite bad anxiety. I've got PTSD [post-traumatic stress disorder] as well."*

She described how this triggered a pattern of substance misuse:

*"Just after the trauma... from my life from when I was little ...I was using previously, I was using to sort of subdue it."*

A similar pattern was seen in the other women interviewed. Their common entry point into street sex work was from a place of vulnerability, which made them susceptible to coercion, creating the cycle of street sex work and substance misuse. All the participants had a high dependency on illegal drugs and reported taking an addictive substance every day. These drugs included cocaine, crack cocaine (a smokable form of cocaine), heroin, methadone (a substitute drug for opiates such as heroin) and alcohol. Street sex work became an economic necessity because of this dependency on drugs:

*"You use drugs; you make money. That's it really" (Julie).*

*"You go out there every day to feed your habit" (Kelly).*

*"Sex is for money, drugs and drink" (Berry).*

*"When I smoke drugs and the money runs out, I find that I am on the street selling myself for sex" (Katie).*

### Intimate partner violence

Poppy, who was 28 years old at the time of the interview, met her partner and the father of her three children at the age of 16. She experienced intimate partner violence in the form of physical and emotional abuse. In retrospect, she considered herself to be naïve; she said her partner introduced her to drugs and gave an account of how he exerted control over her:

*"He would lock me in the house; control whom I saw, when I went out and things like that. He held a knife to my throat."*

She described how this volatile relationship had a domino effect on her family, including her children, who had been adopted by her parents:

*"It's affected me. It's affected my kids, my Mum and Dad."*

Although Poppy left her controlling and violent partner while continuing to engage in street sex work, she often found herself returning to him when she was at her most vulnerable:

*"I just smoke so much drugs to try and block it all out and stuff and then, when I am in that vulnerable state, that's when he comes back round again and I just seem to fall for everything he says."*

The drugs and street sex-work cycle dominated the day-to-day lives of the women interviewed. Sex work was not just a means of survival but, increasingly, the only way to fund a drug addiction that was also likely to be expensive.

**QUICK FACT**  
**60,000-80,000**  
Approximate number of male and female sex workers in the UK

### Other findings

Many of the women reported low self-esteem and body confidence, often relating this to their physical appearance, which often included dental damage, or damage and scarring to their bodies caused by physical assault. The women articulated and understood the effect of long-term physical violence on their emotional health, and recognised that their low body confidence was something that required further attention and support.

Participants also experienced housing difficulties. Some were staying in hostel accommodation, which they often described as hectic and chaotic, partly due to the behaviour of other occupants. This contributed to their experience of isolation.

The women frequently spoke of health symptoms associated with drug addiction, including insomnia and other common signs of withdrawal from drug use, such as cold sweats, diarrhoea or flu-like symptoms. The consequence of drug misuse most likely to be fatal is an overdose; one participant recounted how she injected herself with heroin and ended up

unconscious in hospital. For many of the women interviewed, high alcohol consumption was another key feature in their day-to-day living and worsened other aspects of their mental health.

### Discussion

Trauma as a result of physical, emotional and sexual abuse could be seen as constructing women's poor mental health across their life course, ranging from behavioural issues in childhood to depression in adulthood. The women clearly identified how such circumstances had contributed to mental health conditions and life chances.

### Mental health issues

The interviews suggested that women's mental health problems associated with childhood trauma continued into adulthood. For instance, some of the women reported being diagnosed with clinical depression and described symptoms such as fatigue, disturbed sleep, feelings of helplessness and depressed mood.

Some of the women also reported symptoms of PTSD, defined as a severe psychological disturbance, usually resulting from a singular, or series of similar, traumatic event(s) (Callaghan and Gamble, 2015). Symptoms mentioned included traumatic flashbacks, increased anxiety and depression, as well as suicidal thoughts and tendencies. Other women spoke about having personality disorders and bipolar disorder, relating this to feeling emotionally unstable. More specifically, the women spoke of their inability to control their anger, leading to unpredictable behaviour patterns.

Health professionals should remember that labels of mental health illness have the potential to stigmatise and alienate individuals, and can reinforce, rather than alleviate, symptoms (Scheff, 1966). Understanding these women's backgrounds is key to understanding how:

- They carry their personal history with them and bring it into their present circumstances;
- This affects their choices and actions (Grenfell, 2012).

This provides a context in which to view women's risk-taking behaviours. Taking into consideration background context, risk factors and the links to poor health and wellbeing can potentially alleviate the effect of negative labelling. Childhood traumas, particularly those that are interpersonal, intentional in nature and chronic, are associated with higher rates of

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### Box 1. Recommendations

- Health professionals need to understand the reasons why women end up in street sex work
- Viewing the health problems of female street sex workers in the context of a history of childhood and adult trauma – including sexual abuse, abandonment and social exclusion – will lead to empathetic and compassionate nursing
- To meet the needs of disadvantaged groups, which includes female sex workers, health services should develop and implement policies that mitigate social exclusion and discourage social stigma (National Institute for Health and Care Excellence, 2013)
- In view of the frequent history of childhood trauma and vulnerability of female street sex workers, nurses should take particular care to address safeguarding concerns in both adults and children; this should include knowing who is the local safeguarding lead and referring appropriately if there are any signs of abuse
- Mobile facilities such as condom vans have a valuable role in health promotion and helping to prevent the spread of sexually transmitted diseases, as does providing free condoms. Vans should be positioned for female sex workers on the street

PTSD (Wisdom, 1999), depression (Carrion et al, 2001), anxiety (Copeland et al, 2007), antisocial behaviors (Luntz and Wisdom, 1994), and alcohol and substance use disorders (Dube et al, 2006).

#### Social exclusion

Evidence provided by HM Government's (2006) action plan on social exclusion suggested it has a long-term, negative effect on health. Sanders (2009) proposed that stigma, negative images and attitudes attached to the sex industry were the most damaging aspects for sex workers.

#### Substance misuse

In *Behold the Man*, Adamson (2014) states that a drug addiction is a complex disease in which the human soul is trapped inside a being obscured by a lust that perpetuates self-destruction. Without exception, substance misuse and addiction created a tension between the women's desire to leave sex work and the need to feed their drug dependency. This tension further demonstrated the potential health consequences of this cycle of sex work and addiction, and the risk that it further increased their vulnerability to violence and abuse.

Callaghan and Gamble (2015) have pointed out that continued substance dependency and perpetual misuse is known to exacerbate some psychiatric illnesses, including anxiety states, panic, and mood and psychotic disorders.

Another consequence for women who were drug dependent related to social services safeguarding children from their harmful substance use. All seven of the participants with children had them taken into care and put up for fostering or adoption; the trauma and pain of this loss created a

great longing among these women for their children to be reunited with them. Many of the women experienced guilt, suicidal feelings and attempted suicide, as well as deep sadness. This had a further impact on their health and wellbeing, increasing and perpetuating the cycle of drug misuse to numb the pain of loss.

The findings suggest that social services need to give greater consideration to the wider health implications of removing children from their biological mothers in populations such as female street sex workers.

#### Conclusion

This study has resulted in a number of recommendations for health professionals and policy makers (Box 1). There was a strong interrelationship between female sex workers' accounts of childhood trauma and their poor physical and mental health in adulthood. Childhood trauma might include sexual abuse and abandonment issues, such as neglect, parental rejection and family breakdown.

In adult life, the participants frequently experienced intimate partner violence and the loss of their children to social services. They had to constantly navigate the difficult paths of drug and alcohol misuse, being vulnerable and having poor mental health, which often caused them to seek out sex work on the streets to survive. The combined toll of this affected and shaped their health and wellbeing. Nurses need to understand what drives women into sex work in order to identify the factors affecting individual women. This will help them to offer supportive and non-judgemental care that meets these women's needs. **NT**

- Further details of this study can be found in the author's full-length thesis, entitled *The Health and Wellbeing of Female Sex Workers*, available from the University of Hertfordshire Research Archive, at: [Bit.ly/ElliottSexWorkers](http://Bit.ly/ElliottSexWorkers)

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