



Sexual Health Needs Assessment

Commercial Sex Workers (CSW) Hull and East Riding of Yorkshire

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1. Acknowledgements

I would like to express my gratitude to all the commercial sex workers from Hull and the East Riding of Yorkshire who gave their time to take part in this consultation, through completion of questionnaires. Without their help, openness and willingness to take part in this project the sexual health needs assessment would not have been possible.

Also I would like to thank partnership organisations, especially to CSW Project Worker (Cornerhouse), Addictions Worker (CDP), Specialist Drug and Alcohol Worker (The Quays) and members of the CSW (Commercial Sex Workers) HIV Prevention working group for their support and help in creating and distributing the questionnaires.

2. Executive summary

The Hull and East Riding Sexual and Reproductive Healthcare Partnership prioritised the need to undertake a local sexual health needs assessment aimed at commercial sex workers (CSW) within its HIV Prevention Action Plan 2008-10. (This includes those working from flats, street workers, saunas/massage parlours, escort services). CSW are identified as a high risk group in relation to HIV infection and other sexually transmitted infections (*Sex work in Europe: A mapping of the prostitution scene in 25 European countries, TAMPEP 2009*).

This needs assessment has been undertaken by The Hull and East Riding Sexual and Reproductive Healthcare Partnership HIV Prevention Officer, who worked in partnership with a range of agencies and professionals across the region. We are committed to their wellbeing and hearing the needs and will endeavour to assist with appropriate services (but this is not a definite due to funding constraints).

The needs assessment had the following objectives:

- To gather personal data about local CSW`s and their sexual behaviour in relation to practicing safer sex/condom use.
- To ascertain CSW`s satisfaction with current sexual health services.
- To identify any barriers CSW`s face when accessing local sexual health services.
- To identify which sexual health services local CSW`s feel should be provided.
- To explore views/suggestions in regards to a potential development of a dedicated sexual health clinic model to enhance access and uptake of HIV and other STI`s testing.

- To assess their knowledge about HIV and other STI`s in regards to current available information within Hull and East Riding of Yorkshire.
- To develop links and working relationships with a range of agencies to provide a holistic support service to CSW.
- To ascertain views on the potential development of a pilot CSW Peer Education programme.

The needs assessment was carried out over a 12 week period (November 2009-January 2010). The report details the findings ascertained from the needs assessment.

3. Background

3.1. National overview

‘Sex work’ is a term used to refer to a range of situations where someone may be selling or exchanging sexual acts for money, accommodation, drugs, gifts, protection or any type of goods or service. Sex work encompasses a diverse range of sexual acts and practices including (amongst others) escorting, chat lines, porn, erotic dance, modelling and fetish work. (*UK Network of Sex Work Projects: Working with Male and Transgender Sex Workers 2008*).

Commercial sex workers are a heterogeneous group with diverse, experiences, motivations and needs. Street-based and parlour-based sex workers have very different health experiences, risk-taking behaviour and use of services. Street-based sex workers are more likely to use drugs and abuse alcohol, share needles and have unprotected sex. They tend to experience very low standards of general and sexual health and frequently experience violence at the hands of clients (<http://www.avert.org.uk/sex-workers>: *HIV prevention and Sex Workers*).

In the UK, it is estimated that there are between 50,000 and 80,000 female sex workers of whom around 28% (14,000 to 22,400) work in street prostitution while the remaining 72% (36,000 to 57,600) work in indoor establishments and as escorts. Overall, around 37% (18,720 to 29,952) of female sex workers in the UK are migrants, with an estimated 52% of migrant sex workers coming from former Eastern Bloc countries and the Balkans. Thirty five different countries of origin in total (*Sex work in Europe: A mapping of the prostitution scene in 25 European countries, TAMPEP 2009*).

Migrants are now the largest group in the UK sex industry. They present challenges for service providers in two main ways. Firstly, lack of documentation and lack of awareness of services and assistance means that migrant sex workers often do not approach services. They may fear being reported to the police or simply not know what help is available (*UK Network of Sex Work Projects: Migrant sex workers 2008*).

The number of migrant men selling sex has increased over the last few years, especially from Eastern European countries. Nearly two thirds of male sex workers in London are reported as migrant by sex work projects. Migrant male sex workers face many of the same issues as their female colleagues. For most, English is not their first language. They may be unfamiliar with how or when to access services. In their home country, a GP or dermatologist may look after sexual health, and the concept of a sexual health clinic may be new to them. Those with illegal or semi-legal immigration status may fear arrest and/or deportation. The transient lifestyle of migrant sex workers can make accessing services and completing treatment (such as hepatitis B vaccination) problematic. Also many of the male sex workers face the stigma of being

involved in sex work, and like their female colleagues, are at risk of isolation, HIV and other STI's infections (*UK Network of Sex Work Projects: Working with Migrant Sex Workers 2008*).

There is limited research in the UK about male sex workers and sexual health. This lack of information may reflect, on the one hand, a hesitation from male sex workers to attend sexual health services and, on the other hand, the failure to disclose their involvement in prostitution to health professionals. They are often associated with high risk behaviours such as injecting drug use, high rates of anal sex, and inconsistent condom use with both clients and non-paying partners; therefore male sex workers may provide a significant route for STI infection (*McKeganey N. Prostitution and HIV: what do we know and where might research be targeted in the future? AIDS 1994; 8:1215-26*).

It has generally been considered that the risk of acquiring sexually transmitted infections (STI) increases with the number of sexual partners. Therefore, the assumption was made that commercial sex workers are at greater risk of STI's, including HIV, because of their multiple sexual partners. It was consequently thought that the sex workers population could be a "reservoir" for STI infections and therefore influential in spreading HIV to clients and thus play a major role in transmitting the virus into the heterosexual population. Contrary of all the assumptions made, epidemiological research for HIV shows **a low prevalence of HIV in the sex worker population in the UK**. The exceptions are intravenous drug users, where the risk lies in sharing contaminated injecting equipment, and migrant sex workers from HIV endemic countries, who mostly acquired their infection in their country of origin (www.dhiverse.org.uk).

3.2. Local overview

In Hull and the East Riding of Yorkshire CSW's are divided into two groups: "on street" sex workers and "off street" sex workers i.e. escort agencies, flats, massage parlours etc.

Partnership organisations who work with CSW's report that CSW's can be very difficult to draw into mainstream healthcare services and therefore present a challenge to these services.

Locally we have a number of organisations which specifically work with CSW's in relation to their sexual health such as Cornerhouse, Council of Dependency Problems (CDP), Lighthouse Project and The Quays.

Cornerhouse reported that locally CSW can be vulnerable and at risk from a number of external factors including control and coercion. The fact that they can partake in unusual and sometimes risky sexual practices can put them at risk of a number of sexually transmitted infections including hepatitis B and HIV. This could then be seen as a public health risk.

CDP stated that commercial sex work is a stigmatised activity involving many illegal aspects; therefore the perception of sex workers is that if they are identified in the community or by service providers invariably means facing hostility or discrimination (*Information provided by CDP 2009*).

Both organisations (Cornerhouse and CDP) reported that due to the nature of their profession they are often reluctant to access mainstream health services on their own violation or openly for fear of such attitudes or general fear of coming into any contact with statutory agencies that may be perceived as "officialdom". Therefore; there needs to be workers willing to work with CSW's within their own surroundings to act as advocates and accompany to appointments including GUM and Family Planning clinics. Some women are also concerned about the response they may receive when attending clinics on their own and may feel judged by health professionals. There is also the issue that they may not always use their own names and use a working name. Therefore; this can cause difficulties in tracing and follow up appointments (*Information provided by Cornerhouse and CDP 2009*).

Staff working at Cornerhouse cite that there are a number of sexual health issues that can affect local CSW's. Sexually transmitted infections is one of the main risk factors although condom use is a high priority with women working at saunas, massage parlours, street based etc. The majority of women undergo regular screening, and appointments at GUM and Family Planning clinics. There are occasions when condoms either split or are not used; therefore unplanned pregnancies can be an issue. Cornerhouse staff report that in their opinion due to the nature of their lifestyle there are a number of kidney infections caused by trauma to the urethra as well as a number of gynaecology issues. There is high take up of breast screening and there appears to be a higher number of lumps discovered. This may be due to CSW self checking on a regular basis. Other issues are genital warts which can lead to abnormal cells. Chest problems are common due to excess smoking. (*Unreferenced Information provided by Cornerhouse 2009*)

There are a number of determinant factors that can affect both the physical and mental health of commercial sex workers. These are alcohol issues, cannabis use, amphetamine use and some recreational use of cocaine. As stated previously there is also a high rate of smoking. The incidence of domestic violence is quite high and this can affect women physically, mentally and emotionally. The disruptive lifestyle can have an impact on family lives. There is a potential negative impact on children when they reach the age of understanding; there is the guilt that some women may feel that can lead to overcompensation with children, and generational issues e.g. daughters becoming a CSW. (*Information provided by Cornerhouse 2009*)

Information provided by Council of Dependency Problems (CDP) indicates that locally (in Hull area) there are between 70 and 100 **commercial street based sex workers**. This is substantiated by information provided by Humberside Police (Sexual exploitation department) who confirmed that in 2009 they were aware of 84 active street sex workers. (*See appendix A*)

4. Project aims and methodology

This study aimed to assess the needs of CSW's in relation to sexual health including their knowledge and awareness about HIV (including testing) and other STI's and sexual health services in Hull and the East Riding of Yorkshire. The study also sought to explore their sexual behaviours relating to sexual health with the long term aim of promoting effective HIV prevention intervention and increasing uptake of testing for HIV and other STI's.

A questionnaire was identified as being the most appropriate form of data collection as it would maintain the anonymity of respondents. The questionnaire used a combination of closed and semi-open questions which allowed users to record additional information and free text. (See *appendix B*)

All questions were worded in such a way to maintain confidentiality. Stamped addressed envelopes were also provided to return the questionnaires so that confidentiality would be assured.

The questionnaire was divided into three sections:

1. About You
2. Sexual health
3. Sexual health services

These sections were used to:

- Obtain information from respondents about available sexual health services across Hull and the East Riding of Yorkshire
- Find out the knowledge level about HIV and other STI's
- Find out about CSW's attitudes and sexual behaviour
- Obtain information about their sexual health needs in regards to how current sexual health services meet them and/or could improve to meet their needs
- Gather data about age, nationality and services they offer
- Obtain information in regards to barriers they face accessing local sexual health services
- Obtain views about the Peer Education pilot project and a dedicated sexual health clinic

The questionnaires were distributed to:

- Cornerhouse
- CDP (Council of Dependency Problems)
- Lighthouse Project
- The Police
- The Quays
- Hull DIP (Drug Interventions Programme)

The largest numbers of questionnaires were returned from Cornerhouse, CDP and The Quays. Feedback ascertained from other agencies/organisations suggests that they experienced difficulties distributing the questionnaires due to service users/clients being unwilling to complete it.

5. Findings

5.1. About You

There were 59 respondents (n=59) to this CSW questionnaire. In this section we were tried to gather as much information as possible about local CSW's such as their gender, age, sexuality, ethnicity and risky sexual behaviour. Information was also ascertained about HIV transmission, other STI's, their knowledge about them and the reason for being or not being tested for HIV.

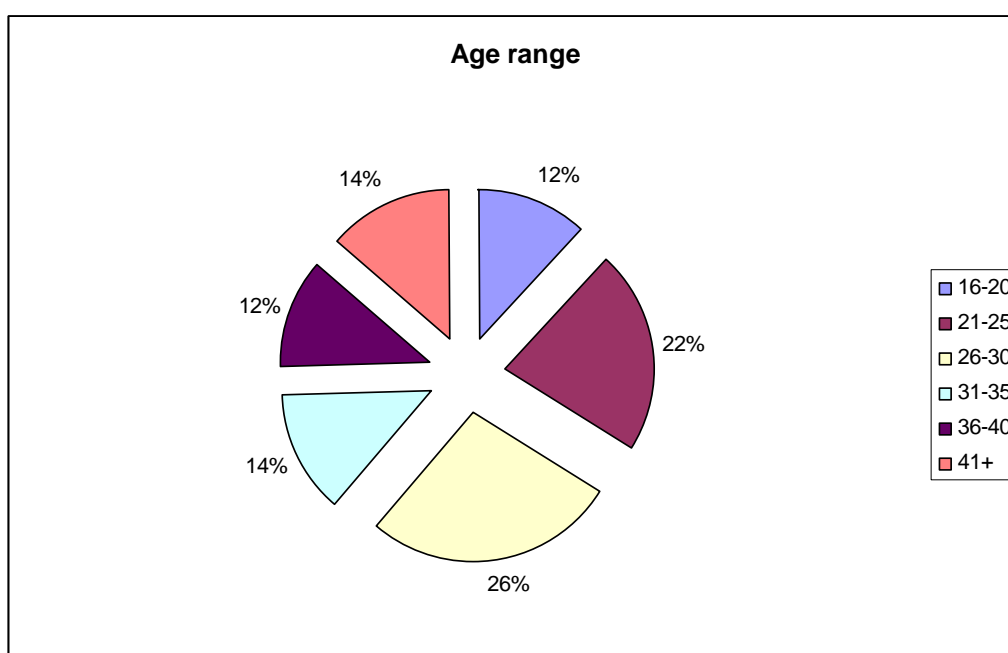
5.1.1. Gender and sexuality

The majority (94%) of respondents who completed the questionnaires were female. When questioned about sexual orientation 4% (n=2) of the sample (n=59) identified as lesbian and 2% (n=1) as a gay man.

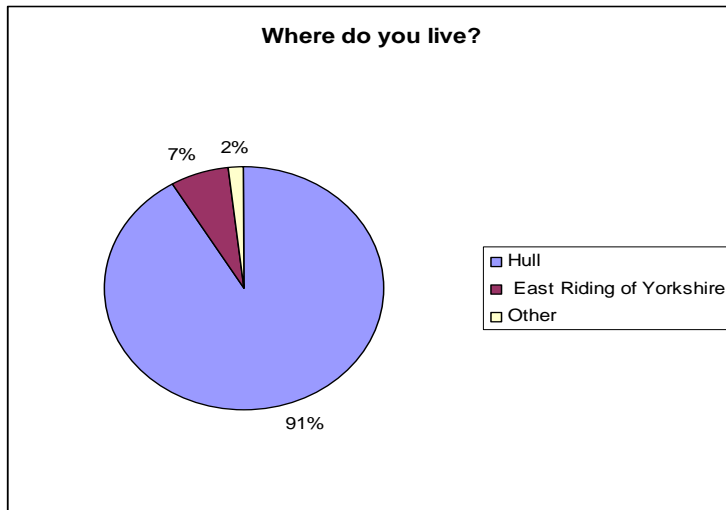
5.1.2. Age and borough of residence

Participants age ranged from 19 to 41 plus years of age as follow:

- 19-20 – 12%
- 21-25 - 22%
- 26-30 – 26%
- 31-35 – 14%
- 36-40 – 12%
- 41 + - 14%

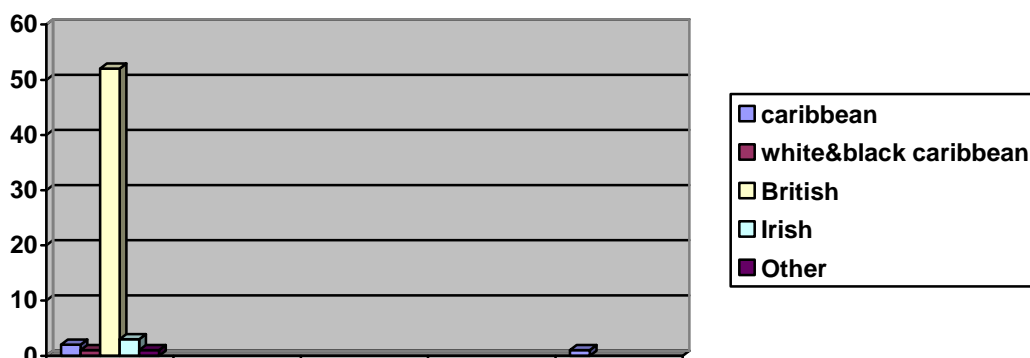


The majority of respondents lived in Hull. Only 4 (7%) respondents were from the East Riding area and 1 (2%) from Scarborough. In this needs assessment I included a person lives in Scarborough as she is working women in Hull.



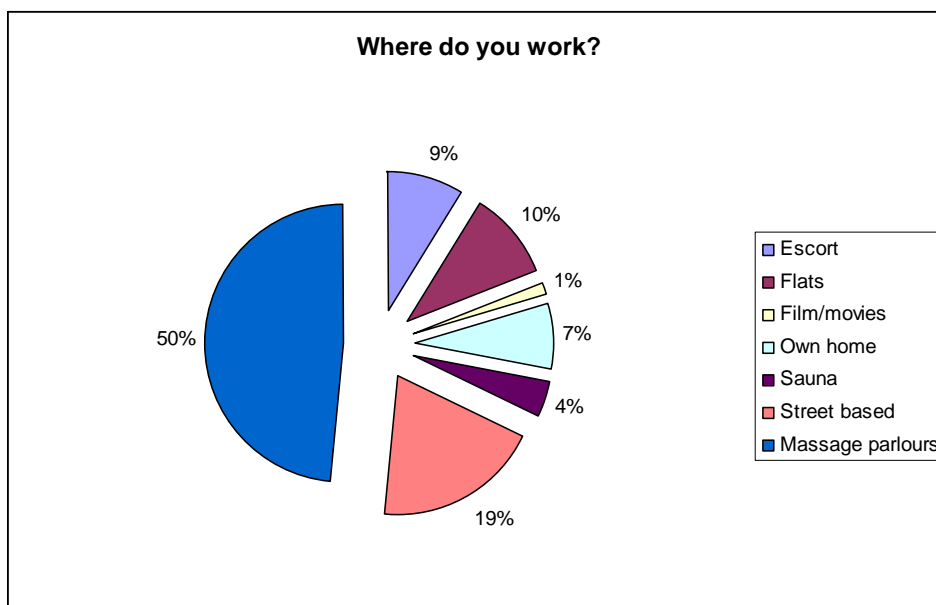
5.1.3. Ethnicity

Participants were invited to state their ethnic background from 20 pre-coded groups, including an 'any other ethnic group' response option. In total, 52 out of 59 of respondents reported being White British, 3 White Irish, 2 Caribbean, 1 White&Black African and 1 stated as Mixed Caribbean.



5.1.4. Place of work

The majority of participants worked in **massage parlours** (50%), 19% were **street based**, 10% worked from **flats**, 9% worked as an **escort**, 7% of participants worked from their **own home** and 4% worked at **saunas**. Only 1% worked in **films/movies**.

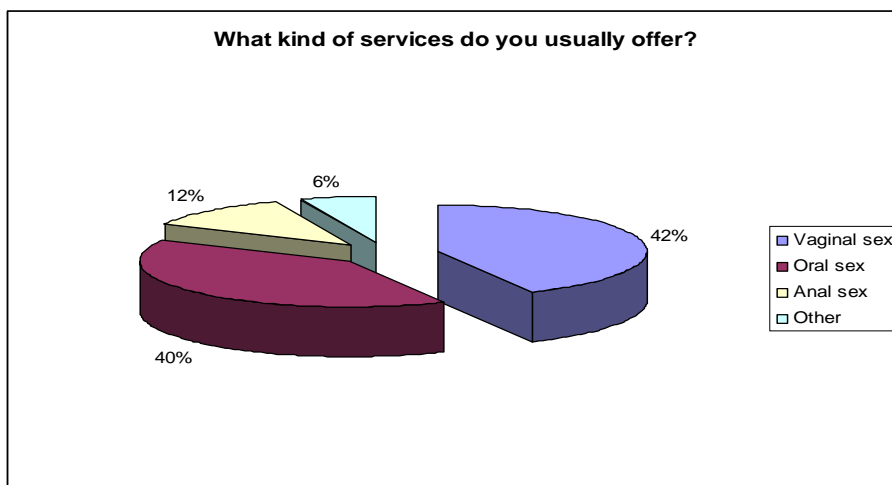


It is important to note that some of the respondents choose more than one place of work.

Respondents were asked for the reason they offered sexual services. 74% of respondents stated for the **money**, 21% stated **drugs and money** and 5% stated **drugs only**.

Sexual behaviour

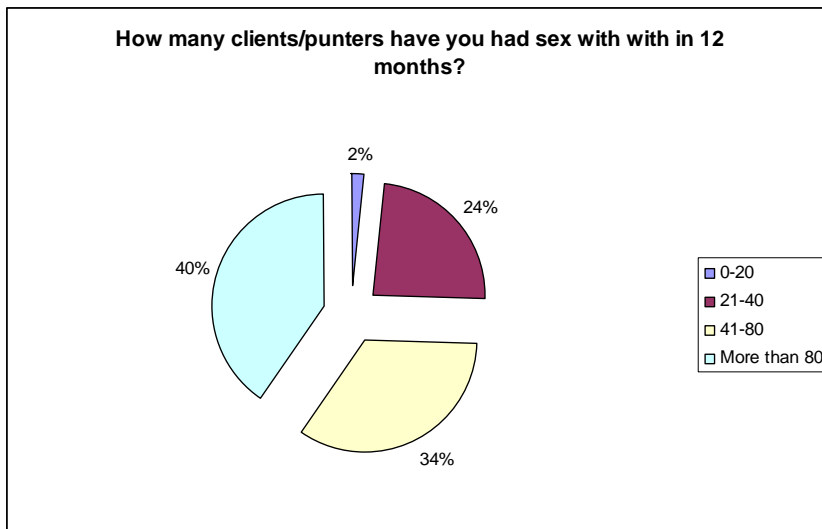
When asked what kind of services you usually offer, 42% stated **vaginal sex**, 40% stated **oral sex**, 12% stated **anal sex** and 6% stated other and gave examples: domination, BDSM (Bondage Domination Sadism and Masochism), water sports and hand relief. Please note that most of the respondents choose more than one sexual activity that was offered to clients.



Regarding the clients the CSW's work with, the majority, 75% stated they work with men and 25% stated both men and women.

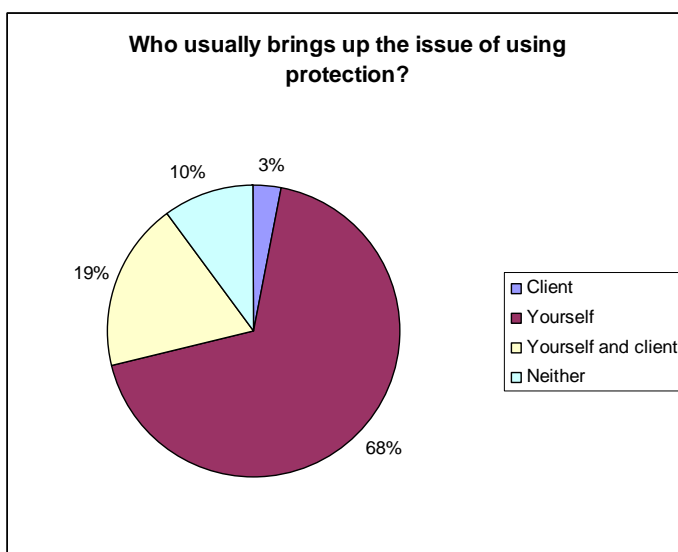
When asked how many clients/punters they have had sexual intercourse with in the last 12 months:

- 40% stated more than 80
- 34% stated 41-80
- 24% stated 21-40
- 2% stated 0-20



5.1.5. Condom use/Information on protection

When participants were asked when negotiating services with a client, who usually brings up the issue of using protection, 68% of sex workers stated themselves, 19% stated both they and client, 10% stated neither and only 3% stated the client.



When asked how often you offer the services listed below without a condom, the findings were:

- Vaginal sex

69% stated never, 14% stated sometimes and always and for 3% vaginal sex wasn't applicable as they haven't offered this particular sexual activity to their clients.

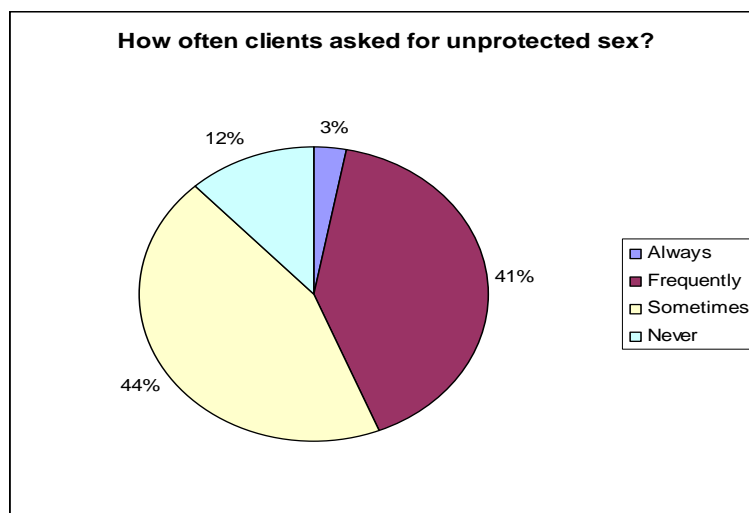
- Oral sex

34% stated never and 34% stated sometimes, 19% stated always, 8% stated frequently and 5% of participants stated not applicable.

- Anal sex

The majority of respondents (71%) stated it is not applicable to them, 15% stated never, and 7% stated sometimes and always.

When participants asked, how often, clients ask for unprotected sex, the majority (44%) stated it happens sometimes, 41% stated frequently, 12% stated never and 3% stated that clients always ask for unprotected sex.



When participants were asked if condoms, femidoms and lubricants are easy to get hold of, the responses were as follows:

Condoms – 93% stated that they are easy to get hold of and 7% stated that they are not.

Femidoms – 45% stated that they are easy to get hold of, 31% stated they do not know and 27% stated that they are not.

Lubricants – 87% stated that they are easy to get hold of, 10% stated that they are not and 3% stated they do not know.

5.1.6. HIV and other STI's

When participants were asked if they know how to protect themselves from HIV transmission, the majority (93%) answered that they know how to protect themselves from HIV transmission and gave an example of how. The most common form of protection was condom and regular checks. Some of the participants did not state how. 7% of respondents answered that they do not know how to protect themselves from HIV.

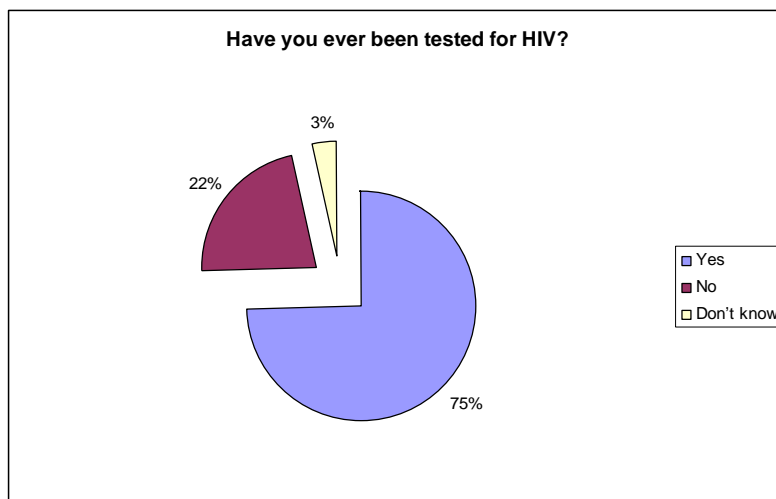
When asked if they know where to get a HIV test, the majority of respondents (93%) stated that they know where to get tested and gave the following locations:

- Conifer House
- Castle Hill Hospital
- GUM clinic
- Hospital
- Family Planning clinic
- The Quays
- GP
- Genesis Leeds

7% of respondents stated that they do not know where to get a HIV test.

When asked if they have ever been tested for HIV, 75% stated that they have been tested for HIV in the past, 22% stated that they haven't been tested in the past and 3% stated that they do not know. Those respondents, who stated that they have never been tested for HIV, gave the reasons as follows:

- I have no reason to think that I have HIV
- I don't know where to get tested
- Its not important to me to know my HIV status
- I am concerned about the impact it might have on my children
- I am afraid of being treated differently if I have HIV
- Have blood monitored due to medical condition.



When asked about general screening for STI`s (other than HIV) e.g. Chlamydia, warts, gonorrhoea, 88% of participants stated that they have been screened for other STI`s in the past and 12% stated that they haven't been screened before and stated that they did not have time.

When asked how you would rate your knowledge about HIV and AIDS the respondents answered as follow:

Excellent	Good	Fair	Poor
12%	62%	24%	2%

When asked about other sexually transmitted infections the answers were as follows:

Excellent	Good	Fair	Poor
20%	65%	15%	0%

In the last question in this section the respondents had to read eight statements and tick if they were *true* or *false*.

Please see the answers below:

1. [AIDS is caused by a virus called HIV](#) – 98% answered correctly.
2. [HIV can be passed on by kissing](#) – 80% answered correctly.
3. [HIV can be passed on by touching](#) – 75% answered correctly.
4. [HIV can be passed on by unprotected sex](#) – 98% answered correctly.
5. [You cannot tell from someone's appearance whether they have HIV or not](#) – 98% answered correctly.
6. [People can have HIV without knowing it](#) – 98% answered correctly.
7. [There is a medical test that can show whether or not you have HIV](#) – 98% answered correctly.
8. [There is no cure for HIV infection once someone has it](#) – 98% answered correctly.

5.2. Sexual health and sexual health services

This part of the questionnaire was about the respondents' general knowledge and information about sexual health and sexual health services. They were asked about their experience (if any) with sexual health services in Hull and the East Riding of Yorkshire and to identify any barriers they faced when accessing services.

This section also captured the respondents' views regarding a dedicated sexual health clinic and a Peer Education programme.

5.2.1. Sexual health

Sexual health information

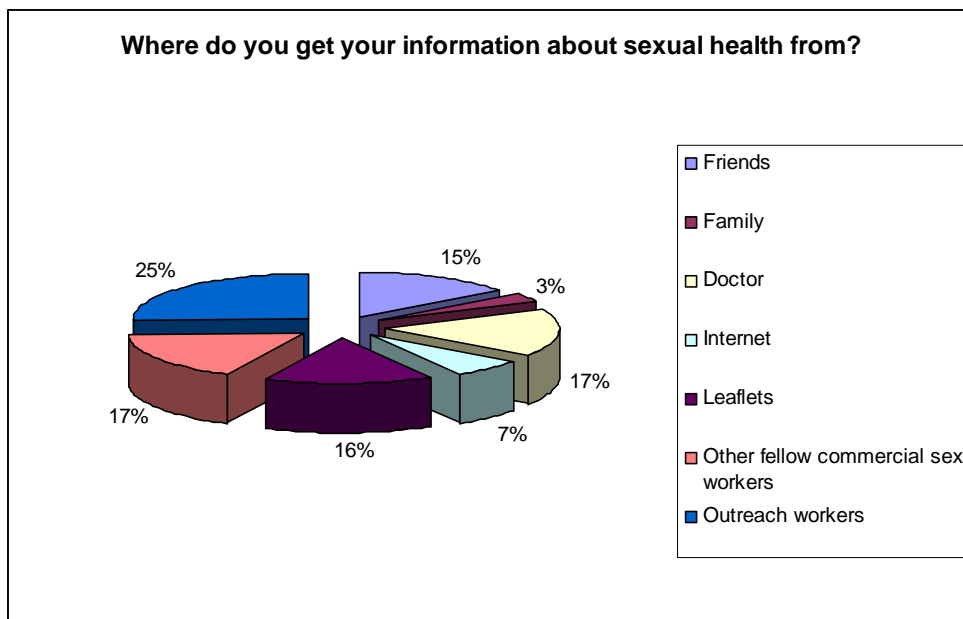
When participants were asked if they ever discussed HIV and other STI's with fellow colleagues, the majority, 71% of participants have had a discussion about it in the past and 29% of participants indicated that they haven't discussed this subject in the past. The reasons given by the 29% who hadn't were:

- No one else business
- Never wanted to
- Not a priority when waiting for punters in the freezing cold

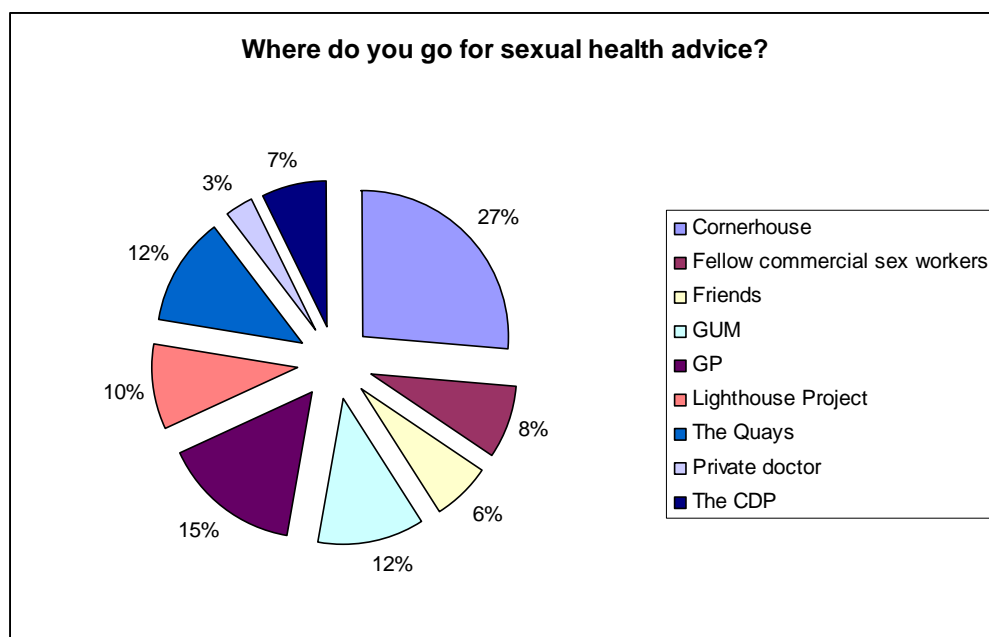
In relation to the question: what would help you to attend your NHS appointments for cervical screening (aimed at women 25 years and over) 34% of participants provided the following suggestions (66% did not respond or were under 25 years of age):

- Don't have screening had full Hysterectomy
- I always turn up for my appointments
- Pop in sessions
- Have all screenings together
- Conifer House
- Transport
- Reminders/text messages
- Support from a worker
- Later opening times
- More venues to make access easier and quicker
- If my GP would be better
- Don't know

When participants were asked where do you get information about sexual health from (please note that the respondents were allowed to tick as many boxes as possible), the majority (25%) stated outreach workers, 17% stated other fellow commercial sex workers, 17% stated doctor, 16% stated leaflets, 15% stated friends, 7% stated internet and 3% stated family.



In relation to where they go for sexual health advice (the respondents were allowed to tick as many boxes as possible), 27% of participants stated Cornerhouse, 15% stated GP, 12% stated GUM and The Quays, 10% stated Lighthouse Project, 8% stated fellow commercial sex workers, 7% stated CDP, 6% stated friends and the minority (3%) stated private doctor.



Participants were asked if they would prefer to get sexual health advice from somewhere else. Respondents stated:

- 5% would prefer to get sexual health advice from elsewhere.
- 70% wouldn't prefer to get sexual health advice from elsewhere, and
- 25% did not know if they would prefer or not and stated that it would be useful to get information in the parlour where they worked

5.2.2. Sexual health services

Patients' view/opinion about local sexual health services

The participants were also asked if they are aware of GUM services across Hull and the East Riding of Yorkshire as follow: Bridlington Hospital, Castle Hill Hospital, Conifer House and Goole Sexual Health Clinic. They stated as follow:

Bridlington Hospital – 8% stated they are aware, 75% stated that they are not aware and 17% did not respond.

Castle Hill Hospital - 49% stated that they are aware, 39% stated they are not aware and 12% did not respond.

Conifer House – 78% stated that they are aware, 6% stated they are not aware and 16% did not respond.

Goole Sexual Health Clinic – 7% stated they are aware, 76% stated that they are not aware and 17% did not respond.

The participants were asked if they have ever visited these in the past. Respondents stated:

- Bridlington Hospital - 85% stated that they have never been to this service in the past and 15% did not respond.
- Castle Hill Hospital – 25% stated they have been to this service before, 61% stated that they have never been and 14% did not respond.
- Conifer House – 72% stated that they have been to this service in the past, 15% stated that they have never been and 13% did not respond.
- Goole Sexual Health Clinic - 85% stated that they have never been to this service in the past and 15% did not respond.

Please note that if the participant answered **NO** for all of them, they were asked to go to **question 30** to continue the questionnaire.

The participants also were asked about their experience within local GUM services and to rate them with regard to the following criteria: friendly, helpful, non-judgmental, supportive, easy to access, confidentiality, location, opening times and waiting times. They had to choose between four measurements: excellent, good, fair and poor. The findings are as follow:

In relation to Bridlington Hospital and Goole Sexual Health Clinic, none of the participants had accessed these clinics and did not rate them.

In relation to Castle Hill Hospital:

Castle Hill Hospital (total 14 respondents)				
%	Excellent	Good	Fair	Poor
Friendly	64	36	-	-
Helpful	64	36	-	-
Non-judgmental	64	36	-	-
Supportive	64	29	7	-
Easy to access	50	29	21	-
Confidentiality	71	29	-	-
Location	29	35	36	-
Opening times	29	50	14	7
Waiting times	43	43	7	7

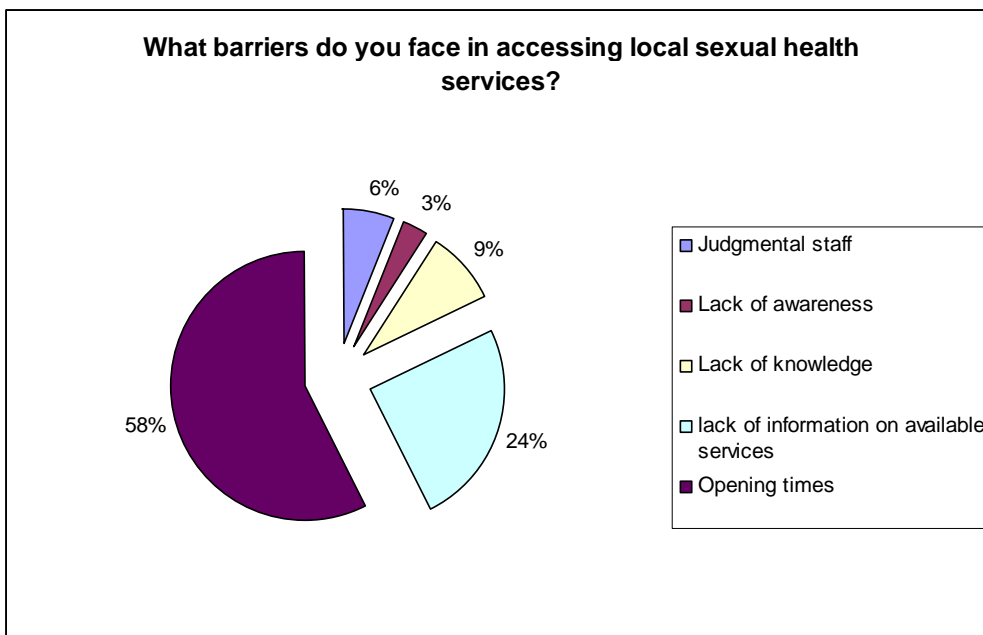
In relation to Conifer House:

Conifer House (total 45 respondents)				
%	Excellent	Good	Fair	Poor
Friendly	52	38	10	-
Helpful	59	10	29	2
Non-judgmental	57	29	14	-
Supportive	59	26	10	5
Easy to access	47	36	7	10
Confidentiality	53	40	7	-
Location	33	50	5	12
Opening times	41	36	2	21
Waiting times	29	24	14	33

Barriers to access sexual health services

Participants also were asked what barriers they faced when accessing local sexual health services. They were able to tick as many boxes as possible. The majority, 51% of participants stated opening times as the biggest barrier, 22% stated lack of information on available services, 8% stated lack of knowledge, 5% stated judgmental staff and 3% stated lack of awareness. The participants also were able to state `other` barriers and 11% responded as follow:

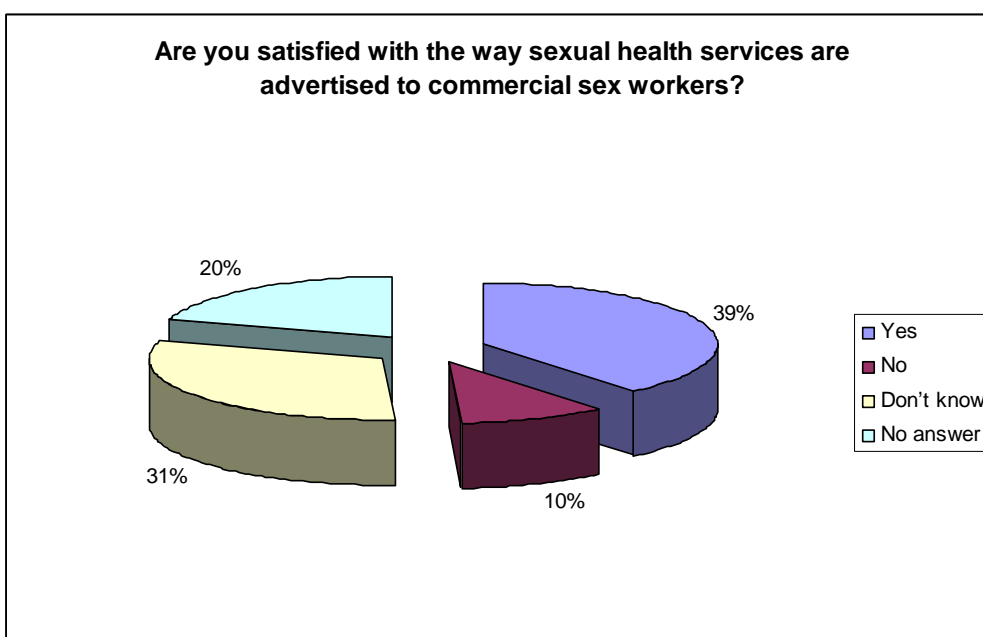
- Lack of understanding
- Waiting times for an appointments



Sexual health services – patients satisfaction

When participants were asked if they are satisfied with the way sexual health services are advertised to commercial sex workers, 39% of respondents stated that they are satisfied with it, 31% of respondents did not know, 10% of respondents weren't satisfied with it and 20% of respondents did not respond. The participants who weren't satisfied stated the reason as follow:

- Not enough outreach workers to see amount of girls
- Too discrete
- No leaflets dedicated just for working girls (in Leeds they have them)
- More advertising specifically to CSW



Peer Education programme

The participants also were asked to express their view about the Peer Education pilot project, which Hull and East Riding Sexual Health Care Partnership would like offer to build their personal development and knowledge.

When asked if they a local Peer Education pilot project would be a good idea, the majority 57% responded that it would and explained why (please see below):

- To reach more sex workers
- To educate people on safety
- On hand advice from another fellow colleague would always be a positive outcome
- Help to have someone in the place and talk to at late hours
- Sex workers are more likely to listen to fellow workers
- Easier access for unorganised people
- Peer educator would understand our issues more and our work
- Would give working girls more information if they needed it

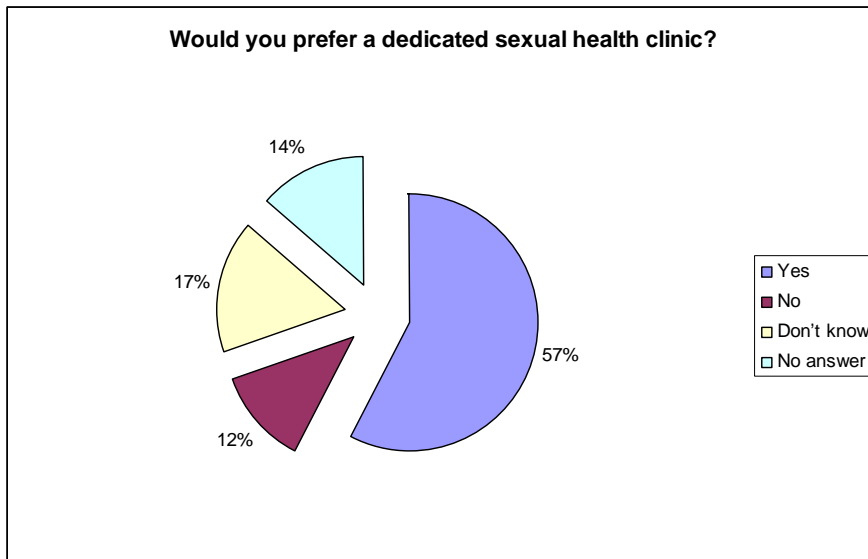
24% of respondents stated that they did not know and 19% did not respond.

In relation to participants interest in becoming a peer educator 39% stated that they would be interested, 32% stated they wouldn't be interested, 19% didn't know and 10% did not respond.

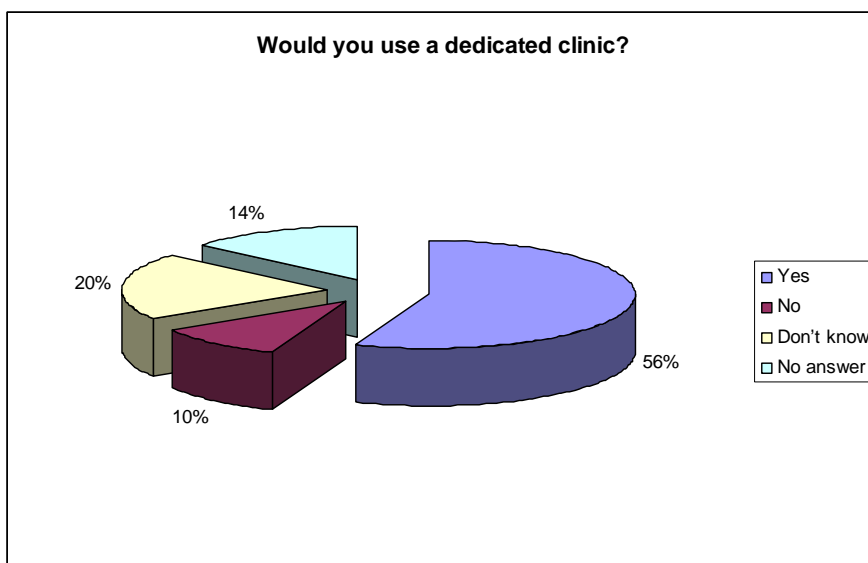
Dedicated sexual health clinic

Participants were also asked if a dedicated sexual health clinic was provided for CSW would they prefer it, would they use it, where it should be located and when should it be open?

The majority (57%) participants stated that they would prefer a dedicated sexual health clinic, 17% participants did not know, 12% stated that they wouldn't prefer it and 14% did not respond.



When asked if they would use a dedicated clinic, 56% stated that they would use it, 20% did not know, 10% stated they wouldn't use it and 14% did not respond.



When asked where it should be, they stated as follow:

- Town centre
- Conifer House
- The Quays
- Hesse Road (Red light area)

When asked when it should be open, they stated as follow:

- Days and evenings
- 24h/7
- 5 days a week

- Weekends
- All the time
- One morning clinic and one evening clinic

6. Conclusion

National evidence shows that CSW`s face a number of barriers when trying to access sexual health services, barriers that are heightened by factors such as the environment and the context of their work (*Sex work in Europe, TAMPEP 2009*). This needs assessment indicates that local CSW`s also experience a range of barriers such as, opening times, waiting times and difficulties making appointments.

It is very important that in order to prevent HIV and other STI`s infections amongst sex workers service providers should be viewing them as partners, and involving directly in HIV prevention interventions. This could raise self-esteem and empower local CSW`s, thereby encouraging them to look after their health and increase access to sexual health services.

Empowerment should be a key issue for reducing the vulnerability of sex workers. An open and non-judgmental partnership of cooperation, focused on the needs of the individual, is essential for ensuring comprehensive support and services for sex workers.

7. Recommendation

The following section presents recommendations for the future developments to meet the sexual health needs of commercial sex workers in Hull and the East Riding of Yorkshire. The recommendations are drawn from information ascertained from the above findings.

- 1) Increase the amount of local sexual health information/resources aimed specifically at CSW`s.
- 2) Target CSW`s when advertising sexual health services.
- 3) Promote targeted safer sex messages to CSW`s to increase levels of condom use amongst sex workers and their clients.
- 4) Encourage CSW`s to attend services for regular sexual health screens.
- 5) View the local outreach worker posts as vital when trying to encourage CSW`s to attend sexual health services.
- 6) Specifically focus on promoting cervical screening amongst local CSW`s.
- 7) Explore the feasibility easier access to cervical screening for CSW`s e.g. hold drop-in sessions at Conifer House.
- 8) Scope the feasibility of dedicated CSW sexual health clinics (talking into consideration the respondents' suggestions regarding location and times).
- 9) Develop a local Peer Education programme aimed at CSW`s (ensure adequately funded).
- 10) Develop work aimed at reducing stigma attached to CSW.
- 11) Explore ways of increasing uptake of community based HIV testing and other STI`s screening (e.g. within massage parlours etc).
- 12) Ensure local services and staff engage with local CSW`s involving them directly in HIV prevention interventions.
- 13) Ensure staff obtain training aimed at rising awareness of issues relating to CSW`s.
- 14) Post training undertake future audit of CSW patient satisfaction (regarding staff attitudes, support etc).
- 15) Further work needed to ensure up to date information/date is available regarding the local CSW population, demographics etc.

Appendix ACommercial sex workers data

CATEGORY	FEMALE	MALE
<i>NUMBER OF KNOWN STREET SEX WORKERS</i>	225	3
<i>NUMBER OF STREET SEX WORKERS ACTIVE IN 2009</i>	82	2
<i>NUMBER OF PREMISE BASED SEX WORKERS</i>	58	4
<i>NATIONALITIES OTHER THEN BRITISH (STREET)</i>	1	-
<i>NATIONALITY OTHER THEN BRITISH (PREMISES)</i>	8	-

AGES	STREET	PREMISES
<i>15 TO 20</i>	9 F	4 F
<i>21 TO 25</i>	19 F	9 F
<i>26 TO 30</i>	62 F	10 F
<i>31 TO 35</i>	51 F~ 1 M	10 F
<i>36 TO 40</i>	47 F~ 2 M	6 F
<i>41 TO 50</i>	26 F	7 F~ 1M
<i>51 +</i>	11F	3 F

* F – Female

* M – Male

Appendix B

Sexual health needs assessment questionnaire

The questionnaire is completely confidential and anonymous.

Sexual Health Needs Assessment for Commercial Sex Workers (CSW) In Hull and the East Riding



City Health Care Partnership

The questionnaire is about sexual health and sexual health services. The purpose of the questionnaire is to improve HIV prevention for CSW, availability of sexual health services and reduce barriers to service access. Please try to give an answer for every question.

PART 1 ABOUT YOU

1. Are you? <i>(please tick)</i>			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Trans man/ cross dresser	<input type="checkbox"/>	Transvestite	<input type="checkbox"/>
2. What age are you? <i>(please state)</i>			
3. What is your ethnic group? <i>(please tick one)</i>			
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Any other Asian background <i>(please state)</i>			
Black or Black British:	Caribbean <input type="checkbox"/>	African	<input type="checkbox"/>
Any other black background <i>(please state)</i>			
Mixed:	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Any other mixed background <i>(please state)</i>			
White:	British <input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other White background <i>(please state)</i>			
Other ethnic groups:	Chinese	<input type="checkbox"/>	
Any other ethnic group <i>(please state)</i>			
4. Where do you live? <i>(please tick)</i>			
	Hull <input type="checkbox"/>	East Riding	<input type="checkbox"/>
Other <i>(please state)</i>			
5. Where do you work? <i>(please tick)</i>			
Escort	<input type="checkbox"/>	Flats	<input type="checkbox"/>
Films/movies	<input type="checkbox"/>	Own home	<input type="checkbox"/>
Sauna	<input type="checkbox"/>	Street based	<input type="checkbox"/>
Massage parlours	<input type="checkbox"/>	Other	<input type="checkbox"/>
<i>(if other please state)</i>			
6. Are your clients? <i>(please tick only one)</i>			
Men only	<input type="checkbox"/>	Women only	<input type="checkbox"/>
Both men and women	<input type="checkbox"/>		
7. Do you exchange services for? <i>(please tick)</i>			
Drugs	<input type="checkbox"/>	Money	<input type="checkbox"/>
Drugs and money	<input type="checkbox"/>	Other	<input type="checkbox"/>
<i>(if other please state)</i>			

8. What kind of services do you usually offer? (tick as many boxes as apply)

Vaginal sex Oral sex Anal sex Other

(if other please state)

9. Approximately how many clients/punters have you had sex with in the last 12 months? (please tick)

0-20 21-40 41- 80 More than 80

10. When negotiating services with a client, who usually brings up the issue of using protection e.g. condoms/femidoms (female condom)? (please tick)

Client Yourself Yourself and client Neither

11. How often do you offer services without a condom? (please tick)

	Always	Frequently	Sometimes	Never	Not applicable
Vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How often do your clients ask for unprotected sex? (please tick)

Always Frequently Sometimes Never

13. Do you know how to protect yourself from HIV transmission? (Please tick)

Yes (please say how)

No

14. Do you know where to get an HIV test? (please tick)

Yes (please say where)

No

15. Have you ever been tested for HIV? (please tick) Yes No Don't know

If No please tell us why? (tick as many as apply)

Its not important to me to know my HIV status	<input type="checkbox"/>	People I know do not approve of HIV testing	<input type="checkbox"/>
I don't know where to go to get tested	<input type="checkbox"/>	I don't trust the services that provide testing	<input type="checkbox"/>
I am too afraid I might have HIV	<input type="checkbox"/>	I do not want to use any 'official' services	<input type="checkbox"/>
I am afraid of being treated differently if I have HIV	<input type="checkbox"/>	It would cause problems in my relationship	<input type="checkbox"/>
I am concerned about the impact it might have on my children	<input type="checkbox"/>	I may not get treatment if I need it	<input type="checkbox"/>
I've no reason to think I have HIV	<input type="checkbox"/>	I've never had intercourse	<input type="checkbox"/>

Other reason (please say what)

16. Have you ever been screened for a sexually transmitted infection (other than HIV) e.g. Chlamydia, warts, gonorrhoea?

Yes No (please say why)

17. How would you rate your knowledge about? *(please tick)*

	Excellent	Good	Fair	Poor
HIV and AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sexually transmitted infections (e.g. gonorrhoea, Chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please tell us if the following statements are TRUE or FALSE *(tick one box for each statement)*

AIDS is caused by a virus called HIV	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by kissing	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by touching	True	<input type="checkbox"/>	False	<input type="checkbox"/>
HIV can be passed on by unprotected sex	True	<input type="checkbox"/>	False	<input type="checkbox"/>
You cannot tell from someone's appearance whether they have HIV or not	True	<input type="checkbox"/>	False	<input type="checkbox"/>
People can have HIV without knowing it	True	<input type="checkbox"/>	False	<input type="checkbox"/>
There is a medical test that can show whether or not you have HIV	True	<input type="checkbox"/>	False	<input type="checkbox"/>
There is no cure for HIV infection once someone has it	True	<input type="checkbox"/>	False	<input type="checkbox"/>

PART 2 SEXUAL HEALTH

19. Have you ever discussed HIV and other sexually transmitted infection with other commercial sex workers? *(tick only one answer)*

Yes No

(please state why not?)

20. If you are a woman 25 years and over: what would help you to attend your NHS appointments for cervical screening (method of preventing cancer by detecting and treating early irregularities which, if left untreated, could lead to cancer in woman's cervix (the neck of womb) ? *(please state below)*

.....

21. Where do you get your information about sexual health from? *(please tick as many boxes as apply)*

Friends	<input type="checkbox"/>	Family	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Leaflets	<input type="checkbox"/>	Other fellow commercial sex workers	<input type="checkbox"/>	Outreach workers	<input type="checkbox"/>	Other	<input type="checkbox"/>

(please specify)

22. Where do you go for sexual health advice? *(tick as many boxes as apply)*

Accident&Emergency Department	<input type="checkbox"/>	Cornerhouse	<input type="checkbox"/>
Fellow commercial sex workers	<input type="checkbox"/>	Friends	<input type="checkbox"/>
Hull and East Riding Genito Urinary Medicine clinic (clinics which test and treat sexually transmitted infections, including HIV)	<input type="checkbox"/>	GP (General Practitioner) (Family doctor)	<input type="checkbox"/>
The Quays	<input type="checkbox"/>	Lighthouse Project	<input type="checkbox"/>
Private doctor	<input type="checkbox"/>	The Council of Dependency Problems (CDP)	<input type="checkbox"/>

Other organizations *(please state)*

23. Would you prefer to get sexual health advice from somewhere else? *(please tick)*

Yes *(please state from where)*

No Don't know

SEXUAL HEALTH SERVICES

24. Do you think that the following free items are easy to get hold of? *(please circle)*

Condoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Femidoms	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Lubricant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>

25. Are you aware of the following GUM services across Hull and East Riding? *(tick as many boxes as apply)*

Bridlington Hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Castle Hill Hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Conifer House Hull	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Goole Sexual Health Clinic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

26. Have you ever been to any of the following GUM clinics? *(tick as many boxes as apply)*

Bridlington Hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Castle Hill Hospital	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Conifer House Hull	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Goole Sexual Health Clinic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Other *(please state)*

If you answered **NO** for all of them, please go to **Q31**.

27. Could you tell us from your experience how would you rate the sexual health services in Hull and the East Riding with regard to the following criteria? *(please tick)*

Bridlington Hospital

	Excellent	Good	Fair	Poor
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Castle Hill Hospital				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conifer House Hull				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goole Sexual Health Clinic				
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28.What barriers do you face in accessing local sexual health services? (tick as many boxes as apply)

Judgmental staff	<input type="checkbox"/>	Lack of information on available services	<input type="checkbox"/>
Lack of awareness	<input type="checkbox"/>	Language barrier (e.g. English not first language)	<input type="checkbox"/>
Lack of knowledge	<input type="checkbox"/>	Opening times	<input type="checkbox"/>

Other (please state)

29.Are you satisfied with the way sexual health services are advertised to commercial sex workers? (please tick)

Yes No (please say why)

Don't know

30.A Commercial sex Worker **Peer educator** is someone who is trained and passes on information about sexual health and HIV to other commercial sex workers and gives out leaflets and in some cases free condoms to other commercial sex workers

Do you think that a local **Peer Education** pilot project would be a good idea?

Yes (please say why)

No (please say why)

Don't know

31.Would you be interested in being a peer educator?

Yes No Don't know

32.If we were able to provide a dedicated clinic for commercial sex workers:

	Yes	No	Don't know
Would you prefer it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you use a dedicated clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where should it be? (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When should it be open? (please state days and times)

Other suggestions/comments

Thank you for taking the time to answer this questionnaire. Please return completed form via attached SAE.