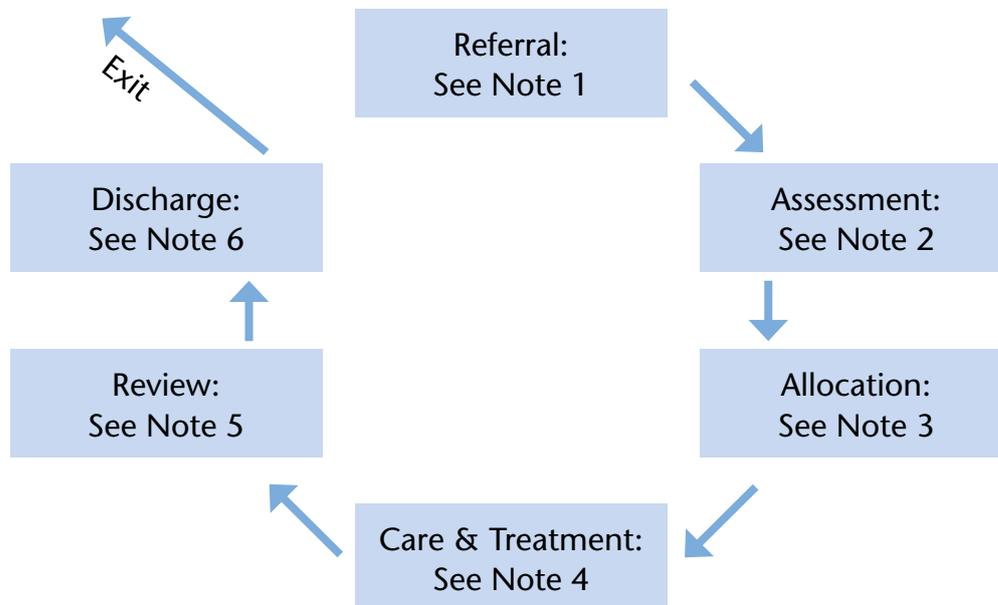


Introduction

This pathway has been designed as a guide and pathway for Addiction Workers to follow when identifying and providing care and treatment for women who are involved in prostitution. While it is acknowledged that clients attending services do not always follow a linear process and path through services, this pathway highlights important key interventions for workers to follow based on the Glasgow Addiction Services Standards for Women Involved in Prostitution (2006).

The pathway considers actions from referral to discharge and acts to direct the care and treatment interventions offered by Addiction Staff.



Note 1: Referral

- Referrals into addiction services can often provide brief and focussed information pertaining to addiction consumption giving little reference to the broader social context of a client's experience. Addiction workers/nurses should bear in mind that women attending addiction services can often have experience of Gender-Based Violence (GBV) e.g. domestic abuse, prostitution and sexual abuse.
- Addiction workers/nurses should understand how these issues intersect with addiction e.g. consumption, patterns of use, coping strategies/mechanisms.
- If there is indication of any type of GBV within the referral, workers should carefully consider who is best suited within the team to carry out the addiction assessment with the woman and make assessment arrangements accordingly.

Note 2: Assessment

- Before the assessment begins it is important to explain to the woman that they will be asked questions that they may find sensitive and personal. It is also important therefore to offer the woman the opportunity to be seen by a female worker e.g.

“ We know that often people use drugs or alcohol to cope with other problems in their lives. Because of this we ask some questions that you may find sensitive or personal. If we can help you sort out these ‘other problems’ it can often help to sort out your drug or alcohol problem as well. If you would rather be seen by a female worker because of this then we can arrange that just now....If I ask you anything that you don't feel you want to answer then that's OK. ”

- An explanation at the beginning of the assessment helps to prepare for sensitive enquiry and provides safe assessment boundaries.
- It is important to ask about prostitution in a sensitive way. This should be done confidently and directly e.g. *“We know that a lot of women who have drug or alcohol problems have experience of abuse in their lives for example domestic abuse -being threatened or hit by a partner, or through prostitution. Have you experience of any abuse issues you'd like us to help you with?”*
- If a woman does disclose involvement then it is important to discuss the following within the assessment:
 - **Stabilising drug or alcohol use** - can help to cease involvement in prostitution (therefore discuss options for substitute prescribing, alcohol detox etc).
 - **Coercion** - is the woman being forced into prostitution?
 - **Child protection** – consider whether there are risks to any children. Discuss risks with line manager and act to safeguard children affected.
 - **Personal safety** – identify risks and discuss solutions to reduce.
 - **Safer sex** – advise using condoms.
 - **Mental Health** - how this affects mood, feelings and thoughts.
 - **Exit** – we can help to support the woman to stop being involved when and if she is ready.
 - **Useful support agencies** e.g. Drop In Services, Specialist Prostitution Services, Sexual Health Clinics.

Inequalities Sensitive Practice Initiative Women Involved in Prostitution



Note 3: Allocation

- Inform CAT prostitution link worker
- Allocate to appropriate staff member within 1-2days
- Fast track for addiction treatment (1-3 days)
- Consider Child Protection actions as appropriate

Note 4: Care Management

- Build trusting relationship & consider possible need for female friendly meeting space.
- Set date for a multi disciplinary/agency review for 4-6 weeks (or sooner if urgent)
- Arrange minimum weekly appointment with client. Prescriptions should be provided at the weekly appointment outwith clinics to provide opportunity for fuller discussion and care planning.
- Prepare Care Plan with client involvement

Actions for Addiction Care Manager:

- substance stabilisation, maintenance or abstinence support
- monitoring compliance to substitute prescribing
- identifying trigger factors
- discussing relapse prevention techniques and strategies
- developing and enhancing coping skills and positive motivators
- highlighting future goals
- income considerations (maximisation & benefits review)
- pro-active follow up for missed appointments
- referral to and co-ordination of support agencies
- organise complex case review meetings (4-6 weekly) with all relevant agencies and appropriate addictions staff i.e. Addiction Psychologist re. associated trauma needs.

Case Study Example

Debbie is 23 years old and has been using heroin for several years. She left home several years ago due to family dispute and breakdown and through time became homeless. She currently lives in hostel accommodation and has been involved in street prostitution for approximately 1 year. She buys heroin for her and her boyfriend with the money she receives.

Debbie has been referred to the Community Addiction Team for support for her addiction.

This is what happens

At the initial assessment the worker sensitively but directly asks her if she has ever been involved in prostitution. Debbie is initially hesitant to answer but discloses her involvement. They discuss how this affects her and the risks involved. Debbie is given information about support agencies and the addiction worker explains how addiction services can help. The addiction worker asks Debbie if she'd like support to stop being involved in prostitution. Debbie says yes but doesn't see any way out. The addiction worker suggests there are many options that they can organise to help and support Debbie:

- Choice of a female worker if that's her preference.
- Stabilisation of addiction through a methadone prescription and ongoing addiction support and interventions.
- Referral to specialist agencies to discuss the impact of prostitution e.g. sexual health, Drop in Services, Counselling Services etc.
- Involvement of supported accommodation services and community housing services.
- Referral to addiction Residential Rehabilitation services.
- Involvement with the addiction psychologist for guidance in relation to associated trauma.
- Referral for mental health assessment if needed i.e. for depression or anxiety.
- Referral to community rehabilitation with possible referral when ready to training and employment services.
- Arrangement for income maximisation and benefits check as alternative to supplementing income through prostitution.
- Referral for group work for confidence and assertiveness building.
- Re-establish contact when ready and if desired with family members.
- Reassurance that Debbie will be given the support, space and time to make choices and changes.

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Depending on Debbie's particular needs and choices there is a range of accessible services available for support. After the initial assessment the addiction worker highlights the case at the allocation meeting. It is agreed that Debbie will be allocated to a female worker (Care Manager) experienced in working with women who have issues of abuse and prostitution. The supervisor who allocated the case informs the team's prostitution link worker. The prostitution link worker meets with the Care Manager to provide leaflets and information and highlights the care pathway for prostitution and associated standards.

The Care Manager meets with Debbie and quickly arranges for her to receive a methadone prescription. The manager also develops a care plan with Debbie and agrees to call a case review to bring together all the relevant agencies involved.

Over the next year Debbie works at stabilising her addiction and is accepted at a young women's supported accommodation project. They help Debbie to gain independent life skills and work to build her confidence and self belief. During the day Debbie attends the local community rehab service and attends group work on assertiveness and relapse prevention. Debbie's future plans are to start a college course with prospects to work one day in computing.

Note 5: Reviews

The review provides opportunity to involve other relevant agencies and workers who can help to support the client with their broader needs. It is important for all involved to have a shared understanding and have agreement on coordinated interventions to support the person involved. The reviews should be regarded as a Complex Case Review and include discussion on

- background & current circumstances
- care planning-physical, social, psychological needs
- risk assessment
- appropriate interventions
- proactive agency involvement & discussion to support exiting prostitution.
- goal setting and future plans and discharge options.

When the case begins to progress in a constructive way, timescales and frequency of reviews can be agreed by those involved.

Note 6: Discharge

Discharge from the service should be planned and organised as a graduated positive experience. It should occur when there is no longer any need or desire for service involvement. Discharge should be risk assessed and agreed with all stakeholders, line management and the client.