

PEOPLE INVOLVED IN PROSTITUTION

- It is essential that all patients are asked if they have given sexual acts for money or in exchange for anything else (i.e. accommodation, drugs etc).
- The number of clients seen at Sandyford who disclose involvement in prostitution during consultations is disproportionately small considering the volume of annual attendances. The reason for this is unclear.
- People involved in prostitution may be reluctant to disclose this in consultations for fear of a judgmental response.
- Advantages in disclosing their involvement in prostitution are easier access to sexual and reproductive health (SRH) services, STI screening, vaccinations, emotional support, safety advice and links to other service. For clients to feel able to disclose their involvement in prostitution it is essential that questions about giving sexual acts for payment are asked in caring and supportive manner and are phrased correctly.

Examples:

“We’ve talked a bit about your drug use, do you ever have to have sex with people to get money for drugs or for somewhere to stay?”

or

“There has been a big increase in the online sex industry and we want to make sure that anyone involved in this is kept as safe as possible. Is this something that has affected you?”

Reasons that someone may become Involved in Prostitution:

- Financial difficulties
- To finance drug/alcohol use
- Coercion
- Being forced to by an abusive partner
- As a form of self-harm
- Personal choice

PROBLEMS THAT MAY BE EXPERIENCED BY PEOPLE INVOLVED IN PROSTITUTION:

- Difficulty accessing traditional SRH services for contraception and STI screening
- Disproportionate rates of STIs & BBVs
- Adverse childhood experiences
- Addiction
- Social care and family issues
- Housing/homelessness issues
- Mental health conditions
- Suicidal ideation and suicide attempts
- Gender based violence
- Unsafe work environments
- Sexual abuse/assault
- Isolation
- Human trafficking
- Criminal justice issues

Terms Used to Describe Prostitution:

The NHS GGC preferred term is “people involved in prostitution” although it is important to take the linguistic lead from the client. For example this may be “escort “or” sex worker”. The term “Transactional Sex” covers all types of payment in return for sexual acts.

Varying Forms of Prostitution and Where to Appoint at Sandyford:

All people involved in prostitution are classified as a priority group in Sandyford and therefore can be given an Urgent Care appointment.

There are varying forms of prostitution:

- On-street
- Off-street

1. On-street prostitution

This is meeting people in specific areas (mostly in Glasgow city centre) where sexual activity in exchange for usually money, takes place outdoors or in cars. The majority of people involved in this type of prostitution are people who inject drugs (PWID) and are likely to have visible vulnerabilities such as physical, social, mental health problems.

Where to appoint at Sandyford:

- It is unlikely that these clients will attend Sandyford services alone. They will usually be prompted and then assisted to attend our service by support staff from various NHS and third sector organisations such as Routes Out Of Prostitution. Any such client is extremely vulnerable and should always be fast tracked to an appointment. If they attend in person they should be triaged and if possible, be seen on the day.
- In addition to an UC appointment, there are sexual and reproductive health outreach services provided by Sandyford at:
 - Complex Needs Service, 55 Hunter Street, G4 OUP.
 - Glasgow Drug Crisis Centre 123 West St, G5 8BA.
 - Various Outreach locations – please check with the Sandyford Outreach Team.
 - Clients can attend on a drop in basis. Please note that intrauterine contraception insertions need to be arranged in advance so will not be suitable if the client requires this for emergency contraception.
 - Clients can be given an appointment at the G3 clinic (see below) if it is thought likely they will attend.
 - Try to obtain contact details for the client or for their support worker if consent is given to contact them. This is vital when trying to coordinate appointments and any follow up.
 - A purple triage should be added to NASH stating “**Priority Client**”.

OFF STREET PROSTITUTION:

- This is more common and usually takes the form of selling sex in flats, saunas, escorting and is mostly arranged via agencies or independently through online on adult websites such as “Adultwork”.
- This also includes people working in the adult film industry, domination, web – camming and lap dancing. This group varies widely in health equality and in their ability to engage with services. It can range from those who are extremely competent and motivated to address their SRH needs and those who may have complex barriers to achieving this.

Where to appoint at Sandyford:

- The Sandyford G3 Clinic sees patients involved in any form of prostitution and aims to meet the complex SRH, STI and BBV testing needs of this group. It is supported by the lead clinician for vulnerable adults.

There are 2 weekly lists staffed by one nurse and one doctor. These sessions take place in Sandyford Central on Wednesday afternoons.

- The clinic offers quick and direct access to appointments.

G3 appointments can be made by calling the Sandyford Inclusion Team (SIT) on 0141 211 8610. Clients can be given this number to call directly. The clinic tabs “SC G3 Central” and “SC G3 Dr Central” on NASH can be used to book appointments for clients if you see them or speak to them on the phone. If you do give someone a G3 appointment please advise the SIT.

Clients involved in prostitution can also attend Connects local to them if this is their preference. You may find it helpful to discuss such clients with the SIT where advice on additional needs such as safety, support services etc can be given.

In line with the principles of the Equality Act (2010) and A Fairer NHS (2016-2020), the G3 service is available to anyone regardless of their sex, sexual orientation or gender identity.

Investigations:

Everyone involved in prostitution should be offered a BBV screen every 12 weeks.

- For those involved in on street prostitution in Glasgow, BBV testing is vital due to the current HIV outbreak in the Glasgow city centre injecting community.
 - If a venous blood sample is not obtainable a dry blood spot test (DBST) should be carried out. Many clinicians in Sandyford have been trained to do this. The test kits and request forms are in the ground floor or in staff base at Sandyford Central and in all Hubs/Connects.
 - If for any reason BBV testing is not done then it is essential that a plan is put in place for achieving this promptly. Complete an NASH internal referral form to inform SIT.

Tests:

- BBV testing for HIV, STS, Hep C and Hep B (if not vaccinated)
- Chlamydia and Gonorrhoea NAAT from vulvo vagina, urine (male only), pharynx, rectum should be obtained as indicated by sexual history.
- Cervical screening should be offered and obtained if indicated.

The most vulnerable clients are more likely to have defaulted for smears in the past and are also at higher risk of cervical cytological abnormalities. Please update a correspondence address on SCRRS if required. If someone presents as homeless, the SCRRS correspondence address can be updated to c/o Sexual Health Nurses, 55 Hunter Street, Glasgow G4 0UP. Please obtain the patients permission before making this change.

BV and TV in clients involved in prostitution is common so testing/treatment for this may be required. All females involved in prostitution should be offered an HVS for TV. Advice regarding vaginal hygiene should be given.

- Any positive test results should be communicated to the Outreach Team via the SHA office as per SHA office algorithm.

Results:

- A green card should be provided for clients to call for results.
- Alternative arrangements should be made for those who may not have access/credit to calls.
- Sandyford does not provide written/emailed test results.

Contraception:

- This should be offered and initiated at all clinic visits if the client wishes this.
- Advice on when/where to access emergency contraception should be given.
- LARC should be promoted as the most reliable method of contraception especially to those most vulnerable who will struggle to access repeat prescriptions or to adhere to daily compliance.

Vaccinations:

Twinrix should be offered and initiated. Gardasil 9 should be offered.

PRE-EXPOSURE PROPHYLAXIS:

- If someone is exchanging sex for money or anything else with a group who have a high prevalence of HIV then HIV PrEP should be considered.

Currently the prevalence of HIV amongst PWID in Glasgow City Centre is about 11% which is extremely high and anyone having sex with this population should be considered for PrEP – this includes the exchange of sex between men and women and men having sex with men.

- Obtain U+Es, urinalysis alongside a HIV test (and other BBV and NAAT tests). If the patient is on an opiate replacement treatment (methadone) and wishes daily dispensed PrEP alongside this (the recommended option), recording on NaSH which chemist dispenses their daily methadone, and recording their addiction team and care manager name and contact number is very helpful. Refer to the SIT and GUM consultant for assessment of PrEP eligibility and a prescription via Brownlee service will be arranged if eligible.

Post Exposure Prophylaxis:

An assessment of this should be made as per PEP protocol in public folders.

Recording in NASH:

A history of giving any sexual contact for payment in any form should be recorded in the “lifetime sexual history” page on NASH. This includes people working in the wider sex industry such as the adult film industry. There can be a cross over between prostitution and web-camming and lap dancing etc or an escalation from online to physical forms of prostitution.

NASH – Lifetime Sexual History – Sexual Contact Involving Payment –
Yes

Nature of Payment:

Received Sexual Acts for Payment (bought sex)

Given Sexual Acts for Payment (sold sex)

Details should also be recorded on the “social history” page on NASH under GBV. This is used to gather essential data.

SUPPORT:

- If a client expresses a wish to exit prostitution, support can be given with this.
- Referral to “Routes out of Prostitution” (ROOP) (see web link below) can be offered. This is an organisation that gives practical and emotional support and financial advice for women and in certain circumstances men, with an end goal of exiting prostitution. One to one input with a specialist support worker takes place.

In addition to this, ROOP provide an evening drop in service on Monday to Saturday 8.30pm until 12am at The Base, 75 Robertson Street G2 8QD. Women involved in prostitution can attend for condoms, needle exchange, personal alarms, hot drinks, support, safety etc.

- Clients who do not have a desire to exit prostitution but wish support can still be referred to ROOP.
- SRP Choice offers counselling and support to men involved in prostitution, a referral via NASH can be made if the client wishes this.

Safety:

- Discussions re STI and BBV risk reduction should take place.
- Clients should be encouraged to use condoms for all sexual activity including oral sex. Acknowledging barriers to condom use e.g. more money for condomless sex, confidence in asserting condom use should be discussed.
 - Information on where to access free condoms and lube should be provided.
- Buddy systems, carrying a spare phone, personal alarms, risks re lone working - more info on these safety issues can be found in web links below.
- Reporting of rape, sexual assault, physical assault, coercive control, stalking to Police and/or Archway (if fits criteria) should be discussed. How to third-party report to Police or Crime Stoppers should be explained - see web links below.

Current legislation regarding prostitution

- The Prostitution (Public places) (Scotland) Act 2007 makes it an offence to solicit or loiter for the purpose of obtaining the services of a person engaged in prostitution ("Kerb crawling").

The criminal law (consolidation) (Scotland) Act 1995 ("the 1995 act") makes it an offence to keep, manage or assist in managing a brothel or to knowingly allow a premises to be used as a Brothel. A brothel for the purpose for legislation is classified as any premises in which more than one sex worker operates.

- The protection of children and prevention of sexual offences (Scotland) act 2005 makes it an offence to pay for the sexual services of someone under the aged 18yrs.

INFORMING SANDYFORD INCLUSION TEAM (SIT)

Please notify the Sandyford Inclusion team by referring via internal referral on NASH any clients that disclose involvement in any type of prostitution. This will allow us to follow up any outstanding issues and to gather data.

If you have any enquires or need advice regarding clients involved in prostitution then please contact the SIT:

Nurse Team Lead: 07422075598

Clinical Nurse Specialist: 07422075599

Outreach HCSW: 07977323953

Non-urgent enquiries can be emailed to:
ggc.sandyfordoutreach@ggc.scot.nhs.uk

Links to helpful organisations:

ROUTES OUT <https://www.routesout.org/> [Checked Jan 2024]

RAPE CRISIS <https://www.glasgowclyderapecrisis.org.uk/> [Checked Jan 2024]

WOMENS SUPPORT PROJECT

<https://www.womenssupportproject.org.uk/> [Checked Jan 2024]

NATIONAL UGLY MUGS <https://uknswp.org/um/> [Checked Jan 2024]

CRIME STOPPERS <https://crimestoppers-uk.org/> [Checked Jan 2024]

POLICE SCOTLAND [Police Scotland - Police Scotland /](#) [Checked Jan 2024]