

Understanding Healthcare Engagement and Safeguarding for Sex Workers and ASE Victims in the East Riding

Exec Summary of Research

Overview and Rationale

Current healthcare services within the East Riding face barriers to maximising engagement and therefore, efficiency, for sex workers and ASE victims. Traditional ‘sit and wait’ models are failing to reach at-risk cohorts, exacerbated by the isolation which has been created through the recent digitalisation of the sex industry, hiding health risks from the council’s view. East Rising’s rurality only increases this urgent need to bridge gaps between these hidden cohorts and appropriate support.

Methodology

The study used a funnel approach, using three purposively sampled, semi-structured, interviews. The participants had differing specialisms, spanning VCSE outreach, clinical work, and academic perspectives. The analysis yielded 197 unique codes, providing a robust data set to identify systemic and psychological barriers to care.

Results

The research identified five primary themes that dictate the success of health interventions:

1. **Systemic Rigidity and Revenue Barriers:** Standard clinical structures (opening hours, rigid appointment times, and ‘three-strikes’ cancellation policies) are incompatible with the lives of those in crisis and represent wasted time or a loss of income for workers.
2. **Stigma:** The fear of judgment and criminalisation prevents engagement. Many individuals fear that health services act as proxies for the police or social services. Additionally, class-based alienation where individuals feel unworthy of care in mainstream or affluent clinical settings was identified as a persistent problem.
3. **Relational Safety:** The research showed that trust is the primary determinant of continuous engagement and health risk reduction. Findings suggest that persistence is key to this; building a relationship through consistent, low-pressure contact, is helpful to encourage more formal clinical care.
4. **Professional Curiosity & Survival Sex:** There is a high prevalence of ‘survival sex’ (driven by a need to meet basic needs) within the area. Research also showed that practitioners struggle to identify subtle indicators of exploitation (ASE) within a ‘consensual’ narrative without previously having a rapport with the individual. Moreover, providing immediate care is sometimes prioritised by professional curiosity regarding ASE. Various parlours are known to be operating but are reluctant to let services enter them, raising concern over the workers there.

5. The 'Digital Veil' Remains Unengaged: None of the practitioners felt comfortable answering questions regarding the digitalisation of the sex industry, how it should be approached by services and how to identify safety and health risks endured by its participants.

Conclusion and Insights for Future Work

These findings confirm that the digitalisation of sex work has made participants in this industry disconnected from mainstream services. Moreover, traditional models of service, such as waiting for cohorts to approach the services by themselves has shown to be ineffective. To bridge this gap, a greater focus on relational safety and increased interaction with these isolated cohorts must be prioritised.

This research recommends that future work on this area focuses on:

- **Expanding Sampling Strategy:** This research should be repeated on a wider-scale.
- **Piercing the 'Digital Veil':** looking at outreach for those participating in adult service platforms and the ethics surrounding this contact.
- **Integrated Connectivity:** Further research is needed into linking informed-consent work pathways directly with addiction and homelessness hubs.
- **Trauma-Informed Scheduling:** Investigating 'flex-clinics' that move away from rigid commitments and stigmatising structures and questions.
- **Rural Inclusion:** Continued evaluation of the Inclusion Health Vehicle, as a primary site of rural safeguarding and health equity. Continued and extended partnerships with VCSE organisations on penetrating hidden populations.
- **Low Threshold Access and Flexible Clinics:** Future work should investigate the efficacy of flexible clinics, removing ID requirements and rigid appointment times, modeled after the Inclusion Health Vehicle. This could encourage these cohorts to approach mainstream services by lowering the threshold of healthcare access, making them feel more worthy of specialist care.