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Multiple and Intersecting Experiences of Women in Prostitution: Improving Access to Helping Services

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Abstract

When women involved in prostitution experience multiple and intersecting needs, they may face barriers in accessing help and support. These barriers can include geographical location and opening hours of agencies, limited childcare support, and a lack of female-only provision. As a result, women are frequently disadvantaged, and their personal safety put at risk, as they become increasingly vulnerable to exploitation, particularly if they do not have access to secure accommodation. This research project seeks to understand the choices and decisions women make when they engage with helping services. The findings report on an in-depth qualitative study with 11 women involved in, or at risk of involvement in, prostitution. The women attended a third sector drop-in centre in an English city. Semi-structured interviews were used to understand the experiences that led participants to seek support and what they liked or did not like about helping services. Interviews were transcribed and analysed using Bacchi's (1999) 'What is the problem?' approach in order to understand how women framed their experiences, as well as how they negotiated service provision. Women's decisions to use services were shaped by a number of factors, including knowledge, availability, suitability, and assessment of caregivers' behaviour. The way caregivers behaved was important in determining whether they could be trusted. A dissonance emerged between the framing of women's needs by policy and services, and women's lived experiences. This mismatch led to a complex network of support services that were both difficult for women to access and often failed to meet their needs. It is vital that social care services and training providers pay attention to the interactions between caregivers and women seeking help and support. A model is presented to reflect the decisions and choices made by women when seeking help and support, and the associated responses required by policy, service commissioners and providers.

Keywords

England, prostitution, women, complex needs, multiple needs, service access, social care

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ABSTRACT

When women involved in prostitution experience multiple and intersecting needs, they may face barriers in accessing help and support. These barriers can include geographical location and opening hours of agencies, limited childcare support, and a lack of female-only provision. As a result, women are frequently disadvantaged, and their personal safety put at risk, as they become increasingly vulnerable to exploitation, particularly if they do not have access to secure accommodation. This research project seeks to understand the choices and decisions women make when they engage with helping services. The findings report on an in-depth qualitative study with 11 women involved in, or at risk of involvement in, prostitution. The women attended a third sector drop-in centre in an English city. Semi-structured interviews were used to understand the experiences that led participants to seek support and what they liked or did not like about helping services. Interviews were transcribed and analysed using Bacchi's (1999) 'What is the problem?' approach in order to understand how women framed their experiences, as well as how they negotiated service provision. Women's decisions to use services were shaped by a number of factors, including knowledge, availability, suitability, and assessment of caregivers' behaviour. The way caregivers behaved was important in determining whether they could be trusted. A dissonance emerged between the framing of women's needs by policy and services, and women's lived experiences. This mismatch led to a complex network of support services that were both difficult for women to access and often failed to meet their needs. It is vital that social care services and training providers pay attention to the interactions between caregivers and women seeking help and support. A model is presented to reflect the decisions and choices made by women when seeking help and support, and the associated responses required by policy, service commissioners and providers.

KEYWORDS

England, prostitution, women, complex needs, multiple needs, service access, social care

Improving services for women involved in prostitution is essential, in terms of both quality and access. If services are inadequate, women may fail to benefit or will choose not to use them. For women who have multiple and complex needs, the decision to leave services can increase risks to their personal safety and wellbeing (Matthews, Bindel, Young, & Easton, 2014). There are a number of studies (Neale, 2004; Becker and Duffy, 2002; Corston, 2007) that uncover the

practical barriers for women when engaging with particular services such as addiction, criminal justice or mental health services. There is also significant research indicating that much provision is orientated around men (Corston, 2007), particularly in the criminal justice system. However, there has been less investigation of the decisions and choices that women make when seeking help.

This paper reports on a study that explored how women experiencing multiple and intersecting needs made decisions to use helping services. Participants in the study were women who contacted an agency in a large English city, referred to here as the Hana Centre, which supports women involved in, or at risk of being involved in, prostitution. The findings provide important messages for how services can better respond to women in vulnerable or complex situations.

To contextualise the study, three key areas of literature are considered. First, we explore what is written about the intersecting experiences of women involved in prostitution. Second, the concept of complex needs is examined, along with its adequacy in reflecting women's experiences. Third, the ways in which helping services reflect these concepts and meet with women is examined.

Intersecting experiences

Women are often sexually exploited across a range of activities including indoor and street prostitution, child sexual exploitation, trafficking in human beings, and pornography, making it impossible to compartmentalise the different forms of exploitation (Farley, Franzblau, & Kennedy, 2013). Similarly, women's involvement in prostitution is seldom straightforward, consisting of numerous intersecting experiences. In recent years there has been an increased emphasis on intersectionality as a way of exploring women's lives (Hancock, 2007; McCall, 2005; Walby, Armstrong, & Strid, 2012; Yuval-Davis, 2006). Although this paper does not examine different approaches within this perspective in detail, we have used the term 'intersecting experiences' to reflect this awareness. Common factors increasing the risk of becoming involved in prostitution include experience of violence and trauma, childhood abuse or neglect, having been a looked after child in local authority care, debt, and poverty, supporting own or others' substance use, and homelessness (Cimino, 2012; Cusick, Martin, & May, 2003; Hester & Westmarland, 2004; Matthews et al., 2014).

A high proportion of women say that they were involved in prostitution before they were 18 years old (APPG, 2014; Coy, 2016; Cusick et al., 2003; Matthews et al., 2014). It is disingenuous to argue that prostitution is a choice, particularly given that an overwhelming number of women enter prostitution due to poverty, and at least half report that they are coerced (APPG, 2014). Financial concerns create a continuous cycle of prostitution and debt, with many women unable to complete education or training, limiting future employment options (Matthews et al., 2014; Hester & Westmarland, 2004).

Women may also be victims of human trafficking, which is currently under-recognised. While there is an increase in laws in this area, it is questionable if authorities understand the extent of coercion the victim's experience and the significant levels of trafficking that occur within the UK. Data from the National Referral Mechanism (NRM) shows growing numbers of cases, with UK nationals being the highest source of referrals for four quarters in a row (NCA, 2018). Recently there have been a number of serious case reviews into the coercion of children who have been trafficked within the UK for the purposes of sexual exploitation (Bedford, 2015; Jay, 2015). Hales and Gelsthorpe (2012) found that women in a detention

centre had not been asked questions in a way that enabled them to disclose their experiences as ‘trafficking.’ Among voluntary and statutory services there is a failure to understand “the very subtle forms of deception, coercion or the abuse of a person’s vulnerability” (Bindel, Brown, Easton, Matthews, & Reynolds, 2012, p. 50). There are further difficulties for foreign nationals without appropriate documentation, which is often taken by traffickers to maintain control. The complexity of immigration and fear of law enforcement, alongside a broader lack of understanding by statutory and voluntary services of individuals’ experiences, can lead victims of trafficking to face further challenges when trying to leave prostitution.

Significantly higher drug and alcohol use is also evident. A number of studies indicate that around 60 to 80% of women involved in on-street prostitution use illicit drugs, with use starting or developing since their involvement began (Hunter & May, 2004; Ward, Day & Weber, 1999; Matthews et al., 2014). Hester and Westmarland (2004) reported 80% used their income to finance drug use, echoing the earlier findings of May et al. (1999) who found that women spent between 75 to 100% of their income on drugs. Prostitution can sometimes be a way to support drug use, but drugs increasingly become a way of managing the psychological impact of prostitution, while paying for the drugs used by the woman and her partner (Young, Boyd and Hubbell, 2000). Women not previously using substances are likely to do so once involved in prostitution (Brown, 2013). In another study, 75% of the women involved in off-street and 49% involved in street-based prostitution were using alcohol, in which the majority of cases, the alcohol was used to ‘self-medicate,’ as a way to manage and hide feelings of anxiety and distress resulting from their experience selling sex (Bindel et al., 2012).

When women have a place of safety, they are better able to enact change in their lives (Farley & Barkan, 1998; Matthews et al., 2014; Mayhew & Mossman, 2007). Unstable housing contributes to women having to sell sex in order to pay for this and other basic needs, with lack of accommodation a key factor leading to initial involvement (Cusick et al., 2003; Davis, 2004; Matthews et al., 2014). Matthews et al. (2014) reported that negative responses from other residents in mixed hostels led women to choose other options that further increased their vulnerability, such as sleeping on the streets or in crack houses. Living on the streets intensifies drug and alcohol problems alongside other behaviours that have a negative impact on the individual, which can lead to a “rapid deterioration in the mental and physical well-being of women who experience it” (Davis, 2004, p.7). Here, again, the way in which experiences intersect is visible.

Significant numbers of women have a criminal record from acts of survival as a direct result of their involvement in prostitution, illicit drug use, or acquisitive crimes such as theft. The far-reaching impact of this makes leaving prostitution more difficult when trying to find employment (Harvey, Brown & Young, 2017). The APPG (2014) also found that current prostitution laws in England and Wales treat women who had been in receipt of violence as criminals rather than as victims. Thirty years of research has established that “too many women experienced unnecessary prison sentences” (Worrall & Gelsthorpe, 2009, p. 336) and the negative impact of imprisonment on women and their families is significant and far-reaching. There is an association between victimisation and criminality, and experiences of violence and abuse can lead to involvement in crime (Rumgay, 2004). Women in prison are more likely to have suffered a history of violence: over 50% report experiences of domestic violence, a third report sexual abuse, and one in 20 have been raped (Corston, 2007). A high percentage of the female prison population needs access to supervised detoxification from alcohol or drugs, while 80% have symptoms of mental health problems (Corston, 2007). Overall, custodial

sentences and periods on remand develop broader complicating circumstances and experiences in women's lives.

Women also experience violence and abuse from buyers and pimps (Bindel, 2017; Farley et al., 2013; Karandikar & Prospero, 2010), regardless of the setting (Raphael & Shapiro, 2004). Large numbers experience high levels of trauma, including post-traumatic stress disorder (PTSD) (Farley & Barkan, 1998), which can have a wide range of consequences. One example is disassociation, whereby women attempt to protect themselves from the emotional impact of trauma. However, "it increases risk of further victimisation as a survivor tends to dissociate in response to actual danger cues that are similar to the original trauma" (Ross, Farley & Schwartz, 2003, p.205). A review of four international studies on the experience of disassociation among women found that not only were women victims of violence while involved in prostitution, they had also experienced significant childhood trauma (Ross et al., 2003).

The complexity of abuse, trauma, mental and physical health problems, and poverty demonstrates the interconnectedness of women's experiences. These experiences, in turn, create a multiplicity of related support needs. The way in which these intersecting experiences are constructed as complex needs forms the focus of the next section.

Complex needs?

As has been demonstrated, women who become involved in prostitution are likely to experience intersecting complex needs. The term 'multiple and complex needs' is frequently used in UK social care practice and policy; however, it is applied widely and lacks clear definition. There is also a concern that the term has the potential to stigmatise and label people (Rosengard, Laing, Ridley, & Hunter, 2007). Therefore one aspect of this study has been to explore how the idea of multiple and complex needs relates to the way that women frame their experiences and whether its use has implications.

In developing an understanding of complex needs, Keene (2001, p.13) wrote, "vulnerable men and women lie at one end of the continuum and at the other end there are those who have a single 'simple' need...in between there are many whose needs vary from the relatively straightforward to much less so." This continuum of need encompasses both heavy and minimal use of services (Keene, 2001). In a similar vein, Rosengard et al. (2007) suggested the term represented a hierarchy of need reflecting the way individuals use services and the challenges experienced by services in response. While 'multiple and complex needs' is an imprecise term, it does offer a framework through which the inter-connectedness of individuals' needs can begin to be understood (Rosengard et al., 2007; Rankin & Regan, 2004a).

Individual difficulties are linked to the wider structures within which people live. Therefore it is essential to understand both lived experiences and environment (Godfrey & Callaghan, 2000; Neale, 2004). Health and social care provision often fail to respond to the range and severity of individual needs, meaning people have to seek support from a variety of helping services (Rankin & Regan, 2004). Those who do not use services are often the most vulnerable (Keene, 2001; Rosengard et al., 2007; Keene, 2001). This was underlined in a UK government report that stated, "adults facing severe or multiple disadvantage tend to be less likely to access services and, when they do, they are less likely to gain from them...they can find it difficult to engage with multiple public services in order to improve their lives and often live at the very margins of society" (Cabinet Office,

2006, p. 72). More broadly, individuals experiencing multiple and complex needs are poorly served (Rosengard et al., 2007), with those most in need of support either not accessing helping services, or doing so in a sporadic and chaotic manner, minimising the effectiveness of the support on offer (Department of Human Services, 2003).

Seemingly evolving from the term ‘multiple and complex needs,’ the description ‘severe and multiple disadvantage’ is explained as something that happens to people as a result of society’s actions (Bramley et al., 2015). ‘Severe and multiple disadvantage’ has also been characterised as an individual’s experiences exceeding the helping services capability for meaningful support (Lankelly Chase Foundation, 2015). Overall this definition moves attention from the individual’s engagement and behaviours to the impact of society.

A recent study carried out by Bramley et al. (2015, p. 6) using service provider data found that those affected by ‘severe and multiple disadvantage’ were predominantly white males in their mid-twenties and forties, who were economically and socially marginalised and frequently reporting trauma stemming from their childhoods. However, lack of women service users does not mean lack of severe and multiple disadvantage; instead, there needs to be a greater understanding of women’s intersecting experiences and how services can better respond to related support needs. Funders of the Bramley et al. (2015) study commented that “While gendered disadvantage affects all women there is a social gradient; women in the least advantaged groups are the most likely to suffer the most extensive abuse across the life-course” (Lankelly Chase Foundation, 2015, p.9). They bring attention to the severe and multiple disadvantage experienced by women, where involvement continues as there are few available choices and reduced opportunities stemming from experiences of poverty, coercion, substance use, homelessness and childhood trauma (Lankelly Chase Foundation, 2015).

Helping services

There are a plethora of community services available, yet they are not always appropriate. They are often organised to respond to particular needs, such as mental health problems, drug and alcohol use, or experiences of domestic abuse. This can lead to fragmented services, a challenge which is recognised in the repeated emphasis in policy on multi-agency collaboration and integrated care (King’s Fund, 2015). Services are frequently categorised according to a number of variables, including the perceived level of need, intervention or professional support available, or whether the services provided are time-bound. However, they may lack the focus, resources or expertise required to respond to the challenges that women face.

Complex intersecting experiences and multiple needs contribute to women’s involvement in prostitution and also form formidable barriers to exiting. Yet exiting is seldom a key concern of services. A striking finding of one study (Matthews et al., 2014) is that out of 114 women interviewed, only a few had previously been asked by helping services if they wanted to leave prostitution, even though all of them expressed the desire to do so. As Matthews et al. (2014) argue, this demonstrates that there needs to be a change in services’ approach to supporting women.

Models of service provision are based on different assumptions regarding individuals’ motivations and behaviour. Some promote help-seeking while others tend to be more coercive. Particular theories of change, most notably Prochaska and DiClemente’s Cycle of Change (Prochaska & DiClemente, 1984), appear to have been influential over the last two decades. It was envisaged that with a self-

management approach to care such as harm reduction models, interventions based on the cycle of change, and cognitive behaviour therapy, individuals would be empowered, literate, and engaged in health and wellbeing issues, which will enable them to bring about positive long-term change (Brijnath & Antoniadis, 2016). However, it is arguable that self-management programmes have been unsuccessful, as care providers failed to consider the service user's cultural norms and health issues and the necessity for family and social support in enabling success in supporting change (Brijnath & Antoniadis, 2016). The individual agency can be over-emphasised, diverting attention from wider support needs, social networks, and interaction with wider society (Hodges, 2018). The fragmentation of health and social care provision also reduces engagement between staff and patients (Brijnath & Antoniadis, 2016).

Access to services can be hindered by the very reasons women require them in the first place. Those who have experienced violence and abuse in the past due to the “absence of a safe environment” may find the resultant trauma creates obstacles to accessing support (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005). Survival strategies in response to trauma become interwoven with hyper-arousal or avoidance symptoms associated with post-traumatic stress (Elliott et al., 2005; Hopper, Bassuk, & Olivet, 2010). Women may need help to recover from trauma before they can address other concerns in their lives, which is why relational and trauma-informed care models set out theoretical approaches and principles to improve responses for those seeking help and support (Covington, 2008; Elliott et al., 2005).

‘Goal Corrected Empathic Attunement’ is a “framework for thinking about the way we interact with one another” (McCluskey, 2005), and develops relational and trauma-informed models beyond general guidance, focusing on the details of one-to-one interactions between care-seekers and professional caregivers. This framework looks at how both parties approach and experience the interaction from their respective stances (McCluskey, 2005). It helps caregivers make sense of emotions and feelings when attempting to provide support. When people seek help and are unsuccessful they tend to withdraw, or become frustrated and upset (McCluskey, 2005). If professional caregivers understand these dynamics and respond appropriately, support can be much more effective.

Decisions and choices

To understand women's decisions, it is important to hear their voices. As Gallimore and colleagues comment (Gallimore, Hay, & Mackie, 2008), there is much information on what professionals and services think to be the needs of service users and associated barriers, but there is little direct testimony from service users themselves.

While literature evidences the experiences and needs of women, there is limited understanding of how or why women choose to seek support from helping services. For example, it is unclear why women access helping services, if their lives are made more complicated as a result, and they risk judgments with far-reaching impacts, such as the removal of children. Women seek to manage complex and multiple experiences in ways that can be seen as socially inappropriate, criminal or risky. In this context, formal caregivers can be as much hindrance as help. This study, therefore, sought to explore this gap in knowledge by looking at how women make such decisions.

METHOD

Meeting women, listening to women

This was an in-depth qualitative study, in which semi-structured interviews were used to understand the experiences of 11 women who are typically considered to have multiple and complex needs. This was an appropriate strategy for research that sought to listen to women. As Blaikie (2007) comments, the role of the social researcher is to encourage participants to reflect on their everyday experiences, so that they can understand the world as seen by individuals and the meanings they apply to it. This approach requires the language used to report the “concepts, meanings, motives and interpretations” of participants to remain close to that originally used (Blaikie, 2007, p. 106). The study operated within a subtle realist ontology and was informed throughout by a feminist approach, in which giving voice to women is a central concern.

The study setting was The Hana Centre (a pseudonym) in a large English city, a third sector open access service for women at risk of involvement, or involved in, prostitution. In practice, most users are involved in prostitution, but this broad remit means women are not forced to satisfy particular criteria and continuing support can be offered to those who exit or whose degree of involvement varies. The Hana Centre offers a daily drop-in, meaning women can self-refer. Interviews were held there, which made it easier for women to participate. In the interviews, questions were kept to a minimum so as not to restrict women’s narratives. In essence, women were asked two questions, one to understand the journey and experiences that brought them to access the service, and secondly what they understood to be helpful services, or what it is about services that makes them want to return. Women were not asked intrusive questions about their degree of involvement in prostitution; it was up to them to offer whatever information they felt appropriate.

Ethical considerations

Although the focus of the research was to uncover women’s experiences, the priority was to protect the wellbeing, welfare, and dignity of women willing to be involved. A feminist approach to research is deeply rooted in political commitment to engendering change through the production of useful knowledge (Letherby, 2003). It also seeks to avoid further oppression, either by the questions asked or the manner in which the research is carried out (Westmarland, 2001). Research practice also reflected the core expectation of social work, to “act with integrity and treat people with compassion, empathy and care” (British Association of Social Work, 2012, p. 11). Ethics approval was sought and granted from the Anglia Ruskin University Faculty Research Ethics Panel.

As a social worker, the interviewer (KH) applied social work skills to the research environment, aiming to manage any potential risk to participants by not discussing past experiences and checking that there was no sense of coercion. Participants understood that they could end the session at any point if they felt uncomfortable. The consent form was reviewed with participants at the beginning of the interview and revisited during the interview if it seemed pertinent. All women chose their own pseudonyms so that they could identify themselves in the research at a later date. Interviews were recorded and transcribed with all data stored in encrypted files. Due to the vulnerability of the women attending The Hana Centre, staff identified the potential participants for the study, and post-interview support was made available if needed.

Data Analysis

A key goal of the research was to explore women's perceptions and understandings of their experiences and decisions in relation to services, which might not necessarily match the dominant framings of their needs within service provision. In this context, Bacchi's 'What's the problem? approach' (WTPA) (1999) provided a mechanism to uncover how problems were perceived. Bacchi's approach has largely been used to examine constructions of problems within policies. It entails using central questions to interrogate data critically, examining how the representation of the problem produces effects, contains pre-suppositions or assumptions, and leaves certain issues unspoken or unacknowledged. In this study, Bacchi's approach provided a framework for the thematic analysis of women's narratives, enabling the intersecting problems and concerns to be understood through the lens of women's voices and experiences rather than that of political actors. As such, it moves the starting point of analysis to those experiencing the challenges or 'problems,' instead of reviewing data through policy constructions.

FINDINGS

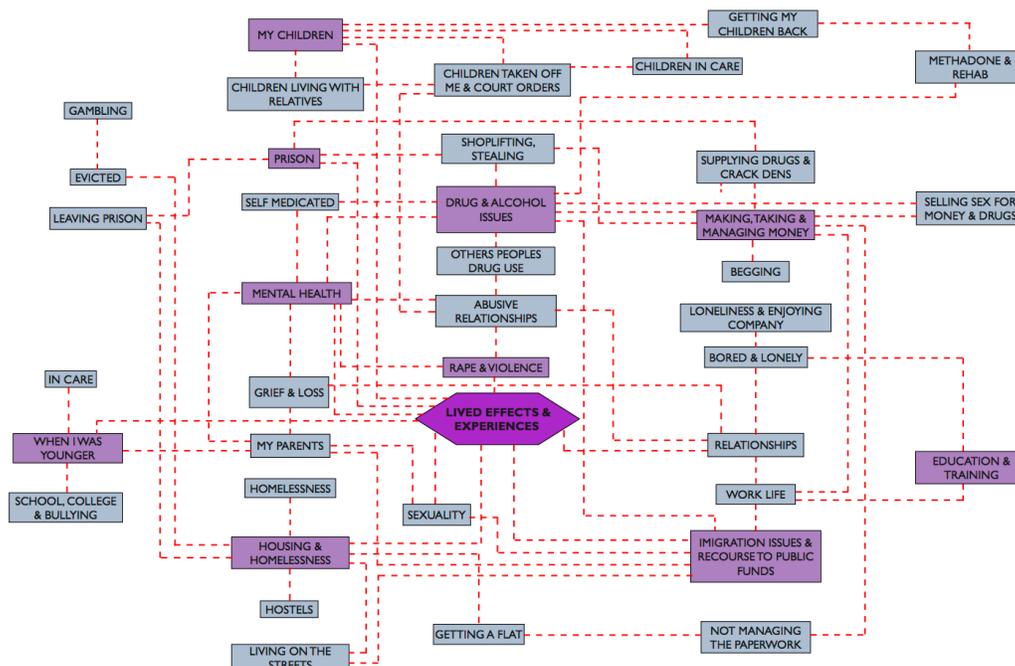
The interviews with women produced powerful and striking testimonies. Their individual and distinctive stories nevertheless shared many commonalities, such as having had extremely difficult childhood experiences and the enduring significance of motherhood, either in terms of their own mothers or of themselves as mothers. Throughout the examination of their narratives, three themes emerged as central in how they understood their experiences and helping services' responses. First, the theme of multiple and intersecting experiences was very important. Women saw their experiences as complex and linked. Second, there were practical and environmental concerns constraining how they were able to interact with services. Third, how they were met and spoken to within services was of critical significance to them. These themes will now be explored in greater detail.

Multiple and intersecting experiences

In this study the lived effects and experiences of the women involved are intersecting and complex. Women talked about their children, experiences of childhood, and their mothers, the difficulties of getting access to safe and secure accommodation, relationships, the rape and violence they had been subjected to, drug and alcohol use, mental health, immigration concerns, and the various aspects of making, taking and managing money. The extent of grief and loss experienced by all of the women involved was striking.

Diagram 1 summarises the lived effects and experiences which were raised by the 11 interviews. It portrays the complexity of women's stories, mapping the way that effects, experiences, support needs, and on-going challenges do not exist in isolation and must be considered as an interconnecting picture. The blue boxes indicate the experiences women talked about, whereas the dashed red line represents the connections women made between them. Major themes are drawn together and indicated in the purple boxes. Overall, the diagram illustrates the intersecting nature of women's experiences; key experiences are discussed below.

Diagram 1: Lived Effects and Experiences



All of the women interviewed who had children (n=6) described either being in a long process with social services to regain custody, or having children being cared for by other family members and in one case not knowing where her child was.

My son was taken off me, and my little girl was took into care...I was in such an abusive, abusive domestic violence relationship. I was just such a broken person (Anne).

I don't know how the hell I got into it, but he, he was crazy he shot at me and everything...he tortured me... like proper nutter...proper crazy...he took my son in the end, he snatched my son.... And I haven't seen my son since... (Judy).

A couple of the women talked about their experience of demonstrating to social services that their children could be returned to their care. Anne commented that while she felt she did not experience any negativity, she found sitting in meetings with up to 13 other professionals talking about her very difficulties. She said she frequently was “just dying inside for somebody to please, please, please, just say something good.” Debbie echoed this sentiment, talking about how the busyness of service engagement is accompanied by isolation.

Was just used to having my kids around me and all of a sudden I was a single person again and umm I had a lot to do, because when you go to court you've got so much to do... .. you're bombarded with appointments... you know... I really had a lot to do I was very busy, but very lonely (Debbie).

Housing was a major concern for all the women. They shared experiences of eviction, being homeless, living on the streets, accessing hostels, and getting and managing to keep their own flat. Elsewhere, difficult relationships and other people's behaviour had led to women seeking safety by leaving their accommodation.

...rent arrears just got on top of me...I got evicted from my flat...he threw me out, so that's when I became homeless, that night. I had nowhere to go (Sandy).

Some women talked broadly about their experience of being homeless, from their struggles of accessing accommodation, to the vulnerability that it causes through desperation to get somewhere stay.

Come out of jail you've got nowhere to go, you end up here, or you end up back in jail, because you've got nowhere to go....and in the end I got sleeping with somebody or got in somewhere which isn't good for them and putting up with things they shouldn't put up with for a place to stay, sleeping with some old man that's seventy because they've got nowhere to go... (Judy).

It is notable in the above quote that Judy used the second person, first person and third person in the space of a few lines. One interpretation is that the events were so painful she was reluctant to identify with them fully. While the experiences women related reflected the literature concerning multiple and complex need, what stands out is the extent to which they were interconnected and the language with which they were discussed. Unlike the language of need in policy and practice, women in this study referred to the things that happened to them or times where they had no choice or felt forced to do something.

Practical and environmental concerns

Numerous factors prevented women from being able to attend services. Knowledge of provision and limited availability were serious issues. Jasmine explained that she was unsure what help was available or how she could access it, commenting, "I didn't think that I was worthy of it." Women also talked about going to services and not getting the help they wanted or not being accommodated. Jane said she spoke to a number of shelter places and everywhere was full: "The refuge was full, the council will get back to you in eight or something weeks."

Some women expressed sadness when services closed down or were time limited. Here women had found something helpful, but they did not comment on what happened next or what was offered in terms of onward support, highlighting gaps in helping provision.

Another clear difficulty was the practical and often coercive demands of service attendance. Angela and Jane talked about the challenges of turning up for appointments, and the implications of not attending. Angela was required to attend appointments with probation or she would be returned to prison, but she did not feel that they offered her anything.

Sometimes I used to turn up there and it was like "hi how are you and how you feeling, here's your next appointment" and that was it....although I was homeless my probation officer didn't do nothing all she kept saying was probation hasn't got the resources to provide you with housing or

accommodate you with housing, there's nothing I can do but make sure you turn up for your next appointment or I'll breach you (Angela).

Services operated on a conditional basis, yet the conditions were extremely hard to fulfill for women whose everyday lives were so challenging. Jane struggled on a drug rehabilitation programme aimed at supporting her back to work, attending multiple appointments across the city.

I was like on the bus here there here there, every day and eventually I was just.... Cause mentally I was in a bad way, from my domestic violence and my drinking and my drugs and everything I was just a mess ... my head was like a washing machine on spin... you've got to try and concentrate, go to art lesson then go to ... this alcohol talk then go to.... And everything is different parts of the city you know, you've got to go from there to there to there (Jane).

Service location was often a significant barrier, especially for health and housing services, where a local connection is required to access support. Sandy chose not to go to a mental health appointment as it was in a geographical area that because of past experiences she wanted to avoid; she said "I just didn't turn up... just couldn't do it". Women often didn't feel comfortable at a service. For example, Judy commented that the court-ordered drug rehabilitation requirements compelled her to be around others who were going to use drugs at the end of the session.

They wanted me to go up and see the drug thing up the road and I said I don't want to go up there, I walked past and they were like look what we got Judy, duh duh duh, you know what I mean... even if you don't want to score they're like oh yeah I'll give you a bit... (Judy).

Women also reported difficulties adhering to rules they felt were too restrictive. They met with a lack of understanding of how life on the streets was all-encompassing, limiting their ability to do much else apart from worry where they were going to sleep that night. Jane said, "Your head is just not focused enough to concentrate on other things, cause you're always worried what about tonight."

Being met and spoken to

When women explained what they liked or did not like about helping services, their responses mainly related to the way they were met, heard, talked and responded to. The welcome they received when going to a service for the first time was critical, as was needing to be put at ease. Women referred to an ability to 'read people,' frequently stemming from previously being let down, and this informed whether they would trust people to help them. Body language and whether people seemed to care were also central to trustworthiness.

Anne commented:

The way like they used to speak to you like it's just, like the vibe I used to get off her, do know, and when she would speak to me she'd never look me in the eye or just wee things like that (Anne).

Jane said that reading people's body language was one way she was able to overcome her 'trust barrier.'

The way...their body language...isn't it, body language I don't know...I can't put it in words... but it's just that feeling... of safety... hope... help... that you're going... that you're looking for... (Jane).

Tina spoke positively of the behaviour of the staff at The Hana Centre, saying that it helped her:

find peace, when the world is letting me down...They are talking to me... smiling at me, asking how I am, how my son is... (Tina).

A number of the women commented on knowing when staff at services 'didn't really care'. Here Storm comments on staff at a night shelter:

...they volunteer....not 'cause they care but just to go on their CV, am I stupid? Of course not....The ones who care you can see, because of their behaviour... (Storm).

Sometimes women felt that staff and volunteers could not be bothered or were too busy to care:

I always felt that the keyworkers there were in such a rush, like meet you, boom, boom, in out...I don't know I just didn't feel comfortable there (Jane).

...he looked so bored filling in the forms you know what I mean he just, didn't give a shit if I was another night on the street or not...he couldn't be bothered he basically wanted to get me through the paperwork and go...that's how I felt... (Jane).

Women also referred to how they were "summoned to engage with services," indicating little choice and a sense of something that happens to someone, instead of a partnership. Additionally, having to retell one's story was a common burden. Sandy talks about her experience of meeting with a social worker:

I had a meeting with this girl and she was asking me questions that I've already answered in my assessment which should have, if she'd have read my assessment she'd have known that, and repeating herself and not listening to what I am saying (Sandy).

Storm also commented that she chose not to respond to all the questions,

I'm tired of talking about it...I need one of these so I can record (pointing to the voice recorder)...Next time someone asks me what we'll do is I'll talk about it all leave the pauses here and there so I can add bits if I need to and when they say why are you homeless? There you go, let's go and have a cigarette, back in a minute, you know what I mean (Storm).

An important demonstration of authentic caring was staff in support services actually doing what they said they were going to do. This was the key factor when deciding to trust. Delivering on promises was clearly very powerful, and women gave examples such as booking a computer course and going with them, writing statements for court and attending, or talking to housing agencies until the damp problem in one woman's flat was resolved.

Anne said how she put trust in her social workers as she felt that they were honest with her.

I knew that they were there to get me and my kids back together do you know. So then I knew I could be honest and not to be scared and open up and trust them (Anne).

Different service environments helped women feel safe, such as ones where staff paid attention to what was happening amongst the people who attended. Judy was very vocal on the need for a women-only setting, saying it enabled women to talk more freely; she felt that men “dominated things” at services.

A number of the women talked about appreciating more active support, ‘to be pushed sometimes.’

I need someone, who if I’m feeling like that, to come and say come on Rachel lets open the post.... That kind of thing, simple basic things...telephone conversations... that you don’t feel you can do... I don’t feel I was pushed enough on that, so I let it go (Rachel).

Rachel goes on to comment that while she has been able to ask for help, at other times she struggled to do so or was unaware of the support available. Sometimes professionals and support services “need to try and identify and suggest to you that I think you could do with this.”

Alongside wanting to feel supported and be pushed into taking steps to change, a number of women talked about how difficult they found it at times to organise themselves. Without active support from staff at helping services, taking the next steps would be difficult. Tess explained that she was put in touch with a service to support young people, but never went.

I never actually went there because I found it really hard to organise myself and I just needed someone to take me to be honest. I only ever went to things when people told me go here and they went with me... (Tess).

However, Judy said that she had been ‘pushed’ into finding services; either through probation, the court or by accommodation providers, and many of the services she had to attend were not very good.

There is a careful balance between women feeling supported into taking the next steps or resolving concerns, to being forced into things, or experiencing a lack of choice. The sense of being ‘pushed to do things’ comes across in the interviews as a supportive nudge whereby women are given the confidence to act, where they are frequently accompanied in the first steps by support staff walking alongside them. ‘Pushed to do things’ differs from being ‘pushed away.’

DISCUSSION

The tension of framing need

The experiences reported by women in this study reflect the literature, with substance use, homelessness, rape and violence, abusive relationships, involvement in the criminal justice system and debt mentioned throughout the interviews (Bindel et al., 2012; Matthews et al., 2014; McNaughton & Sanders, 2007; Pitcher, 2006). However, before deciding to seek help and support, women have to know

they have a need, that they are entitled to get support with this need, and where they can access help. That is, the framing women apply to their understanding of need has an impact on their feelings of entitlement to help and support. Yet, women involved in this study did not refer to their circumstances or experiences as needs. Instead, they talked about the things that had happened to them. The language of ‘need’ is interwoven with welfare provision; in the UK this has been pivotal since The National Health Service and Community Care Act (1990), which was intended to ensure services responded to and aligned with individual need. In reality, the concept of need has become tied up with resource allocation and cost control, focusing service provision on those assessed as being most dependent (Godfrey & Callaghan, 2000). Need is a slippery concept to define in the first place (Godfrey & Callaghan, 2000), and if women’s experiences are not viewed as needs in law and policy, they will be left without access to help.

The findings of this study suggest that there are other needs women experience that are not addressed by professional caregivers because they are not framed as such, or do not qualify as ‘professionally defined needs,’ for example the lasting impact of loss and grief, and related reduced personal support networks. It is easier to ask for help when they understand their entitlement to support. However, consideration must be given to the opposite, to silences, where women may not seek help with things that are happening or have already happened to them because they are not considered needs in the professional framing of the assessment language. While it is suggested that the term multiple and complex need acts as a useful tool for service commissioners (Rankin & Regan, 2004), there still is an assumption that potential service users understand their experiences as needs for which they are entitled to receive support. The terminology developed by Bramley et al. (2015) of ‘severe and multiple disadvantage,’ describing something that happens to individuals as a result of society’s actions, may be more useful. This returns to a concept of need as socially constructed, whereby individuals’ experiences and futures are significantly shaped by the wider society in which they live. The idea of something that ‘happens’ to individuals is very much reflective of the language found in this study, as set out in the dominant idea prevalent throughout the interviews when women said ‘...it happened to me.’

How women are met and supported

Knowledge and awareness of one’s own needs and options for support is the first step of a decision-making process when seeking help. The women involved in this study had clear opinions on the aspects of service provision that were helpful, as well as what prevented them from accessing help, both in terms of environmental circumstances and practicalities as well as how staff and volunteers met them. This failure to address and support experiences leads to women ending up in highly dangerous situations. In her review of women in the criminal justice system, Corston (2007, p. 16) commented that there was extensive and clear research (much of it government funded) setting out approaches and methods that would improve women’s position, but a “high prevalence of institutional misunderstanding” remaining about the needs and experiences of women.

Services can improve access by understanding the decisions and choices women make when seeking help. It is useful to consider the literature around relationship-based practice approaches of trauma-informed care (Covington, 2008; Elliott et al., 2005; Hopper et al., 2010; Miller & Najavits, 2012) and McCluskey’s (2005) theory of ‘goal-corrected empathic attunement.’ These approaches emphasise the importance of practitioners understanding the impact of previous trauma on help-seeking and responding accordingly. This is reflected in the way

the women in this study commented on how they read people, with implications for whether they would follow up accessing help and support. If women 'read' professional caregivers' behaviour and decided they were not going to help, they voted with their feet. This decision frequently disadvantaged women and increased the risks they faced, echoing the findings of Matthews et al. (2014).

It is argued by McCluskey (2005) that care-seeking originates in infancy. For many, the impact of receiving ineffective caregiving can be mitigated by other factors in their lives, such as support networks, financial circumstances, or access to education. For others, this is not the case, meaning that future care-seeking is experienced within the context of this history. Reflecting on the women's extensive stories of grief and loss, it seems likely that these experiences have shaped their approach to recognising their own needs and seeking support.

Finding a place of safety was crucial, and the behaviour of staff and management of the environment were significant determinants of how safe women felt. According to Elliot et al. (2005, p.462), the symptoms of trauma arise from violence and abuse experienced in the past because there has been an "absence of a safe environment." It is clear that creating a secure place for women is essential to promote better outcomes and quality of support, as well as affecting women's decisions and choices about seeking help.

Responding to decisions and choices

A sense of safety is more than just the practical management of space. One of the women voiced this clearly and said that a safe place for women included, "people that will listen to you and do what they say they are going to do." Creating a safe space is neither simple nor one-dimensional. Women revealed a clear preference for how they were met by helping services and outlined what prevented them from accessing or returning to services.

Current approaches to care can create challenges. The decisions made to engage with such support or 'treatment interventions' are integrally linked to the relationships that women form with support staff, defined by McCluskey (2005) as how 'we are met.' While there are many theories and models of intervention and support, in essence, the decisions women make about attendance and engagement revolve around how this 'meeting' is undertaken. Behavioural psychology approaches to treatment and the short-term outcome focused models of intervention (Ruch, 2005) do not always help women recover from trauma and can be ineffective in the face of multiple and complex needs, intersecting experiences and the expectation that they navigate multiple services.

The model illustrated in Diagram 2 portrays aspects of the decisions and choices made by women with multiple and intersecting experiences when seeking help and support. While not trying to illustrate linear and ordered journeys, the model helps make sense of decisions, choices, and service responses amongst what can be highly complex situations, suggesting how services can provide support that women will find more helpful. The centre of the diagram reflects that things happen to women and that these can create multiple, intersecting and complex experiences and related support needs. The middle ring illustrates the aspects of the decisions and choices made when seeking help and support. The outer ring reflects factors informing the decisions and choices made by women and brings attention to the responses required by policy makers, service commissioners and providers, alongside support staff and volunteers. This Complex Experience Care Model has been developed as a tool to support policy makers, helping service providers and frontline practitioners. The model focuses on understanding the decisions and

choices women make when seeking help, alongside the actions necessary for support services to become effective, safe places to which women can and want to return.

Diagram 2: Complex Experience Care Model (CECM)



CONCLUSION

In a society with limited resources to invest in social care, helping services must be responsive to the experiences and needs of women in order to deliver good outcomes. Access to safe and secure housing is crucial, aligning with the findings of Matthews et al. (2014). Lack of accommodation complicates women's circumstances, harming their overall wellbeing and personal safety. This study has highlighted that without somewhere safe to sleep women's ability to access support is impeded, significantly affecting the decisions and choices made when seeking help.

A further clear message is that the simple existence of services is not enough to guarantee that women will decide or be able to use them. How services are delivered is critical. McCluskey (2005) comments on the need to develop the

training of caring professionals beyond general communication skills, bringing attention to the interactions themselves. An increase in peer support or survivor-centered services could also secure greater trust from women. Also, women need help to access and navigate the myriad of services which are potentially available.

Underpinning these factors, the study demonstrates that the way women's experiences are considered as 'needs' in policy development has to be addressed, with due attention given to the intersecting experiences that result from multiple oppressions. The provisions under the recently ratified French policy on prostitution, criminalising those who purchase sex and the individuals and gangs profiting from it, while decriminalising those who are prostituted, seems to also consider the needs of women, alongside their current and future care (CAP International, 2017). As part of this policy, the French legislation made provision for the training of social workers to understand the experiences and needs of women involved in prostitution (CAP International, 2017). While the APPG (2014) recommended that the burden of responsibility has to be moved from women to the buyers and pimps, there is clear indication that this needs to go further, ensuring that women's intersecting experiences and needs are taken into account enabling access to effective care and support.

There is a dissonance in laws and policies that affect the way women are met and considered by law enforcers, health, and social care providers, policy makers and the wider community. As understanding of Child Sexual Exploitation (CSE) grows, the 'dots need to be joined' by social care professionals to understand that women involved in prostitution are frequently the same person as the exploited child (Coy, 2016). Yet there are very different legal approaches around CSE and prostitution as if an individual child's ability to make decisions and choices develops overnight as they attain adulthood. In addition, there has been increasing awareness and legal response to human trafficking (Modern Slavery Act 2015 c.30), which includes a focus on trafficking for the purposes of sexual exploitation. While attention is brought to the needs and experiences of women, it is important to note that there is a continuum of abuse and violence against women of which prostitution is just one element (Farley et al., 2013). Using different terms to explain sexual exploitation alongside a range of legislative responses appears to result in a situation where some women are considered victims while some are seen to make choices about their circumstances, ultimately having an impact on the care they receive.

This study has drawn attention to the way that women frame their experiences and the contrast with the language and understanding of need and choice within policy and practice. If women do not understand their experiences as needs for which they are entitled to receive help, they are unlikely to access available support. Additionally, a lack of awareness among professional caregivers of how women frame their experiences as things that have happened to them further impedes women's use of services. Women may require support with many experiences which are not currently termed as 'needs.' This could include a more explicit focus on exiting prostitution.

The way professional caregivers 'meet' women influences whether and how they seek help. This is a particularly important consideration in the context of the stigma of prostitution, and the impact this has on women when discussing their experiences, an issue which requires further research. Women in the study decided they could trust professional caregivers by the way they were spoken to and the body language of staff. Women invested trust when staff did what they said they were going to do. They made their assessments of staff behaviour quickly,

reflecting a need to do this elsewhere in their lives to protect themselves. Therefore, the way services are delivered and how professionals relate to women have to be considered alongside the more customary concerns of resource allocation.

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