British Association of Sexual Health and HIV

Clinical Standards for the Sexual Health Management of People Involved in Sex Work

1st Edition

Clinical Standards for the Sexual Health Management of People Involved in Sex Work
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About This Document

The aim of these standards is to highlight key considerations when providing non-judgmental, sensitive, trauma-informed sexual health care to people involved in sex work. These clinical standards have been developed with input from clinicians, sex worker projects, advocates, and those with lived experience. These standards have undergone a period of consultation with key stakeholders and BASHH members were invited to submit comments. All feedback has been considered by the writing group and informed the final revision.

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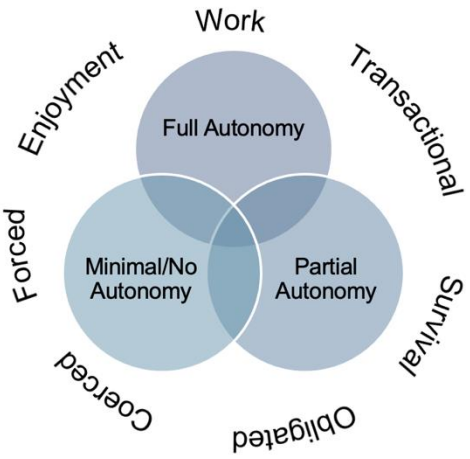
Introduction

Sex work is the exchange of sexual services for money, goods or other benefits. Due to the hidden nature of the sex industry, it is difficult to establish the true number of people involved in sex work. It has previously been estimated that there are over 72,800 people involved in sex work in the UK, with around 32,000 of those working in London.[1] There is a broad spectrum of people involved in sex work and it includes those of all genders, ages, nationalities, ethnicities, sexualities, education level, health, and social-economic status.

Figure 1 Levels of Autonomy Experienced in the Exchange of Sexual Services.



The reasons why people become involved in the selling of sexual services can be equally diverse and may influence the level of sexual autonomy experienced from one individual to another, and from one encounter to another. There is a clear distinction between sex workers who have capacity and are consensually involved in sex work,[2] compared to victims of child abuse, modern slavery (including trafficking) or sexual exploitation, the latter of which will require further safeguarding actions. Sex workers may move between different working environments (outdoor, indoor, or virtual), and the types of services they offer will also vary (direct physical and sexual contact or indirect sexual stimulation).[2] This results in different levels of risk to both their sexual health and their safety. Every person who is involved in sex work is an individual and it is important not to make assumptions about who could be a sex worker by moving away from unhelpful and damaging stereotypes. While the term sex work(er) is used in this document for consistency, it is important to also highlight that some will not identify as a sex worker but could be engaging in similar practices, or they may prefer to use a different term.[4,5] Examples could include those who work in pornography, escorts, websites, erotic dance or massage, those involved in transactional sex (e.g. sugar dating), companion services, or those who may only receive money, goods or benefits for sex infrequently.[6–8]

The law and regulation of sex work directly impacts the rights, safety, and health of people involved in sex work.[9–12] A systematic review in 2018 showed repressive policing, criminalisation, and strict regulation was associated with an increase in sexually transmitted infections (STIs) and blood born viruses (BBVs) (OR 1.87, 95% CI 1.60–2.19), condomless sex (OR 1.42, 95% CI 1.03–1.94), as well as sexual and physical violence (OR 2.99, 95% CI 1.96–4.57).[13] The criminalisation of specific harm minimisation strategies, such as having more than one worker on site or security staff for protection, results in sex workers having to make the precarious choice between working within the law or increasing their safety. Fear of

judgment, being outed, arrested or deported are all factors that prevent sex workers from seeking healthcare and police support when their safety is compromised.[14] Additionally, sex workers may not have access to social and employment support, especially if they have a criminal record or for those whose immigration status is insecure.[15] For sexual health outcomes to be optimized, prevention and harm minimisation strategies require sex workers to feel trusting and confident in accessing sexual health.[16,17] The fear of prosecution remains a significant barrier in achieving this and can limit opportunities to prioritise health.[18–21] The laws and regulations that govern sex work varies between the four nations of the UK. All sexual health services should be fully aware of the law for the country they are working in and how it will impact the sex workers they see. The latest legislation relating to sex work, generally found under prostitution laws, can be found at https://www.legislation.gov.uk.

Non-judgmental, trauma-informed sexual health services are vital as it may be the only health service sex workers attend regularly due to barriers accessing primary care.[23] There is little published research from the UK which explores the sexual health needs of this diverse group. Within England, sexual health surveillance data shows that in those who attended sexual health services in 2019, only 6,531 people identified as a sex worker.[24] This highlights that current sexual health surveillance processes are not adequate in identifying the sexual health needs of sex workers. The limited data that is available has previously shown that compared to the general population in the UK, sex workers can experience high rates of STIs, although differences are seen within sub-groups and geographical regions.[24–26] To help improve our understanding of the sexual health needs of sex workers, several key actions are urgently needed, including;

- Increasing sexual health-related research from the UK regarding sex workers and their needs.
- Improving access and attendances to sexual health services through collaboration with service user representatives and 3rd party organisations.
- Improved recording and reporting of STI, BBV and unplanned pregnancy rates.
- Training on inclusion health and the development of health networks that bring key stakeholders together and should include those with lived experience. The aim would be to disseminate knowledge, promote best practice, and improve the health of sex workers.

Standard 1 Access

8.3 *Quality Statement*

Services must be accessible, confidential, welcoming, non-judgmental, and understanding of the variable needs of sex workers. Sex workers should be consulted on any design or development of sexual health services that directly or indirectly impact them.

1.2 Supporting information

Multiple determinants impose barriers on sex workers accessing mainstream services such as judgment, confidentiality concerns, clinic distance, opening hours, and communication barriers.[27] Other social determinants will also hinder accessibility such as drug and alcohol dependence, homelessness, immigration issues, and reduced autonomy. Sexual health services must be welcoming, non-judgmental and respect the privacy and autonomy of all patients they see. Every effort should be made to actively engage with the full spectrum of people involved in sex work and support initiatives that help them work more safely. Many sex workers move between different working environments and regularly connect with those working in more vulnerable settings. Word of mouth is crucial in this group and positive experiences will help encourage others to engage with services, especially those with more complex needs and who require time to build trust.

Ways of Making Services More Accessible

- Number call-out system or making it clear that pseudonyms can be used.
- Assurance that services are free regardless of immigration status.
- Clear information on confidentiality and privacy policies.
- Informative and up to date websites, with accessibility tools to change language.
- Access to interpreters who are skilled to work in sexual health and with sex workers.
- Inclusive posters and information in multiple languages.
- Fast track appointments or priority walk-in service.
- Face to face and telephone appointments.
- Outreach or home screening, treatments and vaccinations.
- Dedicated clinics just for sex workers.
- Range of days and times including evenings and weekends where possible.
- Fully integrated services providing screening & contraception in one appointment.
- Availability of a range of contraception methods including long-acting reversible contraception (LARC) or fast track referral to services that can offer this.
- Sex worker advocates/ leads / health promotion specialists.

- Access to free condoms and lubricant.
- Discrete paper or digital cards that inform staff that they are a sex worker which ensures they are offered an appropriate appointment and care.
- Providing written copies of results for free (letter, text or emailed PDF).
- Partnership working and easy referral pathways to organisations for BBV management, general medical and mental health care, addiction, immigration, education, domestic violence, sexual violence, and financial or peer support.

Outreach

Outreach work is vital in helping to reach the most vulnerable and often forgotten individuals in the community. As part of inclusion health, sexual health services need to work in partnership with local authorities, commissioners, charities, NHS providers, primary care, and other relevant 3rd sector organisations to offer regular outreach sessions. It is also helpful to link in with different venues where some sex workers may also attend, such as universities, sex on-premises clubs, saunas, refuge or migrant centres, hotels, prisons, or drug and alcohol services. Staff must always be respectful of the venue they are visiting and accept that there may be times when access will be denied. Sex workers are the experts in their working environment and staff should work with them to build trust and ensure safety. To ensure a successful outreach session, it is also important to consider the timings of visits carefully. If you arrive too early there may not be many sex workers around, but if you arrive too late they might be working and unable to engage. If someone is unlikely to attend a clinic for screening, then the same can be said for treatment. Screening alone is insufficient and plans for obtaining treatment will need to be established before screening commences. Privacy and confidentiality should not be compromised and ideally use a separate room that can be closed off. Independent interpreters should be available through telephone interpreting services. Google translate is not always accurate and should only be used in emergencies. Safety is paramount and staff should work in pairs, ensuring they have their mobile phones and personal alarms on them at all times. The team must make themselves aware of exits and ensure they can leave safely if necessary. It can be difficult to take a full assessment on outreach and services need to agree the minimum amount of data to be recorded for a clinically safe rapid assessment.

Street outreach is extremely valuable as it may be the only time you can engage with this highly vulnerable group who can experience higher rates of STIs and unplanned pregnancy, as well as other social determinants such as homelessness, substance use, sexual and physical violence. There can be a lack of privacy, running water, hand hygiene, toilets, interpreters and clinical equipment on street outreach. A medically adapted vehicle can provide a safe space to see street sex workers, and consideration should be given to

partnering with other services that have access to this where needed. Indoor venues can vary and include flats, saunas, massage parlours and clubs. Safety and infection control assessments will need to be performed before offering any clinical services, including screening. Most venues should have access to running water and a toilet. Hand sanitiser and medical grade cleaning wipes can also be used where appropriate. The development of digital technologies has created new ways of engaging in sex work through social media, applications, and websites. Sex workers who predominantly or only work online can become isolated or lack regular peer support to access healthcare and share good practices. Having an online outreach presence, that is compliant with General Data Protection Regulations, means that services can potentially break down myths and offer opportunities to engage with those unable to attend face-to-face.

For more information on improving the accessibility of sexual health services, please consult BASHH Standards for the management of sexually transmitted infections (STIs) in outreach services (2016), BASHH Integrated sexual health for trans and non-binary people, BASHH/FSRH Remote and online provision of sexual and reproductive health, and Inclusion Health Guidance and Toolkit

1.3 Quality Measures & Standards

- Services and commissioners must show evidence of actively seeking involvement from people with lived experience of sex work when commissioning, designing, and delivering sexual health services. Target 95%
- Regular feedback at least yearly should be obtained from sex workers attending sexual health services. This should include those who do not speak English or have other communication needs e.g. comment cards or multi-language feedback forms. Target 95%

Standard 2 Assessment

2.1 Quality Statement

Anyone attending a sexual health assessment should be asked if they have ever been involved in sex work, or received money or goods in exchange for sex. Assessments should be individual, sensitive, and relevant to the care of the sex worker and the reason for their attendance.

2.2 Supporting information

All those attending a sexual health screen should be asked if they have been involved in sex work, or if they have received money or goods in exchange for sex. This helps to ensure that there is no unconscious bias or judgmental assumptions about who could be involved in sex work. It may be helpful to start the assessment with more generic questions before moving on to more sensitive ones, allowing them to become more at ease and comfortable with the consultation. Sexual health assessments should be the same as for non-sex workers, and further questions regarding work-life should be clearly separated from what occurs in their personal life. Specific work-related questions must be relevant to care and not unnecessarily intrusive, this may include;

- Types of services and sex offered. Condom use and accidents. Drug and alcohol consumption at work. The type of contraception used with clients as this may be different to what occurs in their personal life.
- Incidents with clients or forced work, trafficking, assault, harassment, theft, or if there are people involved in their work where there is an imbalance of power in the relationship.

It is important not to overwhelm those attending for the first time. It may be more appropriate to limit and prioritise questioning to the immediate presenting complaint, allowing for trust to build and helping to maintain future engagement. Further information on sexual health history can be found in BASHH sexual health guidelines (2019).

2.3 Quality Measures and Standards

- All services and staff must complete training on the sexual health needs and assessment of sex workers at least every three years. Target 95%
- Reporting systems must be optimised for identifying and recording those who are involved in sex work to ensure that the needs of sex workers are met. Target 95%

Standard 3 Testing

3.1 Quality Statement

Testing should be governed by clinical risk, geographical or population prevalence and cost-effectiveness. Routine testing is recommended every three months for those offering services involving direct sexual contact or exposure to body fluids. Point of care testing allows same-day management and minimises the number lost to follow-up. Any additional testing required or changes to frequency are based on individual or local public health need. How results will be obtained must be agreed upon and documented.

3.2 Supporting information

Sex work is complex and nuanced in terms of the characteristics of sex workers and by the types of services they offer. As a result, the risk and prevalence of STIs and BBVs will vary from one individual to another. At a population level, high rates of many infections have been observed in sex workers compared to non-sex worker populations in the UK.[25,26] There is no current research from the UK that specifically looks at the cost-effectiveness of the types of testing needed and the frequency in this widely diverse group. As many STIs and BBVs are asymptomatic, the below is recommended as routine for anyone offering direct sexual services or where there are other exposure risks. Evidence has shown a higher number of rectal and/or pharyngeal infections in sex workers without vaginal infections, regardless of reported exposure.[24,28] As a result, triple site screening should be offered to everyone.

- Chlamydia trachomatis: Rectal, throat and urethral/vaginal or urine.
- Neisseria gonorrhoeae: Rectal, throat and urethral/vaginal or urine.
- HIV and Syphilis.
- Hepatitis B: At the first visit and repeated if no immunity or 6 week post-vaccination completion.
- Hepatitis C: At the first visit and repeated if ongoing risk e.g. HIV positive, drug use, group or chemsex, condomless anal sex, needle or blood play.

Further information can be found at BASHH for Sexual Assault and STI and HIV Testing

Frequency of testing Is considered on individual risk and appropriate window periods. Frequency may be increased more than three monthly in cases of a local or community outbreak, condom failure, development of symptoms, contact of infection, sexual assault, post exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP).

Some sex workers may find genital examination difficult or distressing. This may be intensified in those who are disabled, intersex, transgender, and those with experience of sexual violence or FGM. Atrophic vaginitis, scaring, genital pain, vaginismus, or vulvodynia can also contribute to difficult or impossible examination. In addition, those who participate in medical play as part of their work may also find the examination challenging. In the above cases, you may need to consider using a smaller speculum in those with a vagina, offer a water-based lubricant, and consider the use of vaginal oestrogen cream or local anaesthetic gel before examination. Psychological support may benefit those who have a psychological barrier to examination. Self-taken swabs and urine samples should be offered if examination is unable to be performed.

Results Management: Robust, timely and reliable processes are essential to ensure the prompt identification, notification, and treatment of STIs in all sex workers and their sexual contacts where traceable. The transient nature of sex work often results in frequent changes in contact details and alternative contact methods beyond standard practice must be considered and accommodated. Sex workers are often required to show proof of regular testing by agencies or clients. Where possible, standardised results letters should be provided for free to those who require them to continue working safely, or for those who want a copy for their own records. The benefit of an email protected PDF letter is that it cannot be easily altered, can be accessed anywhere from a phone or computer, and digital translation tools will also help interpret the content into other languages.

3.3 Quality Measures & Standards

- All sex workers should be offered STI & BBV testing at the appropriate frequency, and this should be documented in the clinical notes, including a discussion on the importance of regular testing and window periods. Target 95%
- Services must show they are flexible and effective at communicating results by offering multiple methods of communication e.g. letter, email, text, phone, and liaising with support workers. Target 95%

Standard 4 HIV Prevention

4.1 Quality Statement

All sex workers should be informed of when to consider and where to obtain PEP and PrEP for free. PrEP should be offered to any sex worker who is potentially or currently offering services that place them at risk for HIV acquisition.

4.2 Supporting information

In the UK, the overall HIV prevalence in sex workers is low[24] but can be higher in some sub-groups such as; street sex workers,[29,30] people who inject drugs [31,32], male and transgender sex workers,[25,32–34] or those who have lived or worked in countries of higher prevalence.[36,37] Clients of sex workers have shown to have a higher prevalence globally and may act as a bridging group between sex workers and the general population.[38] Access and health promotion around condoms, U=U, PEP, and PrEP are vital in preventing HIV infection and helping to reach the global goal of ending HIV transmission.[39,40] It is essential to recognise that not all sex workers will have the same level of awareness and understanding of different HIV prevention methods. Disparities have developed in terms of both HIV testing and uptake of PrEP. It should be reiterated that condom use must still be used to minimise the risk of other STIs, BBVs, and unwanted pregnancy. Considerations for PrEP in sex workers of all genders includes, but is not limited to;

- Current or potential condomless vaginal or anal sex, group or chem sex, drug use, needle or blood play, STI or BBV infection in the last year, recent and multiple uses of PEP, reduced sexual health autonomy, challenges with condom negotiation, or those in imbalanced or abusive relationships.[41]

For more information on eligibility, initiation and management, refer to BASHH/BHIVA guidelines on PEP[42] or PrEP[41]

4.3 Quality Measures & Standards

- All sex workers should have documented evidence of a discussion on PEP and PrEP at least once in their clinical notes. This should be repeated whenever condomless sex or high-risk exposure has occurred. Target 95%
- Sex workers living with HIV should be informed about U=U and supported to access regular HIV care. Target 95%

Standard 5 Reproductive Health

5.1 Quality Statement

All sex workers should be informed of and have easy access to all forms of medically eligible contraception for free, including LARC and emergency contraception. Cervical cytology should be offered opportunistically under the national screening programme, irrespective of GP registration. Advanced supply of oral emergency contraception can be considered on an individual basis. Clear referral pathways from sexual health to antenatal, postnatal, or abortion services should be established.

5.2 Supporting information

An assessment should be undertaken to enable the provision of safe contraceptive choices in line with the UK medical eligibility criteria.[43] There should be a discussion around preventing unplanned pregnancy if the sex worker has clients with whom a pregnancy could occur. Remember that male sex workers can also have female clients and pregnancy prevention will also need to be considered. Some sex workers may be at higher risk of unplanned pregnancies and also poorer outcomes due to increased vulnerabilities, associated risks and co-morbidities.[44,45] While pregnancy can impact on the ability to work, preventing pregnancy may be seen as a personal rather than an occupational issue.[46] Some contraceptives can offer the benefit of cycle control, while others can offer more reliability by reducing user error. It is therefore important to explore the individual's needs, pregnancy plans and offer contraceptive choices using a supportive and non-judgemental approach.[47] The experience of side effects (irregular bleeding, mood swings, pelvic pain) from contraception may result in them being unable to work, losing faith in all methods of contraception, or in some cases face violence from clients if they see blood. Fast-tracked access to a health care professional who can advise on appropriate management of side effects or switching to alternative methods is essential. For transgender and non-binary individuals, it is vital to ensure that discussions around their contraceptive needs are always sensitive and respectful. Hormone therapies alone should not be relied on for full contraceptive protection.[48]

Condoms should be offered at every appointment and encouraged to prevent STIs and BBVs. Sex workers should also be advised on when and how to access emergency contraception in the event of contraceptive failure. Advanced supply of oral emergency contraception can be given on a case-by-case basis in those using methods of contraception that are not highly effective, or where there is a risk that the method will not be used correctly.[49] You must inform them of the limitations, any contraindications, and where to access a post coital intrauterine device and ongoing contraception if needed. This is especially useful for those

who may not be able to access services within the required time frame due to work commitments. For those who are trying to conceive with a partner outside of work, clinicians should provide pre-conception counselling and discuss ways of minimising unintended pregnancy with clients. For those who are pregnant and wish to continue the pregnancy, sexual health services should have clear pathways to refer in to antenatal care. For those who do not wish to continue the pregnancy, abortion laws differ between the four nations and access can be variable at a regional level. NHS funded abortions can be more difficult to obtain without a GP or for those who are homeless. Setting up clear pathways to local abortion services for such cases is vital to prevent delays in care and late-stage abortions from occurring.

Those who are peri or post-menopausal can experience symptoms which may negatively impact their work, such as genital atrophy, vaginal dryness, tearing, and unscheduled bleeding.[50] In these cases, the use of vaginal moisturisers may be of some benefit, but it would be recommended they discuss with their GP or gynaecologist for further management, such as vaginal oestrogen which can be used long term.[51–53]

More information on contraception eligibility, efficacy and side effects can be found on the FSRH website and for more guidance on the menopause visit RCOG

5.3 Quality Measures & Standards

- Sex workers with reproductive ability should have a documented discussion in their clinical notes around preventing unplanned pregnancies. Target 95%
- All sex workers should be informed of when and where to obtain emergency contraception. Target 95%
- All those attending for emergency contraception should be offered a quick starting method where possible. Target 95%
- Cervical cytology history should be documented. Sexual health services should work with local commissioners and laboratories to support opportunistic screening, especially for those who have no GP and/or are homeless. Target 90%
- All sex workers who are referred for abortion should be offered ongoing contraception. Target 95%

Standard 6 Treatment and Partner Notification

6.1 Quality Statement

Consideration must be given to the challenges of follow-up, treatment adherence, abstinence, and partner notification. Shorter course treatments should be considered where suitable and sex workers should be offered all eligible vaccinations.

6.2 Supporting information

Management of STIs should follow BASHH guidance.[54] Where clinically safe to do so, consider the following options which may improve adherence and reduce onwards transmission:

- Shorter courses or single-dose treatments.
- Possible syndromic management and dispensing full courses on the day.
- Oral alternatives where patients cannot attend services for injectable treatments.
- Offering antiviral suppression treatment for individuals with herpes simplex virus.

The feasibility of total abstinence should be assessed but it may be possible for them to provide reduced services during treatment. All decision making, especially those which deviate from BASHH guidance, should be made in partnership with the patient. Where there are large numbers of anonymous clients, partner notification may be difficult to complete.

All sex workers should be offered Hepatitis B vaccinations. To improve course completion rates, consider short intervals (e.g. 0,7,21 days and 12 months, plus a 5year booster).[55] Hepatitis A vaccination should be considered in those who are at increased risk, including those who offer unprotected oral-anal services, regardless of gender. HPV vaccine should be offered to MSM and trans-females up to the age of 46.[56] Cis-female sex workers have been shown to have a high prevalence of HPV and abnormal cytology.[57,58] However, unless commissioned locally, currently cis-female sex workers with similar risk profiles will need to obtain HPV vaccinations privately, although the significant cost is likely to hinder uptake.[59]

6.3 Quality Measures & Standards

- There should be documentation of vaccinations offered and administered. Target 95%
- A test of cure should be offered to those with persistent symptoms, poor compliance suspected, or if treatment other than 1st line was used. Target 95%

Standard 7 Safeguarding

7.1 Quality Statement

Sex work itself may not be a safeguarding concern. However, as is the same for non-sex worker populations, all sex workers should be assessed for any risks to their safety and safeguarding issues identified must be promptly managed.

7.2 Supporting information

A person's involvement in sex work should not be seen as a safeguarding concern per se. However, as for the non-sex worker population, all sex workers must be seen on their own at least once during the consultation to assess for coercion and other vulnerabilities. For those where language barriers exist, independent interpreters must always be used to ensure confidentiality, honesty and professionalism. All services must have access to independent telephone interpreting services. Where there are no available interpreters, translating applications could be used in an emergency only. However, they are often limited and a follow-up appointment at the clinic or phone call should be made on the next working day for a fully interpreted assessment. Anyone who discloses that they are a victim of modern slavery (including trafficking or any form of forced sex work) should be offered referral to local support agencies.[60,61] Advice can be sort through The Modern Slavery Hotline and practitioners should discuss with local safeguarding leads. For those over 18 and have capacity, further action will be based on if the individual wishes to report to the police and access The National Referral Mechanism.[62] It is unlawful for anyone under 18 or adults who lack capacity to work in the sex industry, regardless of consent.[63] In these cases, an urgent social care referral and police report will need to be made. The laws and processes around the duty to notify is slightly different within in country in the UK, for more information please visit the government website on modern slavery https://www.gov.uk/government/collections/modern-slavery.[64] Those based in Scotland should also become familiar with Equally Safe Strategy and Trafficking Awareness Raising Alliance.

Sex work forums and advertising platforms such as SAAFE forum, Client Eye, Good Escort and Sleepy Boy lists dangerous clients and timewasters. National Ugly Mugs in Great Britain or Ugly Mugs Ireland help to prevent violent or threatening incidents by warning sex workers of dangerous individuals and helping to build intelligence. They also offer resources for sex workers who are victims of crime via victim led casework support. Staff should help make reports when incidents have occurred as some sex workers may not be comfortable or confident to report themselves due to fear of authorities. Reports can be made anonymously or as a third party.

Below is some basic safety advice

- Always have a charged working phone on you and carry a personal alarm or whistle.
- Have 999 programmed into your mobile on a shortcut key.
- Be aware of your surroundings and know your exits.
- Try to see clients in neutral locations where help can be found quickly.
- Never lock doors or windows.
- Never leave with or accept anyone in who you feel uncomfortable with.
- Try to let a friend know where you are going and when to expect you back.
- Drugs and alcohol affect your ability to recognise and escape danger, try to avoid using while working or use your own supply and do not leave unattended.
- Try not to accept any clients who are too intoxicated.
- Be friendly but assertive and strong. Make clear your limits and negotiate services before accepting clients. Counting money beforehand and in front of client to avoid any errors or confrontations.
- Always pour your own drinks and never leave them unattended. Do not accept food that is not sealed or prepared by you.
- Keep money out of sight and locked away but keep some cash on you in case you need to escape. Keep all belongings in one place if needing to exit quickly.
- Don't wear a scarf or place anything around the neck. Make sure earrings or other jewellery cannot be pulled off you.
- Don't use real names or personal details with clients or on any work-related websites or social media.
- Use mentoring and safety apps e.g. Ugly Mugs, Client eye, find my friends functionality.
- Trust your instinct and place your safety first.

7.3 Quality Measures & Standards

- All sex workers should be asked about any forced sex work, assaults or other abusive incidents with clients at each visit. Target 95 %
- Anyone affected by modern slavery or abuse should be discussed with safeguarding leads and this must clearly be documented in their clinical notes. Target 100%
- All those who are under 18 and reporting any form of transactional sexual activity must be referred to social care and a police report made. Target 100%
- All sex workers should have a discussion around maintaining safety and given information on how to obtain help if in danger at least once. Target 95%

Standard 8 Health Promotion

8.1 Quality Statement

Health Promotion is vital and should be tailored to the needs of the individual. Topics may include sexual health, contraception, safety, drug and alcohol use, chemsex, mental health, accessing healthcare, and social support.

8.2 Supporting information

Sex workers will have diverse working practises, levels of experience and exposure risks. As a result, the type and content of health promotion must be tailored to the individual. There may not be time at their initial consultation to discuss all issues and so it is important to prioritise the most immediate concerns. Information overload can cause disengagement and make it hard to remember all the content. Consider language and communication style, learning difficulties, age, visual/hearing impairments, cultural sensitivities, lack of privacy or noisy environments. Try to use multiple methods to relay information, such as websites, images, leaflets, posters, games, quizzes, videos, applications or social media. Peer support can be beneficial in outreach settings or for informal group discussions. It is extremely important to ensure language and discussions are not judgmental or preaching.

Key Topics to Consider

- **Sexual Health & Safer Sex**

Condoms and lubricant, where to obtain them, managing condom accidents, demonstration of how to correctly use them. Safe sex, using sex toys and equipment, oral and genital hygiene, working when bleeding, vaccinations, window periods for infections, testing frequency and HIV prevention.

- **Contraception**

All methods of contraception including LARC and emergency contraception. Risks and benefits of each method and dispelling myths around side effects and fertility.

- **Personal and Professional Safety**

Maintaining privacy, keeping safe, understanding the law, National Ugly Mugs and sexual assault referral centres. Who to contact if in danger, assaulted, harassed or blackmailed. Using pseudonyms at work, which can also be used at sexual health clinics to maintain privacy. How to ask or signify you need help when in public.

- **Drugs and Alcohol**

Chemsex, harm minimisation, needle exchange, not consuming when at work due to its effects on negotiation ability, danger awareness and response. If drugs or alcohol are used, use their own supply to reduce the risk of substances being spiked.

- **Wellbeing and Mental Health**

Check-in regarding mental health and coping strategies. Support information and peer groups. What to do if suicidal or feeling mental health is declining. Calling 999 or attending A&E in an emergency. Making sure to take time off work and have regular breaks.

- **Accessing Healthcare and GP Registration**

How to access primary and secondary care locally, including emergency care. What is available through pharmacies and to avoid purchasing medication from unapproved websites, self-prescription of antibiotics, or using another person's supply. Importance and help registering with a GP.

- **Leaving or Reducing Sex Work**

Leaving or reducing sex work is a personal choice that can be an extremely challenging and complex transition. Information should be provided when requested on local organisations who can provide support needed to help with physical and mental health, addiction, housing, benefits, immigration, education, language classes and employment.

8.3 Quality Measures & Standards

- Documented evidence in the clinical record of a health promotion discussion relevant to the needs of the individual. 80%
- Condoms offered at each visit. 85%

Clients of Sex Workers

It should be recognised that promoting safe sexual practice amongst those paying for sexual services will translate in health benefits for the both the individual, as well as the wider population, including sex workers. Recommendation given for sex workers can also be considered for those who pay for sex based on individual risks identified through their clinical assessment including; testing frequency, vaccination, PrEP, preventing pregnancy, condom use, and safeguarding.

Roles and Responsibilities

Commissioners

Commissioners must ensure that as part of inclusion health, the needs of sex workers are considered in any design of sexual health services commissioned and input from sex workers should be directly sought. The people and working environments of those involved in sex work are not static and the whole spectrum needs to be included in any commissioning of services. They should fund and continually support accessible contraception, sexual health, and HIV services. This includes the funding for treatments, all methods of LARC contraception, vaccinations, PEP and PrEP. The access to safe abortions and cervical cytology screening in those without a GP needs to be considered in parallel. Where there are a known number of sex workers living or working in an area, every effort should be made to support outreach work to engage with and deliver health promotion. This should also, where practically feasible, include STI and BBV screening in the commissioning geographical boundary. It must also be accepted that some key performance indicators set for traditional settings may not be achievable in outreach settings, and no service should be penalised for this. Commissioners should hold services to account for accurate assessment, care, safeguarding and data collection. Effective partnerships with other organisations should be actively encouraged to provide a holistic approach to sex workers health and social well-being.

Service Providers

Service providers must provide accessible and welcoming services, ensuring that independent interpreters are always available and that opening hours are suitable for sex workers to attend. Regular audits need to be performed on how the service meets the needs of this population by obtaining yearly feedback and notes review. Those with lived experience should be consulted on service delivery and improvement. Services must seek a range of opportunities to deliver effective sexual health interventions and help support sex workers move to safer working environments. Staff may need extra time for consultations due to the varying levels of complexity and services should accommodate this. Services need to ensure that staff have adequate training regarding the needs of sex workers and clear pathways in place for staff to obtain further support if required. There is currently no UK wide approved training regarding the needs of sex workers. There is an available module on the e-learning for health website and it would be recommended to supplement this with in person training. Any internal or external training delivered must be evidence based, unbiased, respectful and include a variety of lived experiences of sex work. Health promotion material and service information must be inclusive.

Staff

Staff must always be welcoming and non-judgmental. They must attend any training provided on sexual health care of people involved in sex work and become familiar with any national and local policies. The specific needs of sex workers must be discussed sensitively and ensure all information and trauma-informed care provided is based on current evidence-based practice. Staff should be aware of relevant services and support for sex workers. Staff should be aware of any warning signs that could identify any coercion, forced work, trafficking, and ongoing abuse (both work and domestic). If any concerns are identified, this should be clearly documented and discussed with safeguarding or senior clinician. Staff should discuss with sex workers the service confidentiality policy, what to expect during the consultation and why specific questions are asked. Assessment questions must be relevant for that episode of care, and staff need to be careful not to be intrusive or intensive with how they conduct the consultation. Asking the individual if it is their choice to be involved in sex work is a good question to identify safeguarding issues. However, asking how much they earn, why they are sex working, or why they can't find another job is unlikely to be relevant to their sexual health. Sex workers can feel heavily stigmatised and may not disclose or engage if they think a staff member has prejudices about their work or their current social situation.

Appendix 1: Summary of the BASHH Clinical Standards for the Sexual Health Management of People Involved in Sex Work

Assessment

Services and staff must be accessible, friendly, and non-judgmental.

Independent interpreters must be used. Patients seen on their own at least once during the consultation.

Some people may not identify as a sex worker but engage in similar practices.

As part of a sexual health assessment, everyone should be asked if they have been involved in sex work or the exchange of sex for money or goods.

Additional Questions for People Involved in Sex Work

⇒ Type of services offered e.g. oral, vaginal, anal, massage, BDSM, fetishes, sex toys, companion
⇒ Condom accidents
⇒ Environment e.g. street, flat, websites, apps, phones, saunas, clubs, escort, home, pornography
⇒ How long they have been involved in sex work
⇒ Regular partner aware of work
⇒ Contraception used with clients/partners
⇒ Drug and alcohol use during work
⇒ Any forced work.
⇒ Incidents including sexual or physical assault, robbery, harassment, or blackmail

Additional Assessments

⇒ Domestic / child sexual exploitation or abuse
⇒ Drug and alcohol use, chemsex
⇒ Mental health

Ask and document work-related questions separate from those relating to their personal life.

Testing

Frequency should be based on risk and services offered. For those who provide direct sexual contact or work with needles/ blood, please offer every 3 months.

Basic Testing

⇒ Chlamydia & gonorrhoea triple site, regardless of disclosed practices (rectal, pharyngeal and urethral or vaginal or urine)
⇒ HIV
⇒ Syphilis
⇒ Hepatitis B (1st attendance and repeated every 3-6 months until immune or infected)
⇒ Hepatitis C at 1st visit and repeated every 3-6 months if ongoing risk

Supplementary Testing

Additional testing should be based on individual assessment, local prevalence and public health needs assessment.

Point of care testing helps to prevent patients from being lost to follow-up and reduces untreated infections.

Treatment & Follow-up

Treatment & Partner Notification

as the general population but take into consideration;

⇒ Difficulty in abstaining and PN
⇒ Outreach safety and Infection control
⇒ Contraception side effects, use and their impact on work
⇒ Advanced EC
⇒ Stat doses or short courses may have higher compliance
⇒ Syndromic treatment can be considered on an individual basis if symptoms highly suggestive and are unlikely to reattend

Vaccinations

⇒ Hepatitis B – All
⇒ Hepatitis A – those offering oral-anal services
⇒ HPV – male/transgender sex workers who have male clients through NHS. Cisfemale sex workers can obtain privately

Health Promotion

⇒ PEP & PrEP
⇒ Contraception including EC
⇒ STI transmission, prevention, vaccination, and screening
⇒ Condom use and demo
⇒ Drug and alcohol use
⇒ Working when bleeding
⇒ Personal safety, national ugly mugs, and police
⇒ GP registration

Referrals as needed

⇒ Safeguarding. Anyone being forced to sex work or working and age <18. Anyone else identified as at risk of serious harm
⇒ Hospital, GP, support services and peer groups
⇒ Abortion or antenatal services

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