

The Invisible Men: finding and engaging with the male partners of street sex workers

Keywords

Street sex worker
Men's health
HIV
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Homelessness
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Susan Collinson, Reg Straub and Georgina Perry

Abstract

Men, in general, remain less likely than women to seek medical care, and are only half as likely as women to undertake preventive health visits and/or screening tests. There is a great need to increase men's health awareness and reduce this significant gender disparity. Furthermore, marginalised and socially excluded men rarely access health services, even though the reasons for their social exclusion, particularly drug and alcohol dependency, invariably mean that their need for health interventions is greater than in the normal population. The Open Doors Sexual Health Service has been working with female street sex workers (SSWs) in the London Borough of Hackney since 2006, in order to help them address their physical, psychological and social needs. Open Doors is based in, and partly funded by, City and Hackney Primary Care Trust. As Open Doors' staff's relationships with the women grew and the team developed an understanding of the lives of the women and their networks, it became clear that their relationships with the men in their lives (historically characterised as "pimps") were more significant and enduring than had previously been assumed, and that working with couples had the potential to be of greater benefit than working with the women only. In July 2008, a male worker joined the Open Doors team, in order to work exclusively with the male partners of women using the service, and to develop access to clinical and social services for this shadowy group. During the first 12 months, the male partners' coordinator (MPC) engaged with 23 men, each one of whom has needed intensive case management, as illustrated by a Case Study. The MPC's contract has been renewed for a further year, and the scope of the post widened to include other marginalised men, such as street drinkers, squatters and undocumented migrants, achieved by close collaboration with key services, especially the TB service, the Department of Sexual Health (DoSH) and the Specialist Addictions Unit (SAU) in Hackney's local hospital, the Homerton.

This paper will describe the work done by the MPC during the first 12 months of his tenure. © 2011 WPMH GmbH. Published by Elsevier Ireland Ltd.

Susan Collinson, PhD
Department of Respiratory
Medicine, Homerton
University Hospital,
Homerton Row, London E9
6SR, UK

Reg Straub
Open Doors Sexual Health
Service, City and Hackney
Primary Care Trust, London

Georgina Perry, BA
Open Doors Sexual Health
Service, City and Hackney
Primary Care Trust, London

E-mail:
sue.collinson@homerton.
nhs.uk

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Introduction

Men, in general, remain less likely than women to seek medical care, and are only half as likely as women to undergo preventive health visits and/or screening tests. There is a great need to increase men's health awareness and reduce this significant gender disparity. Currently, there are no guidelines for medical practitioners to perform men's health maintenance and conduct preventive services for men in a

gender-specific, racially and ethnically sensitive way. This is an area of highly unmet need and has a substantial public health impact [1]. Marginalised and socially excluded men rarely access health services, even though the reasons for their social exclusion, particularly drug and alcohol dependency, invariably mean that their need for health interventions is greater than in the normal population.

The London Borough of Hackney (LBH) is situated in London's East End. Historically it

has been a first settling place for migrants over many centuries, as it lies near to the old port of London on the river Thames. Although the port of London has been re-sited a long way from the East End, the area still attracts large numbers of migrants from all over the world. Hackney is relatively small in area, compared to other London boroughs: there are 106 people per hectare, compared to the inner London average of 45, making it the third most densely populated borough in Britain. Furthermore, while the official estimate of Hackney's resident population is 209,700 people, local records place it 6% higher, at 223,171 people. The rate of homelessness is nearly twice the London average. Nationally, Hackney is the second most deprived borough in the country; 11% of the local population is unemployed, and 53% of children live in families on means-tested benefits. The prevalence of problem drug use (especially crack cocaine and opiates) in Hackney is high (32 users per 1,000 population) with only a minority (35%) in contact with treatment services. One consequence of this is the high rates of sexually transmitted diseases (STIs), blood borne viruses (BBVs), tuberculosis (TB), human immunodeficiency virus (HIV) and mental illness [2].

The LBH is home to many “hard to reach” populations, including the borough's street sex workers (SSWs). SSWs are typically nocturnal, with insecure or no housing, high levels of chronic drug and alcohol dependency and a range of other health and social issues, which make their lives both complex and chaotic. Since 2006, the Open Doors Sexual Health Service has been delivering health and other services to Hackney's SSW population. Between 2006–2008, Open Doors made contact with nearly 200 women per year. However, 2008/9 saw an increase of 35%, taking the number of women contacted to 260 in 2009. Open Doors' interventions range from distributing condoms, needle exchange and harm reduction advice during late night outreach sessions (11pm–3am, twice weekly). Women are also encouraged to attend the weekly daytime drop-in session, where more complex issues can be addressed. More than 95% of Hackney's SSWs are UK born, and most of them are local women, born and brought up in the borough. They are predominantly white British, or mixed race British. They range in age from teenagers to women in their late 40s [3].

Methods

Initially, all Open Doors staff were female, on the basis that the service was set up to address the needs of female SSWs. However, it became clear that many of the women had long-standing and complex relationships with men, who were not their “pimps”. Often the relationship had endured over many years, and was based on drug co-dependency. Nearly all couples had had children removed, either at birth or shortly thereafter. The men were shadowy figures, often only glimpsed on late night outreach, or in the streets around the women-only drop-in setting. Conversations with the women suggested that these men were unknown to any health and social services, unless forced to engage through the criminal justice system.

Open Doors applied for funding for a male worker to take on the role of male partners coordinator (MPC), and he was appointed in July 2008 on a 12 month contract in the first instance. The post was specifically created to target this previously unrecognised community of men, and to try and support them in tandem with work already being done with the women. The core aims of the post were:

- to find and engage with male partners
- to facilitate their access into health and social services
- to create secure, fast track access into the relevant services
- to ensure that, as far as possible, couples were treated at the same time
- to create awareness within other services of the needs of this client group
- to offer joint case work and client support with other services
- to identify gaps in services, and work collaboratively to remove them

The man appointed to the MPC post already had an extensive knowledge of Hackney, as his previous post had involved assertive outreach with a local drug and alcohol team. He gained information about the women's male partners primarily through talking to the women, and asking if they would like their partners to have access to health and social services in the way that Open Doors had developed for them. He also went on late night outreach, in a Primary Care Trust car, with a female colleague, and

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