



National Offender
Management Service

Better Outcomes

**A guide to working with Former
Sex Workers and Victims of
Domestic Abuse**

Version Control Table		
Version	Reason for Issue / Changes	Date
V1.0	First publication.	03-08-2015

About this document

This document is part of a series issued by NOMS Commissioning Strategies Group to support the delivery of effective services that help achieve NOMS commissioning outcomes.

It is intended to provide information, based on the available evidence, to organisations including: Community Rehabilitation Companies (CRCs), Prisons, the National Probation Service and the Private and Voluntary and Community Sector (VCS). This document supports existing mandatory instructions but does not replace them. It should be read in conjunction with the 'Supported Referral Process'.¹

Introduction

This guidance seeks to assist CRC provision of effective services to all **men and women** who identify themselves as **victims of domestic abuse or as former sex workers**. Many people managed by NOMS (mainly women) have been victims of domestic violence or have been involved in sex work. Being in custody is potentially a safe time for the individual to make this disclosure as they are away from the perpetrators of control and/ or abuse. It is important to provide consistent staff to work with people with these needs to **avoid victims having to repeat distressing disclosures**.

Domestic violence **affects people in a range of ways** including substance misuse, self-harm, and mental health problems such as depression, anxiety and Post Traumatic Stress Disorder (PTSD).²

Similarly, being involved in **sex work is associated with a number of negative health outcomes** e.g. high levels of self-reported substance misuse. Experiences of violence, trauma, and significant mental and physical health problems, including PTSD, are common among those involved in prostitution.³

The best available evidence from service evaluations and research with women at risk supports a model of **integrated, holistic, women-centred services** as effective in promoting and sustaining engagement and being highly valued by women at risk. Holistic programs are those which address women's varied and complex needs including housing, parenting, relationships, trauma recovery, financial management, independent living, legal advice, physical and mental health issues, drug and alcohol counselling and reintegration into the community. ⁴

Evidence suggests that failing to treat trauma-related symptoms among women involved in sex work, who are recovering from substance misuse problems, can place individuals at high risk of relapse into substance misuse. Similarly, some research suggests that failure to address substance misuse among those receiving treatment for trauma-related symptoms impairs outcomes and can leave people at risk of

further re-victimisation. While there is little robust research in this area, the best available evidence suggests that **integrated approaches to managing substance abuse and trauma**, as opposed to sequential or parallel treatment of these issues, may be effective in reducing trauma symptoms, retaining women in treatment, reducing risky sexual behaviours and improving mental and physical health.⁵

As there is currently a lack of evidence in relation to male victims of domestic abuse or former sex workers, it is recommended that similar principles, identified below, apply to the provision of services.

This guidance aims to support the delivery of effective services including those that;

- **identify and address immediate resettlement needs.**
- **ensure pre-release activity is designed to meet additional resettlement needs.**

Principles for Commissioning and Delivery of Effective Offender Services

NOMS commissioning intentions emphasize that delivery of services and interventions should be responsive to individual needs and characteristics. This ensures that offender services are delivered in ways that maximise the ability of individuals to respond to and benefit from them.

NOMS is committed to evidence-based commissioning, targeting, and sequencing of services and interventions; to provide value for money and to deliver the best outcomes for offenders, victims and their communities.

What will work best?

The following guidance reflects Community Rehabilitation Company (CRC) Schedule 7 contractual requirements and sets out services to address immediate resettlement needs (at first reception into custody) and activities that relate to meeting pre-release resettlement needs; as per the Schedule 1 definition of a resettlement person, and following NOMS DV guidelines.⁶

An effective service provides **individuals with the opportunity to;**

- **disclose the abuse.**
- **ask for and receive help and support.**
- **receive a sensitive and safe response.**
- **be referred appropriately to have their needs met.**
- **have the safeguarding needs of children recognised and met.**

Addressing immediate resettlement needs

Services will be most effective when providers;

1. are able to **create an environment which supports individuals in disclosing information.**
2. **work proactively with other providers / statutory agencies** (NPS, Health, Police, Social Services, Family Support Worker, etc.) to identify and manage immediate needs including, for example, health needs, physical injuries, trauma, ongoing risk of abuse, and risks to children.
3. **gather feedback from individuals** to assess how well their immediate needs have been addressed and use the feedback to drive continuous improvement.

Meeting pre-release needs

Services will be most effective when providers;

1. **understand the level of need and vulnerability** presented by the individual pre-release.
2. **form meaningful and constructive relationships** with individuals that support them in having the confidence and competence to negotiate and manage interactions with providers of services such as support groups/networks for vulnerable people.
3. undertake additional activity with those with **more complex needs and/ or greater vulnerability** to help them engage with support services through the gate.
4. ensure that **information relating to risk and vulnerability is shared safely and appropriately** with statutory providers (police, social services, case/offender manager) so that further risks are minimised.

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¹ Supported Referral Process' please contact TTGquestions@justice.gsi.gov.uk for a copy

² Vaddiparti, K., & Varma, D. S. (). Intimate partner violence interventions, pp. 387-579. In Chandra, P. S., Herrman, H., Fisher, J., Kastrup, M., Niaz, U., Rondon, M. B., Okasha, A., & Hoboken, N. J. *Contemporary Topics in Women's Mental Health: Global Perspectives in a Changing Society*. New Jersey, US: John Wiley & Sons.

³ Nuttbrock, N. A., Rosenblum, A., Magura, S., Villano, C., & Wallace, J. (2004). Linking female sex workers with substance abuse treatment. *Journal of Substance Abuse Treatment*, 27, 233-239

⁴ Ward, A., & Roe-Sepowitz, D. (2009). Assessing the effectiveness of a trauma-oriented approach to treating prostituted women in a prison and a community-exiting program. *Journal of Aggression, Maltreatment and Trauma*, 18, 293-312.

⁵ Brown, P. J. (2000). Outcome in female patients with both substance use and post-traumatic stress disorders. *Alcoholism Treatment Quarterly*, 18, 127-135. DOI: 10.1300/J020v18n03_11; Brown, P.J., Stout, R.L. & Mueller, T. (1996). Post-traumatic stress disorder and substance abuse relapse among women: A pilot study. *Psychology of Addictive Behaviors*, 10, 124-128.
<http://dx.doi.org/10.1037/0893-164X.10.2.124>

⁶ NOMS D/V guidelines www.womensaid.org.uk/core/core_picker/download.asp?id=3409&file