The Intersecting Severe and Multiple Disadvantages Facing Women Involved in Street-Based Prostitution: Implications for Social Work

Melanie Boyce
Anna Dadswell

Abstract: *This article examines the lives of women involved in street-based prostitution through the lens of severe and multiple disadvantage. Involvement in street-based prostitution often intersects with experiences of homelessness, substance misuse, poor mental health, and violence and abuse. Yet women are often held responsible for these complex and intersecting experiences. Through applying the lens of severe and multiple disadvantage to semi-structured interviews undertaken with ten women involved in street-based prostitution, this article illuminates the gendered structural inequalities that continue to shape and maintain their disadvantage. By conceptualising street-based prostitution as one of multiple disadvantage, it moves away from focusing on single issues and individual needs towards a more nuanced understanding of how domains of disadvantage are intertwined and exacerbate each other. In doing so it highlights the opportunities for social work to improve the lives of women involved in street-based prostitution through a commitment to place gendered structural inequalities at the heart of its practice and reconnect with its critical roots.*

Key words: *Street-based prostitution; severe and multiple disadvantage; gendered structural inequalities; social work; feminist methodologies*

The term "multiple and complex needs" is often used to describe those presenting to services, with interconnected needs, requiring support (Hodges, 2017). Typically, the term has been used to imply breadth and depth of needs within and across health and social care services (Rankin & Regan, 2004; Rosengard et al., 2007). Accordingly, women involved in street-based prostitution are frequently referred to as having "multiple and complex needs," due to recorded high rates of alcohol and drug use, poverty, homelessness, and poor mental and physical health (Hodges & Burch, 2019). In recent years, despite the prevalent use of the term "multiple and complex needs" in the UK, reticence to its application has been raised.

With an emphasis on "need" there is the concern that the term can create a hierarchy, with the funding of services being available only to those with the highest need, rather than all that need it (Harris, 2018). Additionally, emphasis on individual need ignores how social systems and services disadvantage women by being largely focused on single issues (Hodges & Harris, 2021). Doubts about the relevance of the term have also been raised on the grounds that women involved in street-based prostitution often do not see their experiences as "needs" to which they are entitled to receive support (Hodges & Burch, 2019).

In response to these criticisms, the term "severe and multiple disadvantage" has gained greater credence in recent years in the UK. Rather than focusing on the needs of individuals and how they engage with services, the term severe and multiple disadvantage (SMD) endeavours to shift the focus onto the impact society has on individuals leading to adverse experiences that in turn affect engagement with services (Hodges & Harris, 2021). This paper critically explores the experiences of women

Melanie Boyce, MSc, PhD, Associate Professor of Gender and Social Justice, and Anna Dadswell, BSc, MSc, Senior Research Fellow, School of Allied Health and Social Care, Anglia Ruskin University, Chelmsford, Essex, UK.

involved in street-based prostitution, while using the lens of SMD to illuminate the gendered structural contexts and intersecting disadvantages that shape their lives. The implications of this reframing are then considered in relation to social work.

Theoretical Positioning

This research was underpinned by feminist methodologies that aim to illuminate gender inequalities and instigate structural social change (Burns & Chantler, 2011; Lauve-Moon et al., 2020). Specifically, we sought to understand the experiences of women involved in street-based prostitution by using qualitative and mixed methods to foreground their voices that are often missing from or marginalised in research, while recognising the socio-historical and political context that has shaped their experiences (Lauve-Moon et al., 2020). The design and data collection were guided by a feminist ethics of care that promotes responsibility and caring relationships between researchers and participants (Edwards & Mauthner, 2012), and were realized through working closely with the outreach workers who supported them and the organization who had extensive experience and established relationships.

It is pertinent to reflect here on our use of the term "prostitution" within this paper. The theoretical and ideological debates and divides continue within feminism around the conceptualization of sex work as either a form of gendered violence and sexual exploitation or as a chosen and legitimate form of work for women (O'Connor, 2017). Within these opposing theoretical positionings, sex work is typically favoured by liberal feminists who argue sexual labour can be classified as work and that a woman's identity is not solely tied up with the performance of her body (Sanders et al., 2018). Advocates of this perspective typically favour legitimation and decriminalization (Boyce et al., 2024). In contrast, radical feminists tend to promote abolition and the criminalization of those who buy and profit from the exploitation of women, and thereby uphold the use of the term prostitution to highlight the inherent lack of agency and choice in selling sex (O'Connor, 2017).

The organization that participated in this study aligned itself with this latter perspective – which also resonated with the SMDs experienced by the women they worked with that shaped their possibilities for agency and choice – and centered its activities on supporting women to rebuild their lives. Within this framework of understanding, the term "women involved in street-based prostitution" was favoured by the organization to outwardly highlight how the act of selling sex does not define a woman, while making it clear that selling sex is not a job or work like any other (Holly & Lousley, 2014; O'Connor, 2017). However, in their interactions with the women that used their services, they were guided by the terms the women used. This position is thereby echoed and applied throughout the remainder of this article.

Literature Review

Women's Experiences of Street-Based Prostitution

Women involved in street-based prostitution are often referred to as having multiple and complex needs within health and social care services (Hodges & Burch, 2019). Poor mental health with higher rates of depression, anxiety, and post-traumatic stress disorder is strongly associated with street-based prostitution (Love, 2015; Perdue

et al., 2012). For example, Roxburgh et al. (2006) report that of the 72 women they interviewed who were involved in street-based prostitution, 87% reported depressive symptoms, 74 % had contemplated suicide and 40 % had attempted suicide. Moreover, a systematic review, undertaken by Martin-Romo et al. (2023) on the mental health amongst women involved in prostitution, reports high prevalence rates of mental health problems attributed to greater exposure to risk factors, particularly violence and abuse.

High rates of violence and abuse are frequently experienced by women involved in prostitution (Kinnell, 2008). Estimates on the prevalence of violence and abuse for women involved in street-based prostitution vary, but research indicates that they are more likely to experience high rates of violence and abuse. For example, Elmes et al. (2022) found 73% street-based prostitutes had experienced recent violence and abuse as opposed to 36% involved in indoor prostitution. Most likely this is due to closer proximity to a range of potential perpetrators, such as clients, passers-by, police and street associates (Armstrong, 2019). Additionally, childhood abuse, both physical and sexual, has been found to be closely related to involvement in street-based prostitution later in life (Halkett et al., 2022; Perdue et al., 2012).

Poverty and homelessness are also recognised as a cause and consequence of street-based prostitution. Economic need is often cited as a reason for women turning to prostitution, which is exacerbated by, for example, unemployment, low welfare benefits, debts, and managing single parenthood (Divya et al., 2025; Monroe, 2005; Sanders et al., 2018). Additionally, homelessness at an early age is linked with street-based prostitution, due to its inherent risks of exploitation and coercion (Reeve et al., 2009). In response, the misuse of drugs and alcohol is frequently used to survive unsafe and unstable housing environments and is an entry point into prostitution as well as a consequence, as women who were not previously misusing drugs and alcohol may turn to them to cope with the psychological impact of being involved in street-based prostitution (Brown, 2013; Iversen et al., 2021; Page et al., 2023).

Service Engagement by Women Involved in Street-Based Prostitution

Service engagement by women involved in street-based prostitution usually occurs at crisis point and in a sporadic and inconsistent ways (Boyce et al., 2024; Sweeney & Flynn, 2022). Seeking support requires engaging with a range of agencies due to the fragmentation of service provision that is generally structured to respond to single issues (Holly, 2017; Rosengard et al., 2007). However, engaging with multiple services favors more stable lifestyles that can withstand the stress and frustration of arranging and remembering several appointments, and waiting for long periods (McCarthy et al., 2020; Potter et al., 2022). When women involved in street-based prostitution cannot meet these expectations, their lack of engagement is often misinterpreted by service users as resistance to the help offered (Holly & Lousley, 2014; Wilkinson, 2018).

In addition to the systemic barriers facing women involved in street-based prostitution accessing and engaging with services, personal and structural constraints further impinge on help-seeking. Women involved in street-based prostitution face multiple stigmas. At a societal level they are often framed as deviant and othered (Benoit et al., 2018), resulting in interpersonal stigma, discrimination, and mistreatment by professionals, which can further hinder help-seeking (Sandoval & Goberna-Tricas, 2024). High levels of stigma, mistrust and lack of understanding embedded within mainstream services mean women involved in street-based

prostitution are often wary of engaging with professionals, including social workers (Wood, 2024). Negative historical social care experiences, such as being in the care system, further adds to this wariness and resistance to engage (Johnsen, 2025; Wood, 2024).

Judgemental attitudes toward women involved in street-based prostitution mean they are frequently viewed as too challenging and blamed for their situation by some professionals (Harris & Hodges, 2019; MacDonald et al., 2020). Internalizing these negative beliefs, women involved in street-based prostitution often think the violence and discrimination they may experience is deserved and they themselves are unworthy of support (Benoit et al., 2018; Hodges & Burch, 2019). Furthermore, with siloed services failing to acknowledge and address the intersecting disadvantages women involved in street-based prostitution often face, many continue to disappear into the gaps between mainstream services (Holly & Lousley, 2014). In response, specialist women's organizations are left to address their intersecting disadvantages; however, because the voluntary and community sector frequently rely on short-term funding grants, instability of service provision is common (Bear et al., 2019).

In recent years in the UK, there has been a shift from framing needs as solely individual failing and deficits towards understanding the systemic issues that perpetuate such experiences. This has instigated a change in language away from the term "multiple and complex needs," in favour of a broader and less stigmatising understanding, with the term "severe and multiple disadvantage."

Features of Severe and Multiple Disadvantage

Initial efforts to build a more comprehensive picture of the profile of those facing SMD failed to accurately capture how such disadvantages coalesce and interact for women. Reviewing service data in the areas of homelessness, substance misuse and criminal justice service (CJS) revealed white males in their mid-twenties to forties were more likely to experience SMD (Bramley et al., 2015). Since then, limitations on the areas reviewed have been raised. Notably, as the CJS remains heavily male dominated, it is not altogether surprising that a male profile was generated as those most likely to be experiencing SMD (McNeish et al., 2016). Furthermore, concerns have been raised around the reliability of some of the service data on which the profiles were based, particularly in relation to homelessness.

In the UK, Bretherton and Pleace (2018) report that women are less visible in data on street homelessness, sometimes referred to as "rough sleeping." Rough sleeping refers to sleeping on the streets or in other places not designed for habitation, such as car parks, and is less common for women. Instead, women often "sofa-surf," which involves staying with different people for short periods of time before moving somewhere else, and may necessitate an exchange of sex to secure a place to stay (Johnsen, 2025). When street homelessness does occur, women are more likely to choose somewhere that is hidden from public view. This means homelessness data for women in the UK fails to capture their lived experiences, leading to their numbers being undercounted and misunderstood (Bretherton & Pleace, 2018; Wright & Hughes, 2024). Consequently, McNeish et al. (2016) argue that SMD is just as prevalent and serious for women, but often invisible as it is experienced differently.

To begin to illuminate how SMD affects the lives of women, Sosenko et al. (2020) developed an alternative conceptualization to that undertaken by Bramley et al. (2015). In their conceptualization, Sosenko et al. (2020) omitted involvement in the criminal justice system on the grounds that it is a highly gendered experience and more prevalent in men. Instead, they included the area of poor mental health and interpersonal violence and abuse, as service data routinely shows women are more likely to experience disadvantage in these areas, along with homelessness and substance misuse. By reviewing public survey data and the Adult Psychiatric Morbidity Survey, which provides data on the prevalence of mental health in the English adult population, the study by Sosenko et al. (2020) revealed that of those experiencing all four primary domains of SMD disadvantage, 70% (17,000) were women.

The study by Sosenko et al. (2020) offered new insights into the ways in which the conceptualization of SMD could be more inclusive, as well as giving an indication of its multi-layered causes. However, gaps remain in how these various combinations of intersecting disadvantage are experienced for marginalised groups at the individual level. By exploring how SMDs for women involved in street-based prostitution interrelate and compound each other, this paper highlights the gendered structural and intersecting inequalities that shape and maintain their disadvantage and considers its implications for social work.

Methods

The study was informed by feminist methodologies that place emphasis on illuminating gender inequality and effecting structural social change (Lauve-Moon et al., 2020). The focus of the study was to explore how outreach can support women involved in street-based prostitution to rebuild their lives, with the wider aim of highlighting gendered structural inequalities. By centralising the marginalised voices of women involved in street-based prostitution, the research aligned with the principles of feminist research in aspiring to produce knowledge that can effect social change (Burns & Chantler, 2011). A mixed methods approach informed the study design. The first phase of the research consisted of evaluating the outreach service, including the experiences of women involved in street-based prostitution. The second phase involved identifying how outreach can support women involved in street-based prostitution to rebuild their lives. This article draws upon the qualitative data gathered within the first phase of the study.

Participants

The outreach service, where the research was undertaken, was based in the South of England, and was a newly funded strand of support within the wider charitable organization, that provided an in-house drop in and advocacy service for women involved in prostitution. As part of the approach to examine how outreach support can assist women involved in street-based prostitution to rebuild their lives, qualitative semi-structured interviews were undertaken with ten of the women accessing the service. The women's ages ranged from 28 to 52 years, half were from ethnic minority backgrounds, including two women occupying asylum seeking status, with the remaining women of white British descent.

Because of the sensitivity of working with this client group, we guaranteed the women who shared with us that we would not report in any way that potentially made them identifiable. Hence, we are not providing a summary of participants names and demographic details, even with pseudonyms. There was still a chance they might be identifiable within the organization. This approach is something we have continued in publications from the research. Although the chances of the women and/or staff identifying them is low we want to protect their anonymity as much as possible and for this reason would prefer not to link demographics with names.

Data Collection and Analysis

In line with a feminist ethic of care we worked closely with the outreach workers to ensure that the research was undertaken in a sensitive and meaningful manner (Edwards & Mauthner, 2012). Consequently, the outreach workers were actively involved in the design of the interview guides and inviting the women to take part in the semi-structured interviews. The inclusion criteria that informed invitation to the study was for the women to be at a place in their lives where they could safely take part in a research interview, along with consideration of capturing a range of service experiences and outcomes. While feminist research emphasises research participants' agency and autonomy (McHugh, 2020), a feminist ethic of care highlights the importance of context and responsibility rather than universal principles to ensure safety and care within the research process (Edwards & Mauthner, 2012). As some of the women were controlled and "owned" by another, their movements were often heavily policed. To ensure the safety of participants and us, the researchers, the decision was taken to invite those women where participation in the study could occur safely and without any potential reprisals.

After reviewing the participant information sheet, the women could then either contact the research team directly or inform the outreach worker if they wished to participate. The outreach workers and the participant information sheet emphasised that involvement was voluntary and would not affect the service they received. The option of being able to have their outreach worker present during the interview was also possible, although none of the women chose to take up this offer. A gift thank-you incentive of £20 in the form of a voucher that could be used at a range of stores and restaurants was offered to the women who participated. Written informed consent was obtained from all participants, using their chosen pseudonym name and ethical approval was granted by School of Allied Health and Social Care Research Ethics Committee at Anglia Ruskin University.

The semi-structured interview guide explored individual motivations, experiences and outcomes of engaging with the outreach service, which provided powerful insights into the intersecting realities of the lived experience of SMD for women involved in street-based prostitution. All individual interviews were audio-recorded and transcribed verbatim and were conducted in a private room at the organization between September 2018 and June 2019 and lasted between 30 and 90 minutes. To identify how the domains of SMD are experienced for women involved in street-based prostitution, directed content analysis was applied (Hsieh & Shannon, 2005, p. 1277) using Sosenko et al.'s (2020) four domains of disadvantage as the coding framework: poor mental health, homelessness, interpersonal violence and abuse, and substance abuse. Directed content analysis is a deductive approach to qualitative analysis where data is used to

either support or build upon an existing framework (Assarroudi et al., 2020). The four domains of disadvantage were identified in the narratives by the first author, which was then reviewed by the second author and collaboratively refined. NVivo 12 was used to aid the organization and retrieval of the data. Pseudonyms are used to refer to women throughout and any potentially identifiable data were removed or amended.

Findings

This section details how the four broad themes of SMD - poor mental health; homelessness; interpersonal violence and abuse; and substance misuse - intersect and compound each other in the lives of women involved in street-based prostitution depicted in Figure 1 below.

Figure 1. *Severe and Multiple Disadvantage Themes Found in the Lives of Women Involved in Street-Based Prostitution*

Poor Mental Health

Experiencing poor mental health was a shared feature across the women's narratives, as many struggled with depression and anxiety:

I find it hard because I suffer with panic attacks and stuff. (Kyrie)

I had severe, severe anxiety, which sounds weird as someone who's worked as a stripper and an escort. (Jade)

While it was not possible to always separate the domain of poor mental health from other intersecting disadvantages the women were facing, overall, the women's lives were experienced as chaotic and a struggle:

I feel like I'm having a breakdown. (Becky)

…I'm unstable…my head's a bit giddy…I'm not really stable. (Emma)

The realities of experiencing poor mental health and the intertwined complex nature of the women's lives meant attending appointments and interacting with service providers was challenging and often ended up exacerbating the women's mental health:

> *I have severe anxiety around places I don't know…I missed huge number of appointments, partly because of the anxiety.* (Jade)

> *Especially going to appointments and how to be responsible. They're my issues…I find it hard to communicate without losing my temper. I get really angry. I feel like people don't understand me.* (Kyrie)

In response, the support and understanding of their outreach workers enabled the women to better navigate accessing and engaging with services and was a feature highly valued by the women:

> [Outreach worker] *came with me to meetings and things like that, which I wouldn't usually go to.* (Jade)

Few women spoke of receiving any direct support for their mental health. Indeed, the quote below illustrates how mainstream services are not always able to support women involved in street-based prostitution to process the severe trauma they have often experienced:

> *I got myself into counselling once and I thought I'm going to have some fun here, let's see. I went and this poor man just sat there and his eyes became bigger and bigger and bigger and he'd just sit there like. They're not used to talking to people that have been involved in the high-level prostitution. I've been gang raped and the list of things that have happened to me is extremely violent, extremely and you tell normal people that and they just don't know what to do.* (Jade)

Homelessness

The women's poor mental health was further exacerbated by their lack of safe and secure housing, which was a prominent theme in all the narratives. For many women this took the form of rough sleeping and sofa-surfing, which involved staying at friends or loose acquaintances and inevitably meant paying in some capacity for the roof over their heads:

> *I was staying in some girl's house, and I'm going to tell you the truth. She's making me shoplift, and I'm not a shoplifter. I'm really not. I'm not a thief…I was risking my liberty, just so I could have a roof over my head.* (Fiona)

For those women who were living on the streets the everyday occurrence of potentially experiencing violence and abuse meant many lived in a heightened state of fear and vigilance:

> *I've been rough sleeping in car parks, off and on. Five and a half months, I've been doing it off and on. And it's kind of tiring, do you know what I mean? And you have to keep your wits about yourself…All the time your back's got to be up…because if you don't have your wits, they'll stab you in the back.* (Emma)

The impact of this on the women's emotional and mental health meant sleep was seen by one woman as her only respite from the fear and despair she felt in the day.

However, another woman pointed out being asleep on the streets carried its own risks and dangers:

> *When you become homeless, the best part of the day is when you sleep, because you don't have that endless time to go around and do something you're scared all day and you're hungry all day, and you've kind of had enough all day.* (Fatima)

> *You search for safety if you're rough sleeping. Because not even when you got to sleep you don't know how you end up when you wake up.* (Hannah)

Moving away from the streets and into largely mixed-hostel accommodation did not necessarily protect the women from the threat of violence and abuse:

> *I absolutely hate it. I'm being bullied there big time. I was called an old chink the other day…they're all on crack and heroin. I've just had to give someone some money now because he wouldn't leave me alone…it's not one bit safe.* (Fiona)

Additionally, access to hostel accommodation was not available to those women whose immigration status excluded them from claiming welfare benefits, which further added to their invisibility and levels of disadvantage:

> *Because we are not part of the system, you can't apply for benefits and you can't apply to put us in a hostel. We are not entitled to have the benefit or normal benefit.* (Maha)

The effects of living in insecure and unsafe housing where the women could not safely attend to their personal needs further exacerbated their mental health problems and overall wellbeing:

> *I was living on the street…I needed to get a shower. I was so filthy. I hadn't had access to any shower for weeks…I was just desperate, desperate to be clean, just to have a shower.* (Fiona)

> *Your hair doesn't look properly like the way you wear it, the clothes you wear become donations or whatever people want to give you. You don't put makeup on and if you put makeup on you look dirty. You're very conscious about your smell, your hygiene, you're conscious about anybody coming near you. Being homeless…shatters the whole appearance.* (Fatima)

Interpersonal Violence and Abuse

The threat of interpersonal violence and abuse was an ongoing reality in the women's lives. For many women this was a shared feature in their past and present intimate relationships:

> *My son*['s]*…dad was incredibly violent and tried to kill us quite a few times.* (Jade)

> *I'm in a violent relationship and he beats me up.* (Fiona)

For those women who were homeless and living on the streets, violence and abuse was a common occurrence, which further added to their sense of fear and vigilance:

> *When you sleep on the street you lose count of how many people approach you sexually. And it hurts a lot…sleeping on the streets you do see how bad it is, how ugly it is.* (Fatima)

As mentioned, compounding the experience of homelessness, the threat of violence and abuse continued even when the women entered hostel housing:

> *It's not one bit safe, not one bit safe, no. I get 1:00am, 2:00am, 3:00am, 4:00am, kicking my door, and everybody there is a drug user. They're all taking drugs, and if you don't join in, they, you know. So, all I do is I'm drinking my head off, and I hate it. I hate it so much.* (Fiona)

While few women made direct references to the violence and abuse they might have experienced through their involvement in street-based prostitution, the threat was starkly evident in one woman's narrative. Being "owned" by a pimp meant her position of invisibility exacerbated the levels of violence and abuse she experienced and feared:

> *Basically, I got sold to someone to pay off a substantial debt… he did horrendous things to me…I was kept in, basically, not in prison but imprisoned in a nice luxury flat…one of the reasons they have control over me is they know exactly where my daughter is and what school she goes to and all that kind of stuff.* (Jade)

Jade's endurance of this control and constant threat of violence to protect the safety of her daughter, unsurprisingly negatively affected her mental health and compounded her efforts to escape her situation:

> *When your life is not under your control and completely chaotic, trying to keep a solid record of anything or being treated for anything or in touch with housing or any of that is next to impossible, which is how people end up able to completely control you because, like I said, you're kept so on edge that you don't have the opportunity or the energy or mental strength to do it.* (Jade)

As many of the women were not accessing any mainstream services, they valued and emphasised the importance of being connected with the outreach service. This provided them with a sense of safety as it reduced their positions of invisibility, whether this was due to their immigration status or being "owned" by a pimp:

> *…if we disappear, we are not in the system in a way. So we are the most kind of vulnerable…we are not linked to anything else, except the place. So that's what came out of the service…it's very important that you are linked to an address, to a property, an office where you could come.* (Ivy)

Substance Misuse

The complex and intersecting disadvantages experienced by the women meant the misuse of drugs and alcohol was a shared feature in some of the women's lives as it offered a way to cope with the realities of their situation:

> *You can't be judgemental because people do drink and drugs. They all come from different backgrounds and when you hear the history of some of them, it's kind of sad, do you know what I mean? They've been married, they've been divorced, they've lost their house, they've lost their business, so I can't really judge anybody.* (Emma)

The misuse of drugs and alcohol offered the women a way to escape their unsafe living environments:

> *I'm still using alcohol and drugs…I'm not using as much…I would like to get myself clean but I can't see myself doing that in a hostel environment.* (Kyrie)

While the above participant expressed a strong desire to no longer misuse drugs and alcohol, Kyrie highlighted how living in an environment where other people are using drugs and/or alcohol, actively compounded her efforts to stop:

> *I don't think I can handle a hostel if I want to get myself clean…I know 90% of all the people that are in there…I need a bit more privacy without people being around me that are using. If I've had a bad day I'm just going to be like, "Sod it, I'm going to go and use". Whereas if I was on my own I might stay indoors and just lock myself away from the world.* (Kyrie)

For those women with drug and/or alcohol dependency, at times, this aspect of their life became all-consuming and further exacerbated the barriers to rebuilding their lives:

> *I've got a habit so sometimes that takes over my life…sometimes when it gets overwhelming and it does. You think, "Why don't you just pick yourself up, get off the drugs and get on?" It's not as simple as that otherwise we would have done it.* (Demi)

Nonetheless, resilience and success in their efforts to stop using drugs was evident in some of the women's narratives, as Claire had recently moved to a methadone script replacement and Jade had not used heroin for ten years. Despite the severe disadvantages facing the women, many believed that they were solely responsible in overcoming these disadvantages to rebuild their lives:

> *I understand there's only so much people can do for you. You've got to do for yourself as well. So yes. It's that's saying, you can lead a horse to water, but you can't make it drink.* (Kyrie)

Discussion

Women involved in street-based prostitution struggle to access appropriate and timely support (Boyce et al., 2024; Sweeney & Flynn, 2022). Siloed service provision often fails to acknowledge and address the intersecting disadvantages they face, and as a result, many continue to disappear into the gaps between services (Holly & Lousley, 2014). Frequently labelled as too complex and challenging, women involved in street-based prostitution are often held responsible and to blame for their situation, further impeding help-seeking (Hodges & Burch, 2019). Moving away from individual deficits, this paper applied a wider, less stigmatizing lens to illuminate how the multiple disadvantages women involved in street-based prostitution frequently experience intersect and compound each other, through the application of Sosenko et al.'s (2020) conceptualization of SMD. The findings illustrate and provide insights into the potential for social work to more effectively support women involved in street-based prostitution.

The findings from this study align with other research around the importance of recognising how involvement in street-based prostitution for women intersects with and compounds experiences of disadvantage (Hodges & Burch, 2019). For example,

homelessness and living in unsafe, insecure housing was a shared disadvantage experienced by all the women that participated in this study. These conditions brought additional risks and threats of violence and abuse, compounded mental health difficulties, and exacerbated substance misuse. The impact of experiencing intersecting and multiple disadvantages means that when a woman involved in street-based prostitution seeks support, a range of services must be accessed due to the fragmentation of service provision that is structured to respond to primarily only single-issue needs (Rosengard et al., 2007). As many services operate on a conditional basis, many of these conditions are often hard for women experiencing SMD to fulfill (Hodges & Harris, 2021; MacDonald et al., 2020). Indeed, the findings from this study illustrated how poor mental health made attending any service provision appointments difficult and was often only achievable for the women with the direct support of their outreach workers.

Services are often ill-equipped to support the gendered intersecting disadvantages experienced by women involved in street-based prostitution. For example, homelessness services in the UK have for the most part been established on the needs and trajectories of male homelessness, with mixed-sex provision being the standard rather than the exception (Bretherton & Pleace, 2018). Ensuring that some single sex hostel accommodation is available would provide women with a wider range of safer choices (Holly, 2017), but, as the findings from this study illustrate, some women remain excluded from hostel accommodation due to their immigration status. Accordingly, women involved in street-based prostitution continue to struggle to access mainstream services and it is frequently left to specialist women's organizations in the community and voluntary sector to fill in these gaps. In providing holistic support such organizations bring together specialist provision to reduce the number of services a woman must engage with, but with insecure and short-term funding, provision is uneven, patchy and fragile (Bear et al., 2019).

If the intersecting SMDs facing many women involved in street-based prostitution are to be prevented or the severity of its effects reduced, earlier intervention and at critical junctures is needed (Johnsen, 2025). As a value-based profession working with some of the most vulnerable and marginalised people in society (Dominelli & Ioakimidis, 2016) and upholding an explicit commitment to social justice (Goodkind et al., 2021), social work intervention is particularly relevant to this client group. However, in the UK, adult social care does not always acknowledge that those involved in sex work/prostitution may need support and intervention (Wood, 2024). Instead, sex work and street-based prostitution remain on the periphery of social work discourse, practice and education (Lown et al., 2025; Sweeney & Flynn, 2022). The stigma along with the private and hidden nature of the sex industry (Hester et al., 2019) means that social workers may not know if their client is involved in prostitution (Sweeney & Flynn, 2022). Trepidation around the potential ramifications of disclosing, particularly in relation to current or future access to children, typically compounds disclosure (Johnsen, 2025). Conversely, when a women's involvement in prostitution is known, her relationship with a social worker may be defined by distrust and misgivings due to past negative experiences (Cimino, 2012; Wood, 2024).

The care and control dilemma embedded within social work can reinforce societal norms and narratives that oppress women involved in street-based prostitution. While social work strives to support people to improve their situations within the contexts of their own lives (Wahab, 2004), by adopting a person-in-environment framework,

interventions are often at the individual level which frequently fails to challenge inequities and negative stereotypes (Goodkind et al., 2021). By reframing adverse experiences reported by women involved in street-based prostitution from needs to disadvantages semantically shifts the focus from individual failings and deficit to systemic, gendered injustices. By considering the inherent injustice in the experiences of women involved in street-based prostitution, the term SMD enables social workers to reimagine justice and care (Goodkind et al., 2021), for this too-often ignored client group.

By placing the structures and processes affecting women involved in street-based prostitution at the center of social work practice shifts the focus of individual blame and judgemental attitudes to a more critical framework of understanding that challenges systemic, gendered injustices where so often the cause lies. For social workers to work in partnership and become allies of women involved in street-based prostitution, it requires moving beyond signposting them to numerous services for support that often fail to understand how SMD intersect and compound each other (Hodges & Harris, 2021). Instead, developing alliances and working in partnership with local specialist women's organizations offers opportunities to establish trusting relationships and holistically support women involved in street-based prostitution. Doing so would represent progress towards calls for social work to reconnect with its critical roots and tackle gender inequality as part of its inherent ambitions for social justice (Lauve-Moon et al., 2020).

Limitations

Despite the richness of the study, there are several limitations. First, the participants were recruited through a relatively small outreach service in the South of England and therefore do not represent the wider population of women involved in street-based prostitution. For example, the participants were receiving support through the outreach service, but many women involved in street-based prostitution may not be receiving any support at all, which is likely to influence their experiences of SMD. Furthermore, the research was intended to evaluate the outreach service and did not primarily set out to explore the women's experiences of SMD. Asking women specifically about each domain may have resulted in richer insights and understandings; in the absence of this, it is likely that the experiences represented here are an underrepresentation of the full picture. In addition, the interviews were conducted seven or eight years ago, and while there have been no notable changes in social service delivery since that time, there could be contextual changes.

Conclusion

Examining the experiences of women involved in street-based prostitution through the lens of SMD illuminates the gendered structural inequalities that continue to shape and maintain disadvantage. Conceptualising the experience of street-based prostitution as one of multiple disadvantage moves away from focusing on single issues and individual needs towards a more nuanced understanding of how domains of disadvantage are intertwined and often exacerbate each other. In doing so it highlights the opportunities for social work to meaningfully and actively improve the lives of women involved in street-based prostitution through its commitment to placing structural gender inequalities at the heart of its practice.

References

Armstrong, L. (2019). Stigma, decriminalisation and violence against sex workers: Changing the narrative. *Sexualities, 22*(7-8), 1288-1308.

Assarroudi, A., Nabavi, F. H., Armat, M. R., Ebadi, A., & Vaismoradi, M. (2020). Directed qualitative content analysis: The description and elaboration of its underpinning methods and data analysis process. *Journal of Research in Nursing, 23*(1), 42-55.

Bear, L., Durcan, G., & Southgate, J. (2019). *A sense of safety: Trauma-informed approaches for women* (Report). Centre for Mental Health.

Benoit, C., Jansson, M., Smith, M., & Flagg, J. (2018). Prostitution stigma and its effect on the working conditions, personal lives, and health of sex workers. *The Journal of Sex Research, 55*(4-5), 457-471.

Boyce, M., Dadswell, A., Burch, S., & Sandu, A. (2024). Delivering trauma-informed outreach to women involved in street-based prostitution: Enablers and barriers. *European Journal of Social Work, 28*(1), 200-213.

Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015). *Hard edges: Mapping severe and multiple disadvantage-England*. Lankelly Chase.

Bretherton, J., & Pleace, N. (2018). *Women and rough sleeping: A critical review of current research and methodology*. University of York.

Brown, L. (2013). *Cycle of harm: Problematic alcohol use amongst women involved in prostitution*. Alcohol Research UK and Eaves.

Burns, D., & Chantler, K. (2011). Feminist methodologies. In B. Somekh & C. Lewin (Eds.), *Theory and method in social research* (2nd ed., chap 8., 70-77) Sage.

Cimino, A. N. (2012). A predictive theory of intentions to exit street-level prostitution. *Violence Against Women*, *18*(10), 1235-1252.

Divya, G., Athithan, S., & Ghosh, M. (2025). Modelling the prevalence of prostitution under the influence of poverty: A deterministic vs. stochastic approach. *Applied Mathematics and Computation, 485*, 1-18. https://doi.org/10.1016/j.amc.2024.129030

Dominelli, L., & Ioakimidis, V. (2016). The challenges of realising social justice in 21st century social work. *International Social Work*, 59(6), 693-696.

Edwards, R., & Mauthner, M. (2012). Ethics and feminist research theory and practice. In T. Miller, M. Birch, M. Mauthner, & J. Jessop (Eds.), *Ethics in qualitative research* (pp. 14-28). Sage.

Elmes, J., Stuart, R., Grenfell, P., Walker, J., Hill, K., Hernandez, P., Henham, C., Rusito, S., Sarker, M. D., Creighton, S., Browne, C., Boily, M. C., Vickerman, P., & Platt, L. (2022). Effect of police enforcement and extreme social inequalities on violence and mental health among women who sell sex: Findings from a cohort study in London, UK. *Sexually Transmitted Infections, 98*(5), 323-331.

Goodkind, S., Kim, M. E., Zelnick, J. R., Bay-Cheng, L. Y., Beltrán, R., Diaz, M., Gibson, M. F., Harrell, S., Kanuha, K., Moulding, N., Mountz, S., Sacks, T. K.,

Simon, B. L., Toft, J., & Walton, Q. L. (2021). Critical feminisms: Principles and practices for feminist inquiry in social work. *Affilia*, *36*(4), 481-487.

Halkett, A., O'Grady, S. M., & Hinshaw, S. P. (2022). Exploratory investigation of childhood sexual abuse and other theory-driven predictors of sex work among women with and without childhood ADHD. *Journal of Child & Adolescent Trauma, 15,* 949-962.

Harris, L. (2018*). Response to complexity: Survivors of domestic abuse with "complex needs": Research summary report for Nottinghamshire Office of Police and Crime Commissioners' Women's Safety Reference Group*. University of Nottingham.

Harris, L., & Hodges, K. (2019). Responding to complexity: Improving service provision for survivors of domestic abuse with 'complex needs'. *Journal of Gender-Based Violence*, *3*(2), 167-184.

Hester, M., Mulvihill, N., Matolcsi, A., Lanau Sanchez, A., & Walker, S. J. (2019). *The nature and prevalence of prostitution and sex work in England and Wales today*. Centre for Gender and V8iolence Research.

Hodges, K. (2017). *An exploration of decision making by women experiencing multiple and complex needs* [PhD thesis]. Anglia Ruskin University.

Hodges, K., & Burch, S. (2019). Multiple and intersecting experiences of women in prostitution: Improving access to helping services. *Dignity: A Journal on Sexual Exploitation and Violence*, *4*(2), 1-22.

Hodges, K., & Harris, L. (2021). What does it mean to support women with 'complex needs'? Recognising and responding to systems of power, oppression and inequality. In C. Bradbury-Jones & L. Isham (Eds.), *Understanding gender-based violence: An essential textbook for nurses, healthcare professionals and social workers* (pp. 79-97). Springer.

Holly, J. (2017). Mapping the maze: Services for women experiencing multiple disadvantage in England and Wales. Agenda & AVA.

Holly, J., & Lousley, G. (2014). The challenge of change – improving services for women involved in prostitution and substance use. *Advances in Dual Diagnosis, 7*(2), 80-89.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288.

Iversen, J., Long, P., Lutnick, A., & Maher, L. (2021). Patterns and epidemiology of illicit drug use among sex workers globally: A systematic review. In S. M. Goldenberg, T. R. Morgan, A. Forbes, & S. Baral (Eds.), *Sex work, health, and human rights* (chap. 6, pp. 95-1118). Springer.

Johnsen, S. (2025). Homelessness, inclusion health, and gender. *International Journal of Housing Policy, Latest Articles,* 1-17.

Kinnell, H. (2008). *Violence and sex work in Britain.* Routledge.

Lauve-Moon, K. R., Enman, S., & Hentz, V. (2020). Mainstreaming gender: An examination of feminist methodology in social work research. *Social Work, 65*(4), 317-324.

Love, R. (2015). Street level prostitution: A systematic literature review. *Issues in Mental Health Nursing*, *36*(8), 568-577.

Lown, J., Chiavelli, S., & Collier, M. (2025). The gaze of the gatekeeper: Frontline social workers' perceptions of sex workers when making recommendations about treatment. *Affilia: Feminist Inquiry in Social Work, 40*(2), 283-303.

MacDonald, M., Kane, D., & Williams, J. (2020). Protecting women with multiple and complex needs from gendered violence: Impediments to obtaining and maintaining safe and secure accommodation in a European context. *Journal of Gender-Based Violence, 4*(2), 157-171.

Martin-Romo, L., Sanmartin, F.J., & Velasco, J. (2023). Invisible and stigmatized: A systematic review of mental health and risk factors among sex workers. *Acta Psychiatrica Scandinavia, 148*(3), 255-264.

McCarthy, L., Parr, S., Green, S., & Reeve, K. (2020). Understanding models of support for people facing multiple disadvantage: A literature review. Sheffield Hallam University.

McHugh, M. C. (2020). Feminist qualitative research: Working toward transforming science and social justice. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (2nd ed., chap. 8, 200-242). Oxford University Press.

McNeish, D., Scott, S., Sosenko, F., Johnsen, S., & Bramley, G. (2016). *Women and girls facing severe and multiple disadvantage: An interim report.* Lankelly Chase.

Monroe, J. (2005). Women in street prostitution: The result of poverty and the brunt of inequity. *Journal of Poverty, 9*(3), 69-88.

O'Connor, M. (2017). Choice, agency consent and coercion: Complex issues in the lives of prostituted and trafficked women. *Women's Studies International Forum, 62*(May-June), 8-16.

Page, S., Bratt, S., & Oldfield, S. (2023). Drug and alcohol addictions, sexual exploitation and poverty. In S. Page, M. Coates, J. Tipping, J. Frangos, & K. Goldstraw (Eds.), *Action on poverty in the UK* (pp. 249-270). Springer Nature Switzerland.

Perdue, T. R., Williamson, C., Ventura, L. A., Hairston, T. R., La Tasha, C. O., Laux, J. M., Moe, J. L., Dupuy, P. J., Benjamin, B. J., Lambert, E. G., Cox, J. A., & Nathan, V. M. (2012). Offenders who are mothers with and without experience in prostitution: Differences in historical trauma, current stressors, and physical and mental health differences. *Women's Health Issues*, *22*(2), e195-e200.

Potter, L. C., Horwood, J., & Feder, G. (2022). Access to healthcare for street sex workers in the UK: Perspectives and best practice guidance from a national cross-sectional survey of frontline workers. *BMC Health Services Research, 22*(1), 1-11.

Rankin, J., & Regan, S. (2004). *Meeting complex needs: The future of social care*. Institute of Public Policy Research and Turning Point.

Reeve, K., Casey, R., Batty, E., & Green, S. (2009). *Housing homeless people with complex needs: The housing needs and experiences of homeless women involved in street sex work in Stoke-on-Trent*. Centre for Regional Economic and Social Research.

Rosengard, A., Laing, I., Ridley, J., & Hunter, S. (2007). *A literature review on multiple and complex needs*. Scottish Executive Social Research.

Roxburgh, A., Degenhardt, L., & Copeland, J. (2006). Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia. *BMC Psychiatry*, *6*(1), 1-12.

Sanders, T., O'Neil, M., & Pitcher, J. (2018). *Prostitution: Sex work, policy and politics*. Sage.

Sandoval, L. A. P., & Goberna-Tricas, J. (2024). The subjective experience of social stigma on mental health among cisgender women sex workers in Colombia. *Violence Against Women, 31*(14), 3523-3551.

Sosenko, F., Bramley, G., & Johnsen, S. (2020). *Gender matters: Gendered patterns of severe and multiple disadvantage in England*. Lankelly Chase.

Sweeney, L. A., & Flynn, S. (2022). A critical review of intersectionality, social work education and sex work: An Irish perspective. *Critical & Radical Social Work, 11*(2), 199-214.

Wahab, S. (2004). Navigating mixed-theory programs: Lessons learned from a prostitution diversion project. *Affilia, 20*(2), 203-221.

Wilkinson, J. (2018). *Developing and leading trauma-informed practice*. Research in practice.

Wood, K. (2024). A managed approach to on-street sex working: Messages for social work practice. *British Journal of Social Work, 54*(5), 2218-2236.

Wright, S., & Hughes, K. (2024). *Women's Rough Sleeping Census 2023 report*. Change Love Grow.

Author note: Address correspondence to Melanie Boyce, School of Allied Health and Social Care, Anglia Ruskin University, Bishop Hall Lane, Chelmsford, Essex CM1 1SQ. Email: melanie.boyce@aru.ac.uk

ORCIDs:
Melanie Boyce 0000-0002-5633-0514
Anna Dadswell 0000-0002-1568-202X