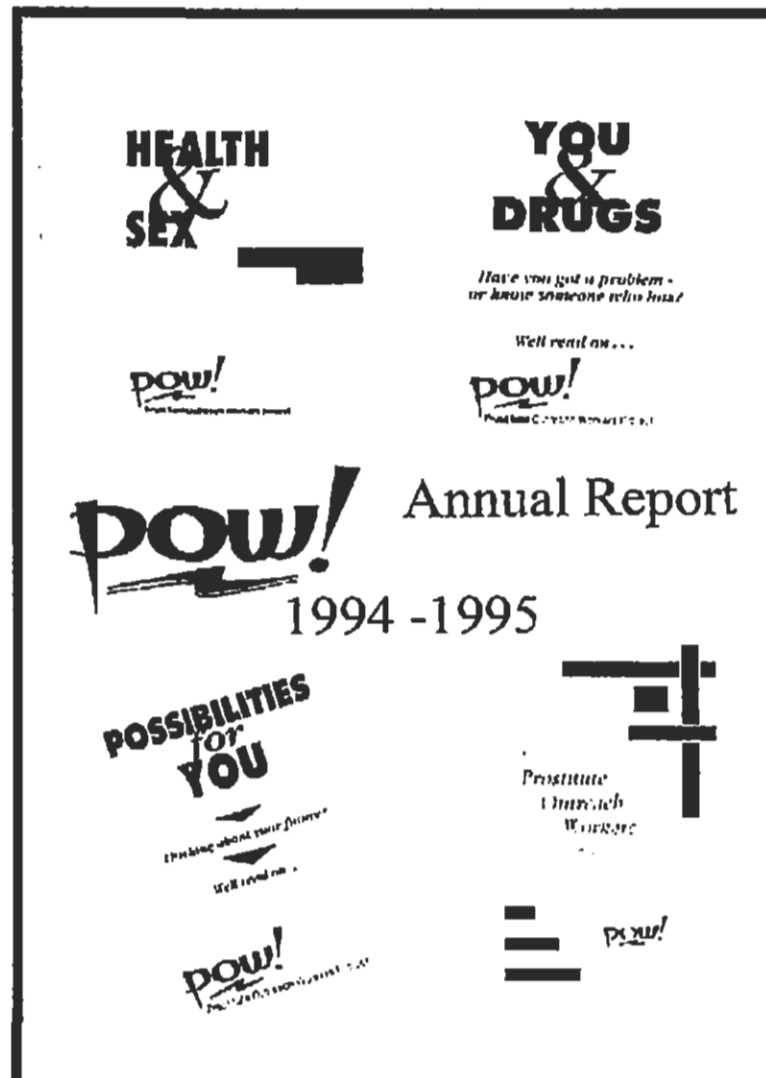


A. Action Research Project

POW! was launched in 1990 when local prostitute women volunteered to train as researchers to assess health and intervention needs of prostitute women in a disadvantaged area of the city of Nottingham, UK. Identified initially through a voluntary agency, two leaders in the prostitute community formed a working partnership with University colleagues to implement an action research and community development intervention based on Freire's model of education and political liberation.

The prostitute researchers helped set a research and development agenda and used the survey data they generated to design an outreach and referral service. This project truly reflects lay representation, mediates across organisations in the statutory and voluntary sectors and crosses professional and lay boundaries. It has evolved into a robust independent organisation shaping and changing the nature of health and welfare provision for vulnerable disadvantaged women and creating educational and employment opportunities where possible.

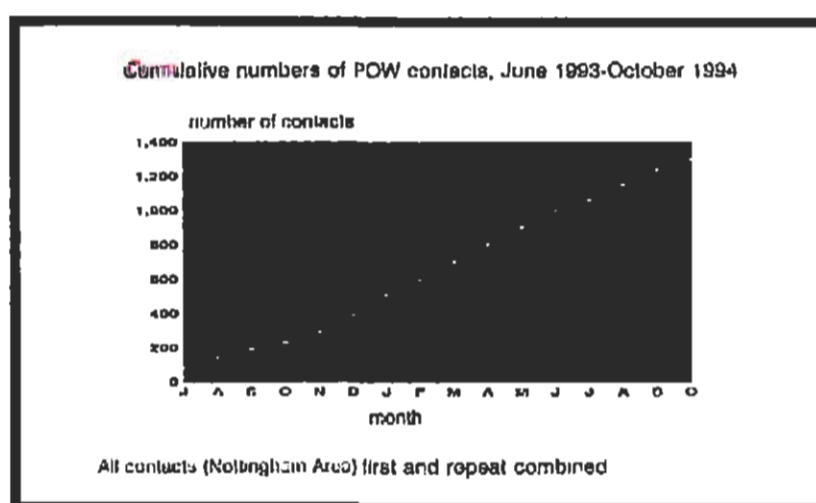


B. Making Contact with Local Women

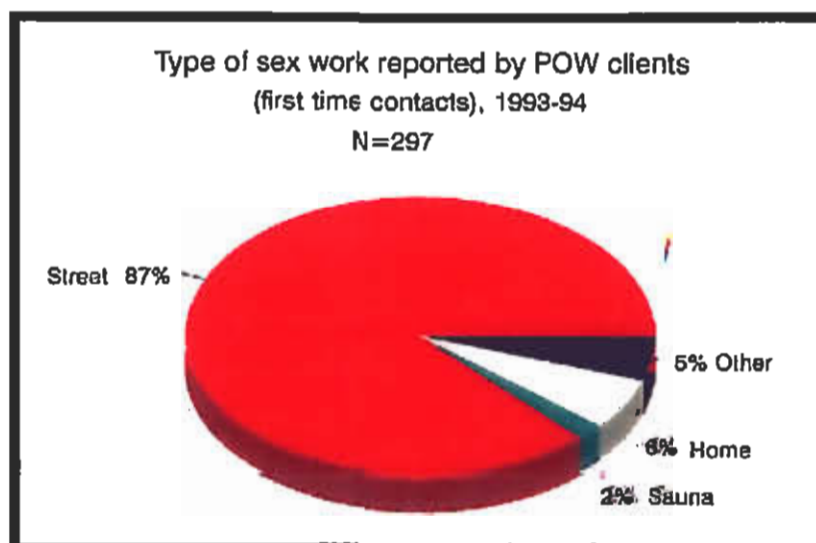
Between 1993 and 1994, over 1,300 contacts were made by POW's two outreach workers and volunteers.



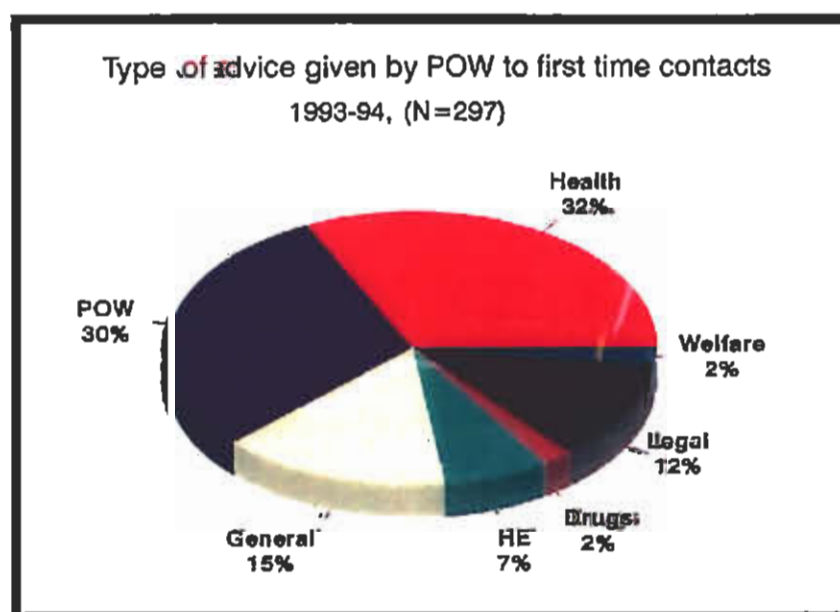
Most contacts were made on the street, however over the year POW also helped 44 women who lived locally but who were not prostitutes, with advice about health, social welfare and legal problems.



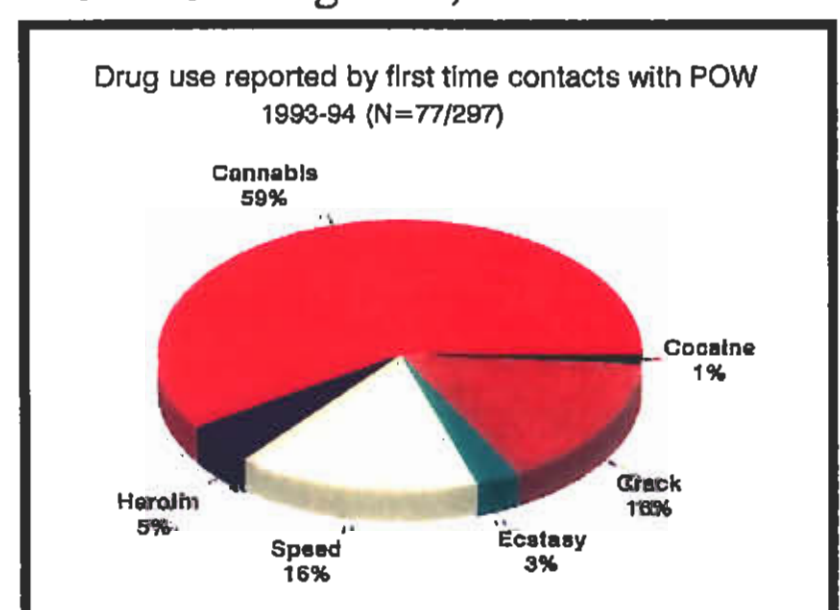
Contacts were made on the street and in the POW office.



POW offers a range of advice to prostitute clients on anything from housing to employment, and sexual health to probation needs. Local prostitutes preferred the term "prostitute" to describe their work than other terms such as "sex worker".



Many of POW's clients report that they use drugs. Cannabis is the most common drug used, but often in combination with other drugs.



Self reported drug use by first time POW contacts was:

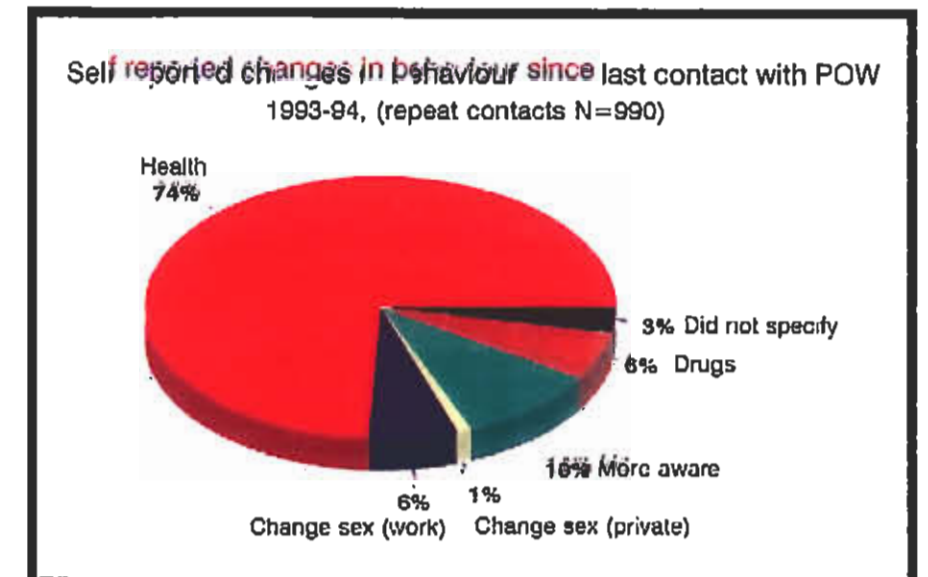
- found in 26% of cases (hard & soft drugs)
- not associated with type of sex work
- not associated with number of commercial sexual contacts in a week
- associated with age. Younger prostitutes were more likely to use drugs.

C. Outcomes: Changes in Behaviour and Service Use

Data were collected routinely using evaluation forms which were anonymous and unlinked in 1993-94. In 1995-96 POW researchers devised a means of linking first and repeat contact data which was acceptable to local women who approved measures for retaining confidentiality.

1. Unlinked self-reported changes in behaviour

Between 1993 and 1994 most women reported changes in their general health related behaviours between first and second contacts with POW. These included making visits to their GP; engaging in health checks, moderating alcohol/drugs consumption and trying to cut down on smoking. 6% indicated that they had reduced drug use and a small proportion had increased condom use with their clients during sex. It must be borne in mind that the vast majority of prostitutes (over 90%) reported condom use with clients.



2. Linked self reported changes in behaviour and service use

During Oct '95 - March '96, 4% more prostitutes reported consistent condom use with clients between first and second contact with POW and 16% reported increased condom use with their non-paying partners.

Condom Use: Linked data October 1995 - March 1996

Condom use with clients (N=47)	First contact with POW		Second Contact with POW	
	N	%	N	%
Always	44	94	45	96
Sometimes (never/did not apply)	3	6	2	4

Condom use with non paying partners (N=43)	First contact with POW		Second contact with POW	
	N	%	N	%
Always	6	2	12	28
Sometimes	9	21	5	12
Never	28	77	26	60

There are 7 changes in a positive direction and 2 (4.6%) in a negative one, eg. always to never and sometimes to never. These data approach statistical significance ($p < 0.075$; Stuart Maxwell Test).

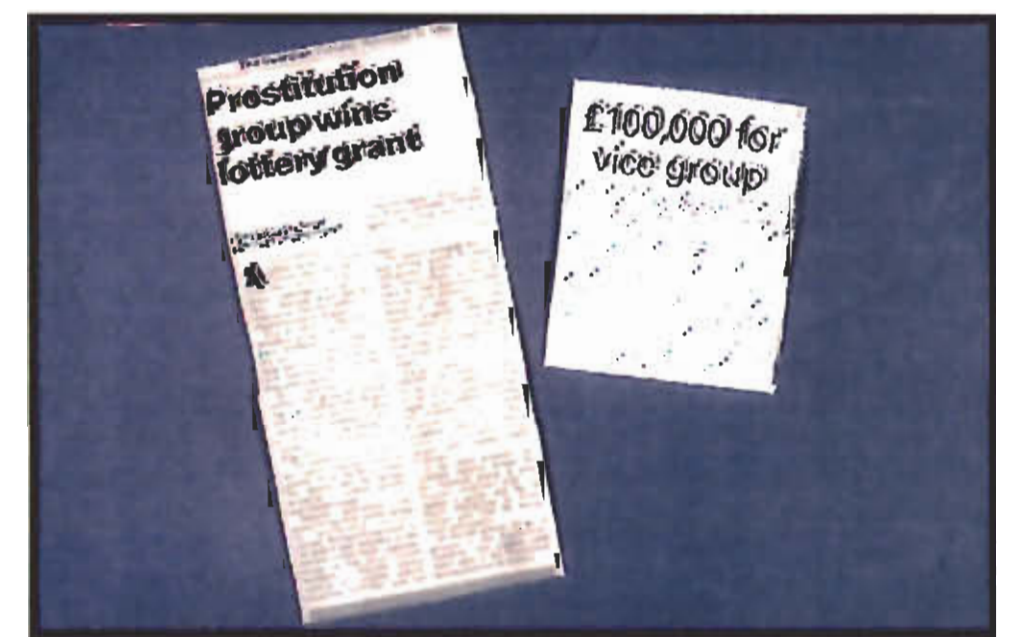
In addition:

- of the 14 women in the linked sample who said they used drugs, 7 (50%) reported **reduced** use.
- 12% reported **increased** awareness of the risks of working in prostitution, including violence (6/49)
- 61% reported **increased** concern for looking after their own health (30/49) and
- 51% reported **new** visits to genito-urinary medicine clinics for sexual health check-ups (29/49)

3. Self Sustaining Organisation into the Millennium

Milestones

- * prostitutes working in partnership with the University
- * setting up a management committee
- * self evaluation
- * applying for charitable status
- * working across professional and lay boundaries
- * winning a grant from the U.K. National Lottery Charities Commission



D. From Research to Action in the Community

Key points

- successful referrals to a range of agencies
- representation of prostitutes in court
- opportunities for further education and training for all women
- liaison with other statutory and voluntary community programmes
- training of social and probation workers
- project bank account
- support to families and friends of women involved in prostitution
- advocacy work
- safe houses for men and women
- clothes bank and small loan service
- self evaluation and accountability

E. Conclusion

A community development approach allied to institutional flexibility in patterns of working, shared control and careful evaluation, does make a significant contribution to health promotion among women who may or may not identify with prostitution but who share common difficulties arising from social disadvantages.