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Identifying the invisible: The experiences of prostitution among persons with intellectual disabilities: Implications for social work

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Abstract
● Summary: This article explores a relatively uncharted research area. The focus of the analysis is on how professionals working in care provision units, specialized prostitution units, the police, social services and special schools detect and deal with prostitution among people with intellectual disabilities. The data were obtained primarily through focus group interviews. The study shows that organizational specialization in different authorities and services makes it difficult to identify and work with this group. Clients with complex problems tend to find themselves in between the jurisdictional fields of different authorities, meaning that many do not receive the support that they need.
● Findings: In recent decades social work has undergone increasing balkanization and specialization. Each particular organization is regulated by specific legislation, regulations, forms of knowledge and normative assumptions. Professionals working with people with intellectual disabilities have difficulties in detecting prostitution among their clients, whilst those who work with prostitution lack the knowledge and methods to work with intellectual disabilities. At the same time, social work with these individuals is conducted within a field of tension between the client’s right of self-determination and professionals’ responsibilities for their well-being.
● Applications: The study demonstrates that, with this type of complex problem, it is important to establish different types of collaboration between different organizations. However, due to the risk of increased control being detrimental to clients, collaboration needs to be founded on the client's needs and right to self-determination.

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Introduction

On a number of occasions in recent years the Swedish media has reported that young women with intellectual disabilities have been enticed or forced into prostitution in different parts of the country. State agencies and their employees have in some of these cases been criticized for failing to protect these vulnerable individuals from sexual and commercial exploitation. The prostitution units working in Stockholm, Malmö and Gothenburg all report experience of cases where women with intellectual disabilities have sold sex (e.g. National Board of Health and Welfare, 2003). In this article we will describe and analyze how employees working in specialized prostitution units, the police, social services, special school classes, and care workers in homes for people with intellectual disabilities detect and deal with prostitution among these groups.

Although there has for some time been an awareness of these issues in Sweden, so far no research with a focus on the combination of intellectual disabilities and prostitution has been conducted. Whilst violence towards and the sexual abuse of people with intellectual disabilities has been the focus of a number of studies (see e.g. Nettelbeck & Wilson, 2002; Nosek, Howland, & Young, 1997; Reiter, Bryen, & Shachar, 2007; Sobsey, 2000) prostitution, within both practice and research, has in such contexts remained relatively invisible. Indeed, international research in the field is also, according to Jeffreys (2008), somewhat scant. Knowledge about the phenomenon is quite often limited to medical reports in court cases, or is derived from individual cases (mostly women) (Brunovskis & Surtees, 2007; Lewin, 2002; McCarthy, 2000). In Australia women with intellectual disabilities have been found working in brothels and at clubs (Jeffreys, 2008). In Moldavia, 30 percent of those selling sex had intellectual disabilities, the majority having developmental disabilities, according to Elman (1997). A welfare organization in Serbia reported that 19 percent of prostitutes working in the country had developmental disabilities (Brunovskis & Surtees, 2007). A study conducted by Cambridge and Mellan (2000) is one of the few that has highlighted the exchange of commodities for sex by men with intellectual disabilities.

Published research has only rarely touched on the ways that agencies detect and work with those people involved in prostitution. However, in a report from the Oslo Prostitution Unit (Pro Sentret, 1998) there is a discussion of the problems encountered by social workers in working with this particular group. These women were reported as finding it difficult to comprehend the consequences of their behavior and were described as impulsive, uncritical and as lacking boundaries. Despite obvious problems it was not always the case that a medical diagnosis had been made, implying that these women tended to fall between the jurisdictions of different agencies.
Thus our investigation, which was conducted during 2009 in the Gothenburg region of Sweden is the first of its kind to have focused on these matters. Data have been gathered primarily through focus group interviews. As the study was both explorative and inductive, we were relatively open in formulating our research questions. We wanted to know whether, and if so in which circumstances, our informants had come into contact with people with intellectual disabilities involved in prostitution or prostitution-like activities. We were also curious about how they related to and dealt with these issues.

The objective of this article is to describe and analyze how people working in the different public agencies and care-providers that participated in our study discovered and worked with these cases. In the study particular focus is directed towards the organizational issues preventing these agencies from providing relevant help and support for the women and men with intellectual disabilities involved in prostitution and prostitution-like activities.

Definitions

In this study the term intellectual disability encompasses both the individual’s functional disability as well as the societal barriers preventing a person with an intellectual disability to function as an average citizen. We therefore include people who are ‘administratively’ defined by the diagnostic system currently used to determine individual entitlement to receive service and support (e.g. in accordance with the ‘LSS’ Act, see below), as well as those persons who are regarded by care professionals as having an intellectual disability of a sort that involving limitation to autonomy, participation and self-determination.

The LSS Act (SFS 1993:387) ‘Concerning Support and Service for Certain Groups of People with Disabilities’ covers persons under the age of 65 who experience significant and persisting difficulties in managing daily life. This legislation (as well as the Social Services and the Health Care Acts) confers statutory rights to support services and special housing. However, care cannot be forced upon an intended recipient who does not wish to receive it.

Prostitution is defined in accordance with the Swedish legislation (SFS 1998: 408 with changes SFS 2005:90) prohibiting the purchase of sex as ‘the acquisition of a temporary sexual relation in exchange for pecuniary or other advantage….even if the commodity offered has been promised or given by another’. ‘Sex’ in this definition includes physical contact for sexual purposes between individuals (Kuosmanen, 2008). Prostitution-like activities or contexts refer to situations where the nature or form of compensation for a sexual service is unclear, or where the relation is more than temporary but is characterized by a clear exchange of sex for some form of recompense. Finally, this definition also includes the sale of sexual services where physical contact does not actually occur.
Methods and analysis

To our study we recruited key informants who, respectively, had experience of working with people with intellectual disabilities and people working with prostitution. A total of six focus group interviews involving 18 separate interviewees were carried out. The first three focus group interviews took place at participants’ workplaces, the remainder taking place at the university. Each of the six interviews lasted from between two to three hours.

We started with three collegial groups selected from three organizations: a project group that worked with violence and vulnerability within the client group, a prostitution unit and an organization that primarily worked with individuals with intellectual disabilities. To get additional data we then formed three multi-professional focus groups. The key participants were mainly selected on the basis of information we received in the first group interviews, but also from some other sources, such as research colleges. The participants in these three groups had backgrounds working in an NGO, a substance dependency unit, a special school, a special housing unit and as staff at a Social Welfare Office working with support in accordance with the LSS Act. Whilst the majority of the participants were social workers, the interviewees also included psychologists, special education teachers, support volunteers and care workers.

The focus group interviews commenced with general discussions that served to enable the participants to help one another recognize and identify different situations of suspected prostitution among persons with intellectual disabilities. This kind of interaction is a central feature of focus group discussions and serves to create a solid basis for the mediation of experiences and perceptions (Billinger, 2005; Wibeck, 2000). The method also provides an opportunity to create new and different perspectives on the area in focus (Brunnberg, 2002; Kreuger, 1994). When leading the discussions, we were aware of the tendency to produce collective narratives and to suppress individual experiences. By steering the discussions we endeavored to ensure that each individual had the opportunity to express their own specific experiences. Although the study is normatively and ethically sensitive, most of the participants, once an initial uncertainty was overcome, engaged in rich and lively discussions.

One police officer was unable to participate in any of the focus group interviews and was interviewed separately by telephone. In a focus group participants can from time to time remain silent and listen to the views expressed by the others in the group. In an individual interview the context however is different, which can mean that the empirical data may be less rich and lack the nuances of that obtained from group discussions. At the same time, an individual interview can, in a relatively short period of time, deliver a substantial amount of information about specific questions.

The discussions in the focus groups were recorded and transcribed. Notes from the individual interview were made during the course of the discussion and immediately after it was over. The data analysis has involved an interpretive process.
stretching from carrying out the focus group interviews as well during the transcription, but more nuanced analysis was made when all the transcripts were ready. In an initial phase, the analysis was inductive and focused on particular details. After rereading the material several times different patterns and categories began to emerge (Kvale & Brinkmann, 2009). We were progressively able to link the themes to a number of theoretical perspectives and, in the discussion that follows, emphasis is placed primarily on these more theoretically anchored analyses (Alvesson & Sköldberg, 1994; Kvale, 1997).

The study was conducted in accordance with the ethical standards common in the social sciences (Kvale & Brinkmann, 2009) and the norms and regulations set forth by the Swedish Research Council (www.vr.se). One of these regulations is about informed consent. The participants were informed of all relevant aspects of the study, that participation was voluntary, and that their anonymity would be preserved in all subsequent presentations of the results. Everyone involved in the study was also at pains to ensure the integrity of the people with intellectual disabilities whom they referred to and talked about. The names of individuals were not mentioned during the interviews and nor were any circumstances that could have led to the revealing of their identity. In our presentation of the material we have ensured the preservation of anonymity, particularly in cases of sensitive issues, so as to prevent the interviews’ identities from being revealed. However, at the group level, it has been harder to achieve total anonymity since important aspects of the analyses are linked to specific organizations and their operational focus, such as, for example, the police and the prostitution unit.

**Theoretical perspectives**

When analyzing the focus group interviews we began to realize that organizational issues are important for understanding the relative invisibility of the combination of prostitution and intellectual disability. The professional participants in this study work in so-called human service organizations (Hasenfeld, 1992). This means that services offered must be provided on a moral basis, which in turn implies that the relationship between the client and the professional forms the core of the working method. Work in a human service organization involves, according to Ineland, Molin, and Sauer (2010, with reference to Scott, 1995), regulative, normative and cognitive elements. This model is used as a means of understanding the work conducted with people with intellectual disabilities.

The regulatory element comprises the rules, regulations and administrative routines that are created with the purpose of steering and structuring the work of the organization. For example, the LSS Act is a regulatory framework that expresses the policy and intentions of the state with regard to disabilities. At a more client-centered level, legislation and administrative routines contribute to the
categorization of clients and the definition of rights. Other regulative elements include administrative borders and the distribution of responsibilities between different organizations, agencies and professions (Ineland et al., 2010).

The normative element includes values, approaches and actions that are perceived to be positive and morally right. It serves, to a large extent, as a form of legitimization and is used both to access resources and to generate an acceptance of the organization. Among care-providers for people with intellectual disabilities, strong normative traditions can, for example, be found in terms of the forms that care provision can take and the nature of interventions. It could be said that, at the higher levels, organizations are influenced, amongst other things, by institutionalized norms in the form of regulations and ethical guidelines. These do not however always exert an impact upon practical client work to the same extent since such work is also influenced by the care workers’ own private assumptions about what constitutes a so-called ‘normal life’ (Ineland et al., 2010). The latter element is perhaps more pronounced when it comes to work with sexuality and prostitution than it is in other fields. The perceptions and norms of individual professionals may differ both from the organization’s official guidelines, and the knowledge that has been generated by, for example, research within the field.

The cognitive element can either be based on current research, or connected to more institutional notions of what is true. The tension between these two perspectives has interesting implications for our study. The first implies a changing body of knowledge within the field. The latter is embedded in the underlying assumptions of organizations and, as such, they are resistant to change and have a strong regulative effect. Further, there is no clear boundary between normative and cognitive elements since the cognitive dimensions are, quite often, measured in terms of either good or bad. In other words, regulative, normative and cognitive elements have interesting overlaps and connections to one another.

The goals for working with people with disabilities, particularly at a general level, are not infrequently ambiguous. This can be evidenced, amongst other things, in difficulties applying the principles relating to autonomy and self-determination that are formulated in government policy for disabled people and in the preamble to the LSS Act (Lindqvist, 2007). In both the Social Services Act and the Health and Health Care Act, similar principles for self-determination and integrity are expressed. The question of autonomy is particularly interesting in relation to strongly normative areas such as sexuality and prostitution. Here it is also important to mention that the concepts of autonomy and self-determination are related to the question of the relativism inherent in the concept of normality. In addition, Swedish policies in relation to intellectual disabilities can be regarded as a social welfare landscape populated by a range of different organizations and professions that, in addition to differing remits, rules and foci, also have different knowledge basis and, indeed, even varying ethical and normative views. This entails that collaboration, both within and between organizations, can be difficult to achieve (see e.g. Abbott, 1988; Blom, 2004; Huotari, 2008; Jensen & Kuosmanen, 2008; Lindqvist, 2000; Liljegren, 2008).
Results

In this section our main focus is on a presentation of the factors and dilemmas that hinder the detection of prostitution, and complicate work with people with intellectual disabilities who are involved in prostitution or prostitution-like activities. The fact that the phenomenon is not immediately visible to the different professional groups is, amongst other things, due to its concealment behind screens created by the regulative, normative and cognitive organizational characteristics. These characteristics both facilitate and expose the work of different professional groups. At the same time they also produce areas of confusion and imprecise boundaries that obscure the focus on certain issues and problems.

What is it that we really see?

For those working with people with intellectual disabilities it was, in very few situations, apparent that prostitution was taking place. One of the discussions concerned a woman with an intellectual disability who charged money for sexual services. When her daughter grew up, she too became involved in prostitution-like activities. Another experience was about a woman who received not just money but other things as well in exchange for sex:

It is as I said, it’s just that it has to be done [have sex, our notation] and then maybe you get something. It’s not that it’s important to her, that which you are talking about, as if she had a book and counted how much it was, but rather it could be lipstick, nail polish, shampoo, a packet of cigarettes, or, if you were lucky, 50 or 100 crowns or so. So it’s not like anything big, it’s not prostitution so to say, the way that she thinks about it. We have spoken to her about it, prostitution, and that it’s illegal. That it’s not good, this way, and you shouldn’t do it. But then you get to the stage when you discover that if you say something’s not good, it gets almost intensified. Then you don’t want to go any further, because there is a risk that it gets worse and becomes more of an issue than it was before.

The care staff had, for some time, been worried. In the beginning they monitored the woman’s behavior from a distance before, eventually, taking a more active role in trying to influence her way of living. However, the emerging situation became increasingly like prostitution even though, as they point out, the woman herself experienced the situation rather differently. They even tried to frighten her with a half-truth by saying that prostitution was illegal, something which did not have any great effect. The woman clearly indicated her own interpretation of the situation and her autonomy by patently ignoring the attempts of the staff to get her to socialize in a different way with the men who were paying her for sex.

In many of the interviews it became clear that the participants found it difficult to interpret and understand different situations. Although for the prostitution unit, defining prostitution was by no means difficult, their problems lay in making more
sophisticated analyses of the possible disabilities of people who, for example, sold sex on the street. It was rare that they had a firm knowledge of which of these people might have an intellectual disability, unless, that is, such circumstances were directly revealed in another way:

Since April [2009, our notation] we’ve had two guys who are in an upper secondary special school, and who are judged to be at risk. There was a big trial going on in [name of town], where a man was convicted for the purchase of sexual services from minors, because some of them were under age, as well as rape. And the police say that there are loads of boys involved. And two of them were in special school.

In this matter the social workers from the prostitution unit worked together with other professionals, including the police. It was found during the police investigation that the boys had intellectual disabilities and had received support from work units dealing with habilitation. Even though this type of knowledge is not decisive for the work conducted by the prostitution unit, it can nevertheless be extremely valuable in long-term, treatment-focused contact. This type of client care involves, amongst other things, making the optimal use of the professional knowledge that has been accumulated for people with intellectual disabilities and accessing the resources that are available to help such people.

Staff members from organizations with experiences of work with drug-users also took part in the focus group interviews:

I see a difference between women and men in that the men are often fairly focused – it demands quite a lot to be a heroin addict – you need to be capable of getting hold of quite a lot of money. Whereas women unfortunately have some form of, sort of shortcut in prostitution. So women and men differ in that way. (...) We have, you know, we have few who are actually diagnosed, although we have women where we see so to say, what can we say, who are not very bright, or who have a mild intellectual disability. We see that sort of thing... and that’s how it’s been. But also that they continue to prostitute themselves, I mean, even if they are in treatment. It is easy to think that they will stop prostituting themselves, but that’s not how it is.

It is according to the participants in this focus group primarily women who finance their substance abuse by selling sex. Among them are people who, although they had not been subject to an investigation, were regarded as having an intellectual disability. One important question is thus how this kind of intellectual disability should be understood; is it a result of prolonged substance abuse or something else? Nevertheless, irrespective of the cause, it is undoubtedly so that it involves a group of individuals who finance their substance abuse via the sale of sex. It is also a group with an extremely complex need of support (Lalander, 2009; Svensson, 2005).

To sum up, many of those working with people with intellectual disabilities expressed concern, not so much in that their clients could be exploited in
prostitution, but more in the sense that they lacked the ability to protect themselves and could thus be sexually vulnerable. Löfgren-Mårtenson (2003) has discussed this anxiety and the control mechanisms created by the staff to protect their clients from such risks. The fear of sexual abuse was also raised by the focus group participants. However, the issue at stake was not so much an issue of control, but one of ambivalence. Not infrequently discussions revolved around the issue of whether or not it was right to control clients’ lives, particularly in terms of the recognition of important professional duty to ensure that clients do not come to harm.

Whilst the police and prostitution unit staff had little difficulty in recognizing those who bought and sold sex in different prostitution environments, they found it more difficult to identify people with intellectual disabilities. It is, according to these participants, no easy task to engage in dialogue with women on the street where most of the open prostitution takes place. In such sporadic encounters it is difficult to make a professional evaluation of the situation. The same holds for the prostitution that takes place in other arenas, such as the Internet. It is, above all, a complex task to differentiate between psychiatric illness, substance abuse problems and intellectual disabilities. It became obvious in the focus group with the prostitution unit and in the interview with the police officer, that proper methods or knowledge to make such distinctions were lacking.

Furthermore, these participants mentioned that the naivety characteristic of some women engaged in prostitution can in fact be part of a selling strategy. Women make themselves attractive to customers who seek some kind of dominance in the transaction. These market strategies make it even harder for the professionals to make appropriate assessments of women’s possible intellectual disabilities.

Different viewpoints obstruct seeing

There are a number of professional groups that, from different organizational horizons, are engaged with people with intellectual disabilities. Some of these groups have a direct and daily contact with people with intellectual disabilities. Since the organizational categorization of clients is, in the main, based on diagnoses, there is a relative clarity in the definitions of both target groups and their legal rights. However, when it comes to sexuality and questions concerning prostitution, there is less knowledge and professional preparedness. In a similar but reverse manner this is also the case for the prostitution unit and the police. Their remit includes the need to be acquainted and to work with people involved in prostitution in terms the maintaining of law and order. This means that individuals can fall outside of the areas of professional jurisdiction of both respective groups. Further, such situations can be exacerbated as a result of poor communication and knowledge-sharing between different agencies and departments.

First she went back to her old boyfriend and now she is living with another guy in his garage. She doesn’t want to live at home anymore. (…) She’s about fifteen, sixteen.
It’s not prostitution, but this girl, she’s easy to have, so I have heard. She has sold herself in a way to these different guys. She tried via the school nurse [to get a flat, our notation] and I said no, like. She can make her application, but it’s going to be hard to get an LSS-flat on such grounds. And IFO say no to her because she’s not in any … [client group, our notation] (…) so now she’s living in a garage at one of these guys.

Here a conflict appears to exist between the Individual and Family Care Department (IFO) on the one hand and the social workers working with LSS on the other, as to the responsibility for providing suitable accommodation. Because representatives from the different departments were, it seems, unable to work collaboratively in providing support, the girl appears to have solved the problem herself by exchanging sex for somewhere to live. This type of exchange relation is not an infrequent topic in the interview material. Although not the archetypal form of prostitution envisaged in the legal definition, there is nevertheless in such analogous situations a similar vulnerability.

Examples of a more constructive form of collaboration also emerged in the discussions. In the situation described above, the staff at the care unit had for a long time been concerned about a woman whom they suspected sold sex in her flat. In vain they tried different strategies to discourage this, but finally approached the prostitution unit for help. These social workers too were unable to solve the problem, but since the purchase of sex is a criminal offence, they suggested that the unit should report the men who visited her to the police. This they did. However, for reasons that are not entirely clear, the police’s initial investigation was never followed up.³

**Even if you see something you can’t always react**

The question of self-determination and respect for personal integrity is, as previously discussed, an integral aspect of the legislation that regulates the work of the organizations included in the current study. With the exception of the police, all of the participants’ professional work is primarily service-oriented. The central focus of the work of the prostitution unit is to identify and offer support to people with different needs. A similar service-provision focus characterizes the work carried out by those professionals and care workers working with people with intellectual disabilities. Whilst in certain situations this involves more specific decisions and interventions, in others, for example concerning types of accommodation and education, staff has more of a provider-function meaning that they have an overarching responsibility for the client. It is in these situations that professionals come into close contact with clients’ daily lives and where the principals of self-determination and autonomy are frequently in focus.

We can’t decide, because when you are with us you are an adult. You have your own flat and we can even have people who come up the stairs and we are not allowed to...
stop them. What we can do is talk with the woman or man and ask. But they can say ‘we want to and they are my friends’. And you have an enormous need for recognition and to be loved and be normal, as they themselves say, so it’s obvious. But of course you are also suspicious if as a single woman you invite several men home at the same time. Sometimes you can stop it. In the best situations you can stop it, and I think that’s what we have done, but not always. If you say that you want to invite these people in we have no right to stop that. We can try to work so that hopefully there won’t be any more times.

Here it is easy to detect a sense of ambivalence in a situation where staff and residents view situations rather differently. When members of staff suspect sexual exploitation, the person who has several men visiting at the same time may describe them as her friends. If it is suspected that sex is exchanged for commodities, the person who receives such items can simply claim that they are gifts. Indeed, even if similar interpretations of the situation are shared by the staff and the resident, the normative evaluations of such circumstances can nevertheless diverge. Due to the provisions of the LSS Act which stipulates freedom, self-determination and the possibility to live as any other citizen, staff can sometimes feel that they have little room for manoeuvre.

To teach people with intellectual disabilities to see

Several participants explained that they attempted to do more than simply handle situations where there was concern for a client’s sexual vulnerability and where prostitution was a real risk. Some of them described preventative work such as sex education for girls and young women. The professionals who conducted such education felt that it was possible to mediate important knowledge and that they could provide opportunities for young people with intellectual disabilities to take greater control in determining their own sexual boundaries. It was, however, experienced as problematic that they did not always receive support for such initiatives. Sometimes criticisms came from colleagues, whilst at others other professional groups such as teachers and school managers could be critical.

I feel that there is a fairly strong type of view that you should not talk about it, that it is somewhat shameful, that it is not really acceptable. Basically these people with intellectual disabilities, they don’t have any sexuality or shouldn’t have and so forth. And as long as one takes that view, then you are not going to have a good sex education. People think that, like if you don’t talk about it then it’s not there. Instead of recognizing it. It’s clear that they have a, that they have a sexuality. Then we must think in the same way as for all other youngsters. That they should learn about sex, sexuality and life skills in school.

Amongst the interviewees it is primarily those who have experience of this type of pedagogy, or who have taken courses in sexology, who raise issues relating to
sex education. In other words, those who had attained a good level of knowledge in these questions were normatively less negative than those who did not possess such knowledge. Resistance based on antiquated views about people with intellectual disabilities and their sexuality is often experienced as an obstacle to this type of preventative work. Not infrequently there is a fear of ‘not letting sleeping dogs lie’ and, as long as it is not verbalized, sexuality is supposed not to exist. In addition to such attitudes, preventative work with people with intellectual disabilities is also affected by values related to power and status hierarchies.

But what we can sometimes encounter is, for example, when you have been to some meeting with the management and we’ve looked at an ordinary upper secondary school and special schools, that when something is written down, the special school is always is right at the end and there’s like just a couple of points. It comes last all the time. It is the ordinary secondary and upper secondary schools that come first and special schools are always second. We have no status whatsoever.

These experiences neatly encapsulate important issues that concern both the position and status of people with intellectual disabilities both in society at large and in more limited spheres such as school.

**Conclusions and discussion**

Considering the awareness of women’s vulnerable situation in society evident in the responses of the majority of participants, it is somewhat surprising that knowledge about the combination of intellectual disabilities and prostitution is so underdeveloped. As the study reveals, this is not primarily due to an unwillingness to approach the issue, but is to a greater degree related to development of institutional and organizational barriers through balkanization. In social work and other care-providing services such processes have been taking place over a lengthy period of time (Blom, 2004; Danermark & Kullberg, 2006). As a result of these organizational divisions, many professional categories have become specialized in their cognitive fields, each with its specialist domains of knowledge. As a consequence there are few professionals who possess the requisite knowledge and are able to work with compound problems from a holistic perspective. This can be particularly problematic for people who although in precarious situations, do not themselves believe that they need support. In addition to people with intellectual disabilities involved in prostitution, people with other multiple problems, such as combinations of psychiatric diagnoses and substance abuse, can be identified. Providing for the needs of people with so-called ‘double diagnoses’ has often been a contentious issue in Sweden, where psychiatric and social services have often had opposing positions (Markström, 2003). We believe that the combination of intellectual disabilities and prostitution can be understood in similar way. Both situations concern client groups with very low status and both involve individuals who do not always actively seek assistance. In such situations, collaboration at different levels – such
as direct work with the client and responsibility for the financing of their care and rehabilitation has been found to be very important (Jensen & Kuosmanen, 2008). Further, in order to enhance the client’s autonomy it is also important that collaboration is based on the client’s needs and perspectives (Dominelli, 2002; Hedin, Herlitz, & Kuosmanen, 2006; Huotari, 2008). This type of collaboration could also be fruitful in working with people with intellectual disabilities who are involved in prostitution or prostitution-like activities.

Specialization and the increasing division of responsibilities have created a situation where knowledge about prostitution respectively intellectual disabilities has become low priority area. Knowledge gaps among professionals can influence the normative dimension in two opposing ways. When a problem is hard to articulate, its emotive impact can be low, thus also making it hard to detect. Similarly, despite an emotive response, it can nevertheless be hard to know how to react when there is uncertainty about the nature of the problem and where the tools necessary for properly addressing it are lacking. Both of these dilemmas can be found in our study. However, interesting solutions also emerged, such as the example of consultation between a care-provider and the prostitution unit. Even if, in the case we have cited, the problem couldn’t actually be solved, the impression is nevertheless given that everything possible was done in this situation. In the context of this type of work, whilst knowledge is important, so too are methods, routines and approaches (Bazzo, Nota, Soresi, Ferrari, & Minnes, 2007). It is easier to make rational evaluations and to address complex situations when equipped with practical know-how and knowledge of the relevant regulatory mechanisms.

Another important issue to emerge in this study concerns the dilemmas relating to integrity, autonomy and normality. Because issues related to the sexuality of people with intellectual disabilities, and in particular the occurrence of prostitution, are highly normative these are particularly interesting questions. As we have seen, clients’ interests can easily come into conflict with the professionals’ remit to support and protect vulnerable individuals. The concepts of autonomy and normality are highly complex, particularly in contexts where a staff group is charged with working in a way that allows clients to live as normally as possible. Who however has the right to determine what is normal? Does it, Ineland et al. (2010) wonder, concern what is desirable or what is the statistical mean, or does it involve that which is ideal or that which is common sense? Rubin, for example, discusses examples of different sexual value hierarchies and argues that sexual acts can be experienced as good, normal, natural and approved of or, on the contrary as abnormal, unnatural and to be discouraged (Ambjörnsson, 2006). This latter category includes sexual acts that take place with strangers, in groups or for payment. Our results indicate that the question of normality in a sexual context becomes particularly interesting when it concerns intellectual disabilities that, not infrequently, are viewed from a deviance perspective (Ljuslinder, 2002). There is much to suggest that sexual acts of clients that deviate from general sexual norms, can be experienced as being a greater step away from normality than if they had been carried out by people without any intellectual disability. This can be
conceptualized in terms of a double deviance, as a result of both having an intellectual disability and engaging in ‘abnormal’ sexual acts. Thus it is possible to interpret the concern and actions of the professionals as expressions of a normative approach designed to foster a ‘good, normal and desirable’ sexuality. One issue that emerges in this context involves the extent to which someone with an intellectual disability should be more ‘normal’ than anyone else.

However, the professionals’ actions can also be seen as a form of compensatory strategy aimed at helping people to protect their own integrity. Working with people with intellectual disabilities thus involves a need to strike a balance between social responsibility and respect for the individual’s autonomy and integrity (Ineland et al., 2010). However, without such advocates as those we have met in the course of our study, the situation would be even more problematic, both in terms of the individual’s vulnerability in general, as well as the particular risks run in connection with prostitution. This type of advocacy can function as a valuable resource-enhancement for different client groups (Hedin et al., 2006).

The sex education programs that the participants in focus groups had experiences of are of particular interest when discussing both cognitive and normative issues. Whilst popular among the participants, they were met with a certain degree of resistance by others in the environment. According to the interviewees, there was a concern that the education programs created more problems than they solved in the sense that they could awaken and activate the sexuality of people in the target group. This is a not uncommon reaction and has also been observed by Galea, Butler, and Iacono (2004) and Cambridge and Mellan (2000). Here, however, it is possible to interpret the results we obtained in a way that such initiatives can on the contrary enhance clients’ opportunities to interpret and verbalize different situations in a better way than before. The vulnerability that was discussed can to a great extent be regarded as the result of a lack of relevant information about sexuality among this particular group. Sieblink, de Jong, Taal, and Roelvink (2006), for example, have argued that people who have intellectual disabilities and are sexually active, just as much as those who are not, need to have access to this type of knowledge. With increased knowledge come better opportunities to make more grounded decisions in different situations. This, however, does not in itself mean that the frequency of prostitution is likely to decline, but will probably lead to more conscious choices. A further result of this study is that professionals who themselves have more in-depth knowledge about sex education appear to have a greater awareness of both sexuality and possible need for support among people with intellectual disabilities (see also McConkey & Ryan, 2001).

Since in surveys of prostitution among both sexes the proportion of men who sell sex is actually higher than the same proportion of women (Abelsson & Hulusjö, 2008; Kuosmanen, 2008; Svedin & Priebe, 2004, 2009) in future studies a particular focus needs to be placed on men with intellectual disabilities who sell sex. In this qualitative survey, we have therefore tried to highlight these types of experiences. Although we can’t provide any statistics or solid results, we can nevertheless note that several organizations had contact with boys and men with intellectual
disabilities who had experiences of selling sex. This is an important area that needs to be included, not only in future research, but also in the development of new knowledge and methods in practical social work.

Another important area, for both research and practice development, is the preventative work that a number of the participants in the focus groups carry out in the form of sex education initiatives. In this study we have only interviewed the professionals who have run such courses, and they mainly give a positive impression of these initiatives. In a future study, interviews with course-participants about how they view the sex education they are offered could be worthwhile. Indeed, provided that the ethical issues associated with such a method are properly addressed, participant observation might prove to be particularly valuable in this respect.

Finally, it is important to raise the issue of legal responsibility. Although it has not been discussed in this article this was something frequently ventilated in the interviews. There is much to indicate that when people with intellectual disabilities are the victims of a suspected crime, either in the form of sexual assault or in connection with prostitution, the criminal justice system has difficulties in accommodating these individuals in the roles of both victims as well as witness. Similarly, social services are not always capable of supporting these vulnerable individuals in the complexities of the legal process. Accordingly, this constitutes an important area to be developed both in research as well as practice development.

Ethics

The empirical data in this study were gathered through interviews with professionals (not with clients) and the study is not based on their personal lives but their work experiences. From our past experiences of similar studies with professionals, and that the fact the study does not concern sensitive personal data, or cause risk to the participants, we came to the decision to carry out our investigation without any formal ethical review. As stated on page 5, we have of course followed the ethical standards common in the social sciences (Kvale & Brinkmann, 2009) and the norms and regulations set forth by the Swedish Research Council (www.vr.se).

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Notes

1. This article should be seen in the light of the Swedish societal context and perspectives on prostitution. Even though the purchase of sexual services has been prohibited by law since 1999, the sale of sex itself is not illegal. But such practices have, for decades now, been regarded as undesirable both for the individual and society. As a consequence of a public enquiry (SOU, 1981:71) specialized prostitution units were created.
within the social services of the cities of Gothenburg and Stockholm in the 1980s, whilst a similar unit had been created in Malmö as early as 1977. The remit of these units was to seek out and offer support to those people selling sex in prostitution environments. In this article we will focus on the supply side of both prostitution and prostitution-like activities.

2. For newspaper reports on forced prostitution, see, for example, Göteborgs-posten, 30 October 2008, p. 4: ‘Man som sålde sin fru hårdare dömd’ and, Aftonbladet, 24 November 2009, p. 19: ‘Hon ville bli såld’. For criticism of state agencies, see Svenska Dagbladet, 1 April 2003, p. 12, ‘Övergrepp på utvecklingsstörda polisanmälts inte – Missstänkta brott på 42 av 47 gruppboenden’ and Sydsvenskan, 24 November 2009, p. 8: Kopplerirättegången, ‘Vi tvingade henne inte’.

3. Experiences of other cases of the purchase of sex indicate, according to police and the prosecutors, that it is very hard to provide evidence that someone is guilty of an offence if, that is, the seller is not prepared to be a witness and in the absence of a confession by the purchaser or any other extraneous evidence.

References


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