

Audit report

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Behind the camera: Sexual health testing patterns and outcomes amongst UK adult film performers

Gregory Patrick King¹ and David Thomas Evans²

Abstract

We report the frequency of sexually transmitted infections (STIs) diagnosed in UK adult film industry performers. A total of 100 adult film performers regularly screened for STIs on an average of every three weeks. High rates of condomless sex were reported and there were STIs recorded during the 19-year period covered by this study (1996–2015). STIs recorded included gonorrhoea, chlamydia, non-gonococcal urethritis, genital warts, syphilis and *Trichomonas vaginalis*.

Keywords

Sexually transmitted infections, adult film industry, sexual behaviour, safer sex, post exposure prophylaxis

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Background

Some UK Adult Film Industry (AFI) employers recommend performers to have regular sexually transmitted infection (STI) screening, prior to filming, and require a 'negative' test/certificate.¹ Adult film performers (AFPs) who have screening may regard testing as a harm reduction strategy; screening does not necessarily prevent sexual infections but may serve as an early warning system in relation to specific infections, e.g. human immunodeficiency virus (HIV), syphilis, gonorrhoea and chlamydia. Research in USA and UK on AFPs report that sexual intercourse is condomless 80%–90% of the time,^{2–7} and the prevalence of STI is between 8% and 35%.

¹East Sussex Healthcare NHS Trust, Hastings, UK

²Faculty of Education and Health, University of Greenwich, London, UK

Corresponding author:

Gregory Patrick King, East Sussex Healthcare NHS Trust, Station Plaza

Health Centre, 1st Floor, Station Plaza, Hastings, TN37 7RD, UK. Email: greg.king@nhs.net

Aim

The aim of this study is to ascertain the frequency of AFPs' STI testing in the UK, in relation to infection diagnoses and sequelae.

Methods

Two audits were undertaken, by a sole master's degree researcher, of 100 self-identified AFPs' case notes at an inner London, England, specialist sexual health service for sex workers. The audits covered 2014–2015 (Audit 1) and 1996–2015 (Audit 2).

In Audit 1, information was gathered on sexual orientation, sexual practices, frequency of attendance at clinic and prevalence of condomless sex in a single year. This selected time period in Audit 1 gave an up to date and detailed representation of consultations with GU physicians and nurses, in response to Adult Film Industry (AFI) recommendations.

Audit 2 was the first in the UK to assess the prevalence of STIs among AFPs attending this clinic over a substantial period of time, 1996 to 2015.

Results

Selected results from Audit 1 show that between 2014 and 2015, 38% (n=38) of AFPs attended testing every three weeks, whereas two AFPs choose weekly testing. There was a high occurrence of condomless sex acts by AFPs: 85% (n=530) compared to 15% (n= 94) intercourse with condom (Table 1). The percentage of condomless sex in the female AFPs' professional work decreased slightly when compared to their personal lives (81% compared with 85%), whereas in male AFPs, the percentage decreased from 84% in personal life to 91% in professional practice. Females were diverse in sex activities for work, including 16% (n=8) performing oro-anal sex ('rimming'), 24% (n=12) mutual masturbation or 'fingering' and 38% (n=19) having received anal intercourse (Table 1).

Table 1: Demographics and sexual practices among the 100 AFPs 2014 to 2015.

	Male Adult Film Performers (n=50)		Female Adult Film Performers (n=50)	
	n	%	n	%
Age (years)				
18–30	9	18	19	38
31–39	16	32	14	28
40–49	12	24	5	10
>50	13	26	12	24
Median age	39		32	
Sexual Orientation	Private	Professional	Private	Professional
Heterosexual	42	45	42	37
Homosexual	3	4	1	1
Not Specified	3	0	4	6
Bisexual	2	1	3	6
Transgender	0	0	0	0

Sexual Practice	With Condom		Condomless		With Condom		Condomless	
	n	%	n	%	n	%	n	%
Personal								
Oral	3	5	52	95	4	5	69	95
Vaginal	18	29	45	71	14	19	60	81
Anal	0	0	11	100	7	27	19	73
Mutual Masturbation	0	0	0	0	2	40	3	60
Oro-Anal	0	0	0	0	0	0	1	100
Total	21	16	108	84	27	15	152	85
Professional								
Oral	2	3	66	97	22	25	66	75
Vaginal	7	13	48	87	6	12	44	88
Anal	4	29	10	71	3	16	16	84
Mutual Masturbation	0	0	0	0	1	8	11	92
Oro-Anal	0	0	0	0	1	13	7	87
Toys	0	0	2	100	0	0	0	0
Total	13	9	126	91	33	19	144	81
Combined Total	34	13	234	87	60	17	296	83

Twenty-one female AFPs worked in other areas of sex work: 17 as escorts, 2 in escorting / webcamming and 2 worked at sex parties / swingers' clubs. Two males worked as escorts. In Audit 2, 171 new diagnoses of STIs were recorded from 1996 to 2015 (genital warts (n=31), gonorrhoea (n=40), non-gonococcal urethritis (n=41) chlamydia (n=35), Trichomonas vaginalis (n=1) and syphilis (n=1)) (Table 2). There were no cases of HIV, hepatitis B or hepatitis C. Males were more likely to have an STI than females: 98 compared to 73. Hepatitis vaccination uptake showed 34 of the patients commenced hepatitis A and 77 commenced hepatitis B vaccination.

Discussion

UK AFPs demonstrate a preference for testing every 28 days (a self-determined AFI UK standard)⁸; however, US researchers recommended testing 7–14 days in order to minimise STIs.^{7,9} The US Free Speech Coalition responded to this shorter timeframe and introduced the Performer Availability Screening Services 'Moratorium' which recommends terminating filming if HIV is detected.¹⁰ No similar system exists in the UK and it is questionable how effective this policy is at preventing STIs/HIV, as no robust evidence exists.

Our study highlighted females do not exclusively work in one genre of sex work, and further research utilising tools aimed at HIV prevention (condom use, Treatment as Prevention (TasP), Post Exposure Prophylaxis (PEP), (Pre-Exposure Prophylaxis (PrEP) and Undetectable equals Uninfectious (U=U) may be fruitful in the future. The study was conducted retrospectively and was limited due to reliance on presumed accurate documentation. An under-estimation of the prevalence of STIs in this cohort is possible, as online testing and treatment of STIs are now readily available, and/or the cohort could attend other National Health Service / private clinics.

Table 2. Sexual infections in 100 AFPs audit by gender and sexuality (1996 to 2015).

	Male AFPs								Female AFPs								All AFPs	
	Bisexual		Heterosexual		Homosexual		All Groups		Bisexual		Heterosexual		Not specified		All Groups		All Groups	
	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)	% of total STIs	Diagnosed (n)
Non-gonococcal urethritis	20	4	28	27	21	3	26	34	4	1	3	6	0	0	3	7	11	41
Gonorrhoea-male-urethral	0	0	3	3	0	0	2	3	n/a								n/a	
Gonorrhoea-rectal	5	1	0	0	7	1	2	2	0	0	3	6	0	0	2	6	2	8
Gonorrhoea-suspected	0	0	0	0	0	0	0	0	0	0	2	5	0	0	2	5	1	5
Gonorrhoea-oropharyngeal	15	3	5	5	0	0	6	8	0	0	3	7	0	0	3	7	4	15
Gonorrhoea-uncomplicated	5	1	3	3	0	0	3	4	0	0	2	5	0	0	2	5	2	9
Chlamydia	10	2	9	9	7	1	9	12	4	1	5	11	25	1	5	13	7	25
Chlamydia-rectal	0	0	0	0	14	2	2	2	0	0	0	0	0	0	0	0	1	2
Chlamydia-suspected	0	0	3	3	7	1	3	4	0	0	0	1	0	0	0	1	1	5
Chlamydia-pharyngeal	15	3	0	0	0	0	2	3	0	0	0	0	0	0	0	0	1	3
Gonorrhoea-cervical	n/a								0	0	2	4	0	0	2	4	n/a	
Genital warts-first occurrence	0	0	9	9	29	4	10	13	0	0	5	11	0	0	4	11	8	31
Genital warts-recurrence	20	4	15	14	14	2	15	20	0	0	2	4	50	2	2	6	5	19
Molluscumcontagiosum	0	0	8	8	0	0	6	8	0	0	2	4	0	0	2	4	3	12
Pelvic inflammatory disease	n/a								4	1	3	6	0	0	3	7	n/a	
Genital herpes-first episode	5	1	4	4	0	0	4	5	0	0	0	1	0	0	0	1	2	6
Genital herpes-recurrence	0	0	0	0	0	0	0	0	0	0	2	4	0	0	2	4	1	4
Syphilis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1
<i>Trichomonas vaginalis</i>	n/a								0	0	0	1	0	0	0	1	n/a	
Total		19		85		14		118		3		77		3		83		186

AFP: adult film performer; STI: sexually transmitted infection.

An unexpected finding identified gonorrhoea in five self-identified heterosexual men's pharynxes. This may support recommendations for three-site anatomical testing for gonorrhoea and chlamydia to reduce a possible reservoir of missed infections.⁴

To conclude, a challenging interplay exists between performers, healthcare providers and film producers in attaining and improving sexual health among these sex workers. To address any deficits in optimum service provision, there is a need to develop specific UK national guidance for clinicians, including improved collaboration with established AFI organisations such as United Kingdom Adult Producers and 'PORN4PREP'. It will also be important to undertake a proper review of the industry's occupational safety mechanisms for performers and to question AFPs' personal risk reduction strategies.

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ORCID iD

Gregory Patrick King <https://orcid.org/0000-0002-9706-4945>

David Thomas Evans <https://orcid.org/0000-0001-6874-3845>

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