ENCOMPASS FOCUS ON SEXUAL HEALTH AND COMMERCIAL SEXUAL EXPLOITATION (CSE)

Over a week in November 2021 the 7 organisations that make up the Encompass Network supported 150 women who had been involved in selling or exchanging sex or images.

The Encompass organisations are Another Way (Edinburgh), Routes Out (Glasgow), Vice Versa (Dundee), Rape and Sexual Abuse Centre (Perth & Kinross), Aberdeen Cyrenians, Alcohol & Drug Action Aberdeen, TARA.

Of these 150 women 59 women needed support in relation to their sexual health including 38 who needed support to have contact with sexual health services.

Sexual Health Services have a key role in supporting women involved in selling or exchanging sex or images. This briefing will set out some of the key research in this area and highlight some practice points that will support you in your work with women who may have been involved in selling or exchanging sex or images.

WHAT DOES RESEARCH TELL US ABOUT THE LINKS BETWEEN CSE AND SEXUAL HEALTH

Research in London carried out with 130 women over a 14-year period found that 6 of the women had died over this period, two from AIDS and two were murdered one died from alcoholic liver disease and one from a drugs overdose.

This survey also found that 110 women had one or more STI, these infections were associated with longer term sequelae: those with gonorrhoea had a doubling of risk of pelvic inflammatory disease, and an 11-fold increase in the risk of requiring investigation for infertility. Almost half had at least one abnormal cervical cytology report, including seven (7%) who had cervical intraepithelial neoplasia (CIN). Five women cited recurrent genital herpes as a significant health problem at follow up, eight women, had hepatitis C; eight had previous hepatitis B.

In an American study of women who acknowledged sex work and who accessed services at a family planning clinic, 40% reported that they were offered more money for unprotected sex, 30% reported a history of client condom refusal, and 16.5% reported they were forced to have sex in the past.

The Scottish Drugs Forum carried out research with 16 individuals involved in transactional sex which found that ‘Vulnerability was a key emerging theme when discussing drug use, sexual behaviour, and service use. Vulnerability increased risk of a range of harms from sexual assault to injecting harms and overdose. Participants were often, but not always, introduced to drugs and transactional sex by someone who had power over them or was more experienced in drug use and/or sex. High risk drug use was evident in terms of polydrug use, consuming large quantities of drugs, sharing crack pipes/injecting equipment (Sharing was generally carried out in the context of a partner relationship but also with other drug using acquaintances, particularly when ‘desperate’.) Participants stated that drugs, and alcohol, could be used deliberately to make it easier to take part in sexual acts and to block out feelings of shame.

“At the start I used to drink my way through it. I would drink on every shift, just to try and put it out of your head. Drugs were involved. That’s how you coped. I got to a stage where I couldn’t do that anymore. But I was still choosing to do the job so I suppose that’s when it affects you more. When there isn’t anything to cushion that blow. When the buffer isn’t there.’
Sarah Jane, Inside Outside

This research found that some became involved as a result of grooming while others found themselves involved from a place of vulnerability which included desperation for money, not wanting to be caught shoplifting or selling drugs as they might end up in prison and they rationalized that selling sex was preferable. Other vulnerabilities came from being made homeless or having benefits stopped.

Participants were asked about condom use and contraception as well as testing for sexually transmitted infections through sexual health check-ups. Intermittent condom use was described. Most said they used condoms but not with every client and not all of the time. For example some clients would exert pressure (coercion) by saying they were allergic to latex. Some women described clients using force and violence in order to avoid condom use.

The research found there is a need for information and services to reduce the risk of harm from drugs, sexual violence, and unprotected sex as well as non-judgmental, trauma aware services. This included providing information on:

- the effects of certain drugs, e.g., on cocaine and the effects on the heart
- good injecting practice
- managing difficult behaviour in others including clients who might take advantage of a person’s vulnerability
- testing for STIs and BBVs, condom use, smear test.

Confronting the Harm an Irish survey of those involved in selling or exchanging sex found that women most commonly present to a specialist service ‘with vaginal discomfort, abnormal discharge, abnormal odour, candida, bacterial vaginosis (BV) and pain when urinating, indicating a urinary tract infection (UTI) – one or more of these most common issues were experienced by 79% of the relevant sample overall, and in most cases, on multiple occasions. The most prevalent harms to the sexual health of women in prostitution result from the frequency with which multiple, different, often previously unknown buyers have sexual access to their bodies, demanding sex acts that are unwanted, undesired and violating. While most women are doing all they can to protect their sexual health, the precautions they are taking are regularly undermined by buyers’ actions – including demands for oral, vaginal and anal sex without a condom and the practice of stealthing (removal of a condom during intercourse without the woman’s consent). Fears about the harm to their sexual health caused by prostitution, including any potential long-term impacts on their fertility, are a constant source of anxiety for women.

Among male, female, and transgender sex workers in San Francisco who attended a health clinic for sex workers, 70% reported that they had never disclosed their sex work behaviour to their health care providers. Participants reported nondisclosure because of negative experiences in the past with health care workers, fear of disapproval, embarrassment, or because they determined that sex work was not relevant to their health care needs.

According to BASHH ‘Within England, sexual health surveillance data shows that in 2019, only 6,531 people attending sexual health services identified as a sex worker. This highlights that current sexual health surveillance processes are not adequately identifying the sexual health needs of sex workers.’

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PRACTICE POINTS FOR SUBSTANCE MISUSE PROFESSIONALS

RECOGNISE THE DIVERSITY OF EXPERIENCES

Women involved in selling and exchanging sex are not a homogenous group, they are involved in different forms and in different settings. Women enter for a number of reasons, move through and into different aspects with some women exiting and then returning. Some women are living with domestic abuse, come from backgrounds of disadvantage and discrimination, some women have long term health conditions or disabilities, other women are migrants or come from minority groups. Some women are college students, others have PhDs, and some are involved whilst having other forms of work. Some women refuse direct sexual penetration, others sell images whilst some have little or no choice about whom they have sex with or what kind of sex they will have to have.

Be aware that women may be involved in different aspects of the 'sex industry' some may be involved in webcamming and also escorting or some may sell sex on the street as well as having regulars they see at home or on an outcall basis. This means that individuals will have diverse working practises, and exposure risks. As a result, the type and content of health promotion must be tailored to the individual.

BE AWARE THAT THE EXCHANGE MAY NOT BE FOR MONEY BUT FOR 'SURVIVAL' REASONS

Remember that the exchange of sex does not need to be for money it can be an exchange for:

- Drugs / alcohol
- food
- shelter
- protection

Women can also be involved as a result of being pressurised into exchanging sex by 'partners' in order to cover debts, buy drugs etc. It is important to recognise that some women, may be physically and emotionally dependent on the coercer despite the violence endured, for the sake of "love". The fact that others outside that relationship may have a different opinion of the dynamics does not make it any less real for the individual concerned. Although the person may claim to be acting "voluntarily", in reality, for many this is not voluntary or consenting behaviour. When working with women, it's important to recognise the strength of this attachment and the time and difficulty there may be in breaking it.

DRUG & ALCOHOL USE MAY BE A FACTOR

Remember that for some drug or alcohol use will be driving their involvement in selling or exchanging sex, for others their drug or alcohol use will be allowing them to be involved in selling or exchanging sex. Think about how the way services are delivered can be barriers to women getting the help they need with substance mis-use this can include:

- delays in accessing treatment (if the individual doesn't have secure accommodation, make sure that you have a way of staying in touch with them).
- the impact that having contact with other drug users can have on women and how this can lead to further exploitation.
- Inflexibility in how services are offered and having to have contact with multiple services retelling their experiences

Have information about risks associated with different drugs and how risks can be reduced including information on safe injecting. Be aware of how women access specialist substance misuse services and where required support a warm referral into services, so that women don't have to retell their story.

As highlighted in the Scottish Drug Forum research, drug and alcohol use can increase women's risk to being coerced into unprotected sex.

> *I've been using drugs so I've been numbed oot to it but when I've no got a lot of stuff in my body – drugs in my body, I suppose that's how I find it hard getting straight. 'Cos I canny deal with a'hing that I have done. That's when you think aboot it.'*
>
> Levi, Inside Outside

INDIVIDUALS MAY HIDE THEIR INVOLVEMENT DUE TO FEAR OF STIGMA OR DISCRIMINATION

Those involved in selling or exchanging sex may hide their involvement, out of concern about the response they may get (fear of being judged or being reported to the police or social services can be a barrier to disclosure), or because they do not see the exchange of sex for drugs or shelter etc as a formal exchange but as something they do for survival or to meet these needs.

Be clear about women's right to confidentiality just because someone is involved in selling or exchanging sex or images, this on its own is unlikely to meet the threshold for breaching confidentiality, but be clear that where there is felt to be significant risks to her or to others that you have a duty to share information.

Selling sex is not illegal in Scotland and should not be used as a reason for reporting someone to the police or social services on its own.

RECOGNISE LINKS WITH OTHER FORMS OF VIOLENCE AGAINST WOMEN

Be aware that there are links between involvement in selling or exchanging sex and other forms of violence against women and girls. The Encompass Snapshot showed that:

- 35 (23.5%) of women disclosed experiences of Childhood Sexual Abuse (this increases to 36% if we remove women who have been trafficked for sexual exploitation)
- 81 (54%) of women disclosed experiences of domestic abuse (this increases to 83% if we remove the women who have been trafficked for sexual exploitation)

Where appropriate let the individual know about support services available for these issues.

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ASK THE QUESTION

If you think someone may be involved in selling or exchanging sex, you should ask them about this, as it's easier to tell when you have been asked as it shows the person asking has an awareness of the issue and is open to listening. Ensure you reaffirm their right to confidentiality and let them know you are asking so you know how to help them. If they say no, emphasise again about confidentiality and let them know they can come back to you at any time if they need help.

Some individuals who sell or exchange sex will not frame their experience as prostitution, sexual exploitation or sex work, so try to give examples when you ask.
This could include asking:

"has anyone offered you money or goods such as drugs/alcohol in return for sex"

"has anyone every made you feel like you have had to have sex with them for somewhere to stay?'

"has someone you are in a relationship with pressurised you into having sex with someone else?."

"how do you fund your substance use?"

LONG TERM IMPACT

Be aware that involvement in exchanging or selling sex can have long-term impacts which can continue to affect someone after they have stopped selling or exchanging sex. This can be as a result of coping strategies used (drugs, alcohol, dissociation), experiences of violence or abuse or fear of these, the impact of discrimination and stigma which can cause feelings of shame and guilt. The Encompass Snapshot showed that 121 women (80%) had disclosed a mental health issue, the majority of women (102) experienced anxiety and or depression, some women had been formally diagnosed with PTSD, Complex PTSD, EUPD, BPD while many others displayed other trauma symptoms.

'I have to put it all away in a box. Sometimes the lid comes off but then the lid goes back on again. It has to 'cos of the panic and the overwhelming feelings. The box is there, it's very much there and you can only open it bit by bit 'cos if you were to let all of it out, you would be in self-destruct mode. It would be an instant overload of I've done this, these things have happened to me.'

(Wendy, Inside Outside)

REDUCE THE BARRIERS TO ACCESSING SERVICES

The way services are delivered can be act as barriers to women getting the help they need with sexual health these can include:

- lack of information to show that the service has an understanding of the needs of those involved in selling or exchanging sex
- delays in accessing treatment (if the individual doesn't have secure accommodation, make sure that you have a way of staying in touch with the individual and providing results, consider if email is a suitable way to communicate with someone about their results).
- Inflexibility in how services are offered (are they available over a range of dates and times)
- Concerns about lack of confidentiality (can women use pseudonyms)
- Having to see different people to access support for a range of needs (can women access free lube and condoms, contraceptive advice, sexual health screening, access to PEP and PrEP, smear tests in the one place and at the one time and be clear about what can be offered without the need for the person to be registered with a GP).

TAKE A PERSON CENTRED APPROACH

If you are working with women via appointments, try to ensure that these take place at a time which suits the individual (early morning appointments can be difficult for some, while for others appointments outwith school times can make it harder for them to engage).

Work with the individual to identify what their support needs are and what change/difference they are looking to achieve through engaging with you. Ensure you take a non-judgemental approach and offer the individual choices and build on the strengths they have, be clear that you have hope that they can achieve the changes they are looking to make. Women involved in selling or exchanging sex have told us that having reliable and meaningful relationships can make a huge difference as can feeling listened to.

Consider language and communication style, learning difficulties, age, visual/hearing impairments, cultural sensitivities, lack of privacy or noisy environments.

In terms of what to call their involvement in selling or exchanging sex use the language they use if they refer to themselves as a prostitute or sex worker then use these terms, if they do not see themselves in these terms then describe the activity. Avoid placing labels on individuals that they do not ascribe to themselves.

TAKE A RISK REDUCTION APPROACH & OFFER SUPPORT TO EXIT

Some women involved in selling or exchanging sex may want to stop whilst others may want to continue.

- For those who are looking to stop (exit) help them to identify what barriers there may be and help them to access support to address these.
- Let all women know about other supports which are available to help them, welfare rights, employability services, specialist CSE services or other VAW services, sexual health clinics
- For those who want to continue take a risk reduction approach and look at how risks can be managed (see safety planning guide in further resources), be clear about the risks involved and of organisations which offer support around reporting of crimes e.g. National Ugly Mugs. Provide the support they need from you at this point taking a person-centred approach, when appropriate revisit their views on wanting to stop.
- Understand that women are often working to a long-term goal, and that their engagement may be interrupted by a crisis.

"There's a lot of discrimination. I think women feel uncomfortable speaking to like, nurses or other people that provide... like, that service, like tests and things. Because if they mention that they're in sex work, even if it's just camming or if it's full-service sex work, you feel like you're gonna get looked down on.

Umbrella Lane Needs Assessment 2020

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TAKE A TRAUMA INFORMED APPROACH

Being trauma informed means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does not cause further harm and recognises and supports people's resilience. The key principles underpinning trauma-informed practice, services and systems are safety, collaboration, trust, empowerment and choice.

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. Whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with services in order to access the care, support and interventions they require, the impact of trauma on relationships means that they may be the least likely to seek or receive this help and support.

People with experience of trauma consistently highlight the importance of their relationships with workers in accessing the supports, interventions or life chances they needed. Evidence shows that the development of a trusting relationship with a worker had the greatest impact upon people's capacity to seek and receive care, support or interventions.

- Judgement, stigma, shame and blame need to be recognised and understood by professionals. If there are children involved, is the individual worried that the children are at risk of being removed from her care if she opens up?

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- Consider what experiences the individual has had with previous services and how this has impacted on them?
- Consider what are the barriers the individual experienced when trying to access support (like the GP, clinics, alcohol/ drug use services)?
- Consider if the individual has been harmed previously in her life?
- Do assessments include information about the individuals strengths and protective efforts?

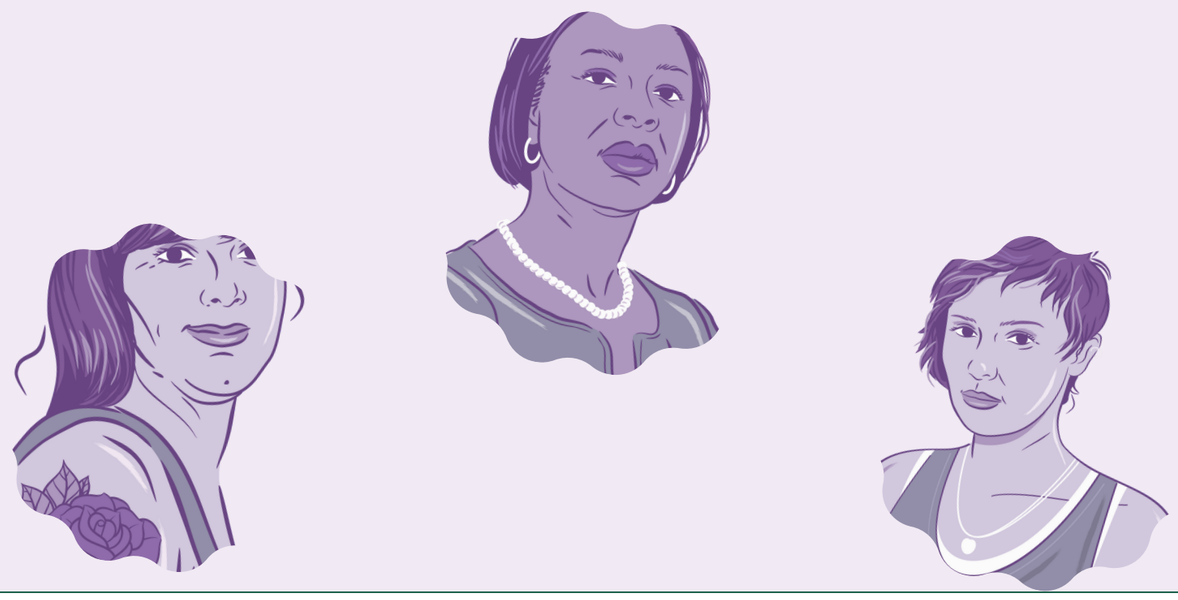
At a minimum, systems should endeavour to do no further harm. Yet, the way in which systems blame victims/ survivors or blame them for their efforts to manage their reactions can create re-traumatisation. Victims/ survivors highlight that a lack of consistent practitioners, being forced to continually re-tell their story, not being believed, long waiting lists or complex processes to access support, and physical service environments that feel unsafe and unwelcoming can be re-traumatising, consider what you can do to create a safe context for those you work with.

Taken from Improvement Service Domestic Abuse Companion Pack

'Staff were patient with me, they didn't push me into anything and always listened. I had the same workers, got to know them and build up a rapport.

DO NOT MAKE ASSUMPTIONS ABOUT PEOPLE'S EXPERIENCES

Do not make assumptions about an individual's sexuality or their relationship status, just because they sell or exchange sex to male clients does not mean this reflects their sexuality. Recognise that for some genital examination may be distressing for them ensure you take a trauma informed approach this includes being clear about what you are going to do and giving options/choices when you can.



RESEARCH

- Encompass Snapshot
- Inside Outside
- What happens to women who sell sex? Report of a unique occupational cohort
- Improving Awareness of and Screening for Health Risks Among Sex Workers
- Vulnerability, Risk and Harm for People Who Use Drugs and Are Engaged in Transactional Sex: Learning for Service Delivery. *Int. J. Environ. Res. Public Health* **2022**, *19*, 1840
- Confronting the Harm
- BASHH Draft Sexual Health Clinical Standards for People Working in the Sex Industry

FURTHER RESOURCES

Encompass Network, for details of specialist support agencies in Scotland and further resources such as Encompass Snapshot and Safety Planning Guide www.encompassnetwork.info

NHS Scotland Guide for Health Worker, http://www.healthscotland.scot/media/2098/gbv-commercial-sexual-exploitation.pdf

Clickbites awareness raising session, www.cseaware.org.uk

Trauma Informed Practice Toolkit, https://hub.careinspectorate.com/media/4362/trauma-informed-practice-a-toolkit-for-scotland.pdf

Tara for specialist support and training on Trafficking www.tarascotland.org

You my Sister, for online mental health support https://youmysister.org.uk/

Improvement Service Trauma Informed Practice Companion Guide

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