



ENCOMPASS FOCUS ON CHILDREN & FAMILIES SOCIAL WORK AND COMMERCIAL SEXUAL EXPLOITATION

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.

31 (20%) of the 150 women disclosed that they were under 18 when they were first involved in selling or exchanging sex or images, 3 women disclosed that they had shared intimate images online under the age of 16.

32 (21%) of the women had disclosed that they had, had children removed from their care, this affected 51 children and young people

81 (54%) of women disclosed experiences of domestic abuse (this increases to 83% if we remove the women supported by TARA)

35 (23.5%) of women disclosed experiences of Childhood Sexual Abuse (this increases to 36% if we remove women supported by TARA as due to the nature of their work this information is not routinely recorded)

This shows that children & families social work have a key role in addressing the harms associated with commercial sexual exploitation. 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

20% OF WOMEN SUPPORTED BY SPECIALIST CSE SERVICES HAD CHILDREN REMOVED FROM THEIR CARE



WHAT DOES RESEARCH TELL US ABOUT LINKS BETWEEN INVOLVEMENT IN SELLING OR EXCHANGING SEX CHILD SEXUAL EXPLOITATION AND WOMEN AS PARENTS.

Research in London (Left out in the Cold) found that ‘Many of the women we interviewed described their and/or their children’s experiences of being taken into care. They detailed how the intervention was related to violence and trauma.

Six of the women we interviewed mentioned that they had themselves been through the UK care system at some point, this is clearly disproportionate relative to the estimated less than 1% of children in England in care in 2017 and 2018.

Interviews also revealed a strong theme of sustained, multigenerational trauma and loss, as women who had experienced trauma, violence and the care system in their childhood – and some who had not – had their own children removed from them by social services. Twelve of the women we interviewed were or had been parents, one describing having suffered multiple neonatal deaths. For 11 participants, their children were either in the care system (five women), being cared for by family members (three women), or a combination of the two (three women).’

“I lost my kids through the drugs and prostitution too. They went to my mums. I had to fight to get them back. It was hard. It was really hard. I did it though. Now we are together again – oh it’s great. I’m buzzing.”

Natalia, Inside Outside

Research from Canada looked at the needs of women involved in selling or exchanging sex as mothers, this found that some women entered into the ‘sex industry’ as a way to support their families financially and that sex workers avoided accessing services for fear of having their children taken away.

This research found this was not unwarranted, considering 37% of sex workers in the study reported ever having a child apprehended, and 38% had been apprehended themselves as children.

The research also found that the most common barriers (to accessing social support) ‘cited were;

- lack of financial support (16.3%),
- fear of partner violence (15.3%),
- lack of social support from family members (15.1%),
- avoidance of services for fear of punitive measures regarding their children (e.g., child apprehension by child protection services) (13.0%) and
- fear of community stigma (e.g., negative judgment towards mothers engaged in sex work or drug use) (10%).’

The Northern Rock Foundation published research which showed ‘that the personal histories of those involved in survival sex often involve abuse or neglect.

Violence and sexual violence can predispose individuals to survival sex both directly, by giving rise to drug- or alcohol-based coping strategies which impose financial costs while preventing access to the formal job-market, and indirectly, by allowing individuals to see themselves as somehow worthy of, or only good for, abuse. The reports make clear that there is not a neat and clean dividing line between those under 18 who are being abused and those over 18 who are consciously using sexual exchange as a survival mechanism. Survival sex as a tactic is more a function of vulnerability.’

Research has identified that young people can become involved in the sex trade as a result of online grooming via the internet, sexual exploitation involving gangs, recruitment by other young people, adult grooming, and trafficking into and within the UK. They described young women and young men being ‘groomed’ into the sex trade by organised groups of adults, as well as single adults. National research into child sexual exploitation found evidence of older men using young people of both sexes to recruit young women whom the men would go on to sexually exploit.

“I was at court one day for shop lifting. I was always up at court at the time, I’m not now but I used to be. This guy Marty came up to me and said, “I’ll gee ya a lift” so I took the lift. I ended up seeing him, well, I thought I was seeing him. I sort of was but he must have knew what he was doin’, now that I’m looking back. I must have had a big light going “ding ding ding” above my head.

He must have watched out for me around the court. I think it’s only now I’m able to look back and think, honestly what a fucking clown. That’s grooming, he just groomed us. He definitely did. I was only just sixteen and a half. Fuck, he was no far off my dad’s age. Late thirties.”

Levi, Inside Outside



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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.

With such diversity, you should be aware that you may be working with individuals who are or have been involved in selling or exchanging sex

Involvement in selling or exchanging sex does not automatically mean that a woman is unable to parent adequately, as the majority of women involved in the sex industry are involved out of financial necessity focus should be on partnering with women to address the underlying drivers to their involvement and supporting them with their parenting.

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 misuse 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

I've been using drugs so I've been numbed out 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 about it.'

Levi, Inside Outside

Ensure that women have access to information on the effects of drugs, good injecting practice and sexual health services.

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
- transport

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.

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.

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 take a non-judgemental approach as those involved in selling or exchanging sex can often feel judged when accessing services.

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 (if possible ensure they are able to get access to condoms, lube etc without having to disclose as this can help reduce risks).

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?'



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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.
- Let them know that should they wish to stop then help is available.
- Understand that women are often working to a long-term goal, and that their engagement may be interrupted by a crisis.

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.

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.



- 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

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)

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?

'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



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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

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](#)

RESEARCH

- [Encompass Snapshot](#)
- [Inside Outside](#)
- [Left Out in the Cold](#)
- [The Links between Child Sexual Exploitation and Prostitution](#)
- [Sex Work and Motherhood](#)
- [Making pimps and sex buyers visible: Recognising the commercial nexus in 'childhood sexual exploitation'](#)