Unmet needs –
women in the sex industry

3rd Oct 2018

www.ecompassnetwork.info
https://www.facebook.com/Encompass-Network-1065509953531923/
Linda Thompson

Women’s Support Project
Encompass Network
Fire Safety
Toilets
Mobiles
Confidentiality
Social media
The Encompass Network involves agencies from across Scotland working with people at risk of becoming involved in, who are currently involved in or who have exited Commercial Sexual Exploitation (CSE).

Work to the Scottish Govt’s understanding of CSE as a form of VAW
Community Safety Glasgow – Routes Out
TARA
SACRO – Another Way
Cre8te Opportunities

Vice Versa
RASAC Perth and Kinross _ CSE project

Addaction (Quay Services)
Aberdeen Cyrenians – VAW Project
Unmet Needs -

• VAWG fund

• Equally Safe

• Underpinning approach and understanding
Context

- #metoo    #timesup    #ibelieveher    #whyididntreport

- ACE aware / informed

- Trauma informed

- Voices of those with experiences vs attitudes and inequality
Plan today

Strategic context
Gender equality
CSE – challenges and opportunities
Needs of socially excluded women
Research Panel
Women’s Needs – case studies
Exhibitions

#InsideOutsideAyrshire

CRUMBLING UNDERNEATH

ENCOMPASS

Zero Tolerance. Working to end men’s violence against women.

VIOLENCE UNSEEN

Photography exhibition exploring forms of violence against women that are still misunderstood, hidden and unacknowledged by mainstream society.

Women's Support Project 'Unmet Needs' Conference 3rd October 2018 Dundee

Please note that some of the content in the exhibition deals with sexual violence, abuse and exploitation which some people might find upsetting.

Supported by:
Scottish Government, Scottish Arts Council, Zero Tolerance.
How many people have worked directly with someone who is or has been involved in selling or exchanging sex?

Yes
No
Don’t know
Comprehensive primary prevention that supports healthy relationships and sexuality

Increased public awareness of the causes and impact of prostitution as a form of gender-based violence

Capacity-building so that staff in mainstream services have the right skills to meet the needs of those involved in prostitution

Support and harm reduction services for people involved in prostitution

Support for people who wish to leave prostitution, and to help them recover from their experiences

Decriminalising selling sex in a public place (section 46) and removing such convictions from the record

Disrupting prostitution markets and reducing demand by criminalising the purchase of sex
Hidden voices
Trevor Owen

Head of Violence against Women, Social Isolation and LGBTI Equality Policy

The Equality Unit at the Scottish Government
Commercial Sexual Exploitation
Challenges and opportunities responding at a local level
Kirsti Hay
Challenges

OFFICIAL
It’s in the room...
So far..........................

- Commercial Sexual Exploitation contained within Equally Safe definition of violence against women
- Network of VAW Partnerships have a position statement on CSE including prostitution
- Increasingly VAWP recognise that CSE is an issue for them to tackle and are seeking leadership and direction on how to take it forward
- Glasgow produced a dedicated CSE strategy and delivery plan
- Ayrshire VAWP joined together to carry out a strategic assessment on CSE in their area
- East Ayrshire have produced their own position statement on CSE
- Dundee have a policy statement on CSE
- Dundee taking forward a major redesign of services in order to respond to VAW including CSE
- Licensing of SEV will mean that all local authorities will have to produce a policy document
- National working group established
Taking it forward .......... the opportunities

- Scottish National Action Plan for Human Rights
- Equally Safe
- National Action Plan to Tackle and Prevent Child Sexual Exploitation
- Trafficking and Exploitation Strategy
- National Trauma Training Framework
- National strategic assessment of serious and organised crime
- Strategies on mental health, trauma, social isolation, employment, addiction, sexual health, drugs and alcohol.
Where to next..............

- Inclusion of prostitution and CSE within local VAW delivery plans
- Prevention
- Awareness raising
- Support
- Harm reduction
- Exiting opportunities
- Legislation
- Disruption
Finally

We need to be bold
We need to be creative
We need to be brave
We need to never to give up!
Kirsti.hay@glasgow.gov.uk
Were you aware of Equally Safe?
Yes    no

Were you aware of references to commercial sexual exploitation (CSE)?
Yes    no

Are you aware of the local position on CSE?
Yes    no

Does your organisation have a policy / position on CSE?
Yes    no
Managing the needs of Socially Excluded Women

Dr Alison Scott
Alison.m.scott@nhslothian.scot.nhs.uk
What is ‘social exclusion’?

• Homelessness
• Prisoners
• Women involved in prostitution
• Substance use problems
Social factors and risks to health

• Living in areas of deprivation in England and Wales

• Mortality rate men = 2.8 times higher
• Mortality rate women = 2.1 times higher
Social exclusion and risks to health

• Socially excluded groups (homeless, prisoners, substance users, sex workers)

• Mortality rate for men = 8 times higher

• Mortality rate for women = 12 times higher
Socially excluded women

18 x more likely to be murdered
12 x more likely to commit suicide
16 x more likely to be raped
81% have experienced violence
68% meet criteria for PTSD
mortality rate 12 x higher
Priorities

• Survival
• Housing
• Substances
• Children
• Food
• Employment
• Managing relationships

• Health – needs based approach...........INCLUSION HEALTH
Inclusion Health

• Definition
  • An approach that aims to address extreme health and social inequities.
  • Target populations have often experienced significant adverse life events esp in childhood hence the need for trauma-informed care
  • Compounding the traumas are barriers to healthcare

Aim of inclusion health is to highlight the size and consequences of inequity, adopt preventive approaches with early intervention and improve access to essential services.
Women’s clinic

• 11 years of experience
• Partnership between NHS and ‘Another Way’
• Offers all sexual healthcare incl HPV immunisation, contraception, testing and treatment infection
• Support and advice with social issues eg housing, benefits (CHAI)
• Employability advisor
• (mental health input)
2016 statistics

- 376 consultations with 204 different women
- 54% UK (mostly Scottish)
- 46% nonUK (mostly Romanian)
- 94% currently or prev involved in prostitution
• 26 women have exited but still attend

• 29% current/past PWID

• 43% have had unintended pregnancy (nationally 30% of women have had an unintended pregnancy)
Illegal substance use, alcohol and mental health problems

No of women

Illegal substance misuse  Alcohol  mental health

nonUK  UK
• 51% mental ill-health

• 66% use substances or excess alcohol

• 40% victim of rape or sexual assault

• 75% had experienced childhood abuse
Incidence STIs 2016

• Chlamydia 2.5%
• Gonorrhoea 0.5%
• Syphilis 1.4%
• Hepatitis B 1.8%
• Hepatitis C 2.1%
• HIV 0
JOANNE
Worked in street prostitution for 5 years

“Every time it’s taking a bit of you away, every single time. It changes you.

It takes your emotion away from you. Your personality. Your everything.”

www.womensupportproject.org.uk
I had to be drunk that whole first month. I had to drink like every day to get tipsy and drunk. A bottle of vodka. If I wasn’t drunk or something, I couldn’t go in the room with the customer.
"After two hours my first customer contacted me. Some days I think, like forty/ fifty would contact me."
Some women will say it’s a job like any other job but no. It’s not really because, it’s very risky like, really risky. You can die any time because you don’t know who’s coming in your house. You can get any illness from the customer even if you protect yourself – you know? There can be a lot of danger. When you have a normal job, it’s not so much danger involved in. So all the time I have to think, plan and know what I have to do to just make them customers leave.
I thought I was seeing him. I was 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 of 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. And I was only just about sixteen and a half. Fuck, he was no far off my dad’s age. Late thirties. So quite a bit older.
"I was off my head with that first punter. I remember I had boots on... he’s asked us to put them on the dashboard. I remember that. It’s funny what sticks in your mind isn’t it?"
"I think I was putting a mask on to make other people think, “Eh look she’s fine, she’s looking fine, she’s doing good.” But inside I really wasnae fine. Far fae fine. Crumbling underneath."
Some are just sleazy – sleazy as fuck.
Asking for more? They’re just ugh. They’re all over you, their hands are all over you. They’re wanting more, they’re all over you like urgh.
I think it would get to any woman doing it. It’s alright doin’ it maybe once but doin’ it and doin’ it and doin’ it and then the longer it goes on the more different it is. The harder it gets. You would need to be someone that canny feel anything ’cos you need to no be able to feel fuck all. A robot. A fucking robot, there you go, that’s what you need to not feel anything.
Katie

“The nurses from the clinic used to come in and see us. Make sure everyone was ok. It was nice, reassuring that there was someone that actually cared for the girls. You see a lot of people don’t care. The nurses, they talked to us. If we needed anything we could go to the clinic to talk to them. They let us know there was somewhere we could go to. To just think that somebody actually believed in you – that you were better than that. You didn’t have to do that with your life. It was nice. But at the same time you didn’t have that same belief in yourself”
Getting Out

• Process of huge change

• Needs expert support not generic services
  • Readiness and engagement
  • Treatment and support
  • Transition and stabilisation
  • Reconstructing and rebuilding
  • New roles and identities
What do women need?

• Bespoke service for their individual needs
• Adaptable – as needs may change
• Somewhere safe and non judgemental
• Quality service and to be given time
• Trauma informed care
• Someone to listen
• Multiagency approach

• To be allowed to have a dream and reach for it
Case studies
Group discussion

What is your reaction to what you have heard?

How do you think this applies in your own context and setting?

Questions for panel?
Research panel – developing work
Women Involved in Prostitution - Barriers engaging with mainstream services
Background

- Vice Versa service has been providing support since 2008 to women involved in / believed to be involved in prostitution
- Always been a partnership model
- Last five years supported 170 women
- Referrals from a variety of sources:

![Referrals Sources by % over last 5 years](chart)

- Self Referrals: 38%
- Criminal Justice / Police: 32%
- NHS Sexual Health: 0.6%
- NHS Mental Health: 0.6%
- DCC Housing / Homelessness: 1.2%
- NHS General Health: 3%
- Voluntary Sector: 6%
- Substance Misuse: 7%
Prostitution: the reality

- Attempts to kill – 7 women
- Threats to kill – 11 women
- Torture – 4 women
- Physical Violence – 48
- Rape – 28
- Sexual Assault – 20
- Childhood Sexual Abuse – 10
- PTSD - 41

- Suicidal Attempts – 23 women
- Suicidal thoughts – 40 women
- Drug Addiction – 93
- Alcohol Addiction – 10
- Homelessness – 53
- Trafficking - 13
“In all honesty I think I’d be in a box right now if it wasn't for you’s. You know about the domestic abuse, you check up on me, I can run here if he’s battered me. I have nowhere else to go.
“I can talk to workers about anything. You are upfront and I could put my faith in to you and tell you anything. I’m glad I got you as a worker” I never feel I am being judged, I have never had a worker from Vice Versa talk down to me.”
"Today Vice Versa supported me in the professionals meeting, it was helpful because she knows what I'm going though and explained this to others who felt I should have been trying harder. I felt more people listened to me. I now have a plan in place to get support with my drug use and this is something which I really want to get sorted".
"It really makes a difference when I get a good worker who I get on with, like you. Sometimes workers just think that because I use drugs I lie. Everyone has made mistakes, we are just like you. Thanks for today, I had a really good day with you"
"Thank you so much for speaking to [drugs support service] about my methadone, they weren’t listening to me, they wanted to cut me off it. There was no way I could of managed if they reduced it was just gonna send me over the edge if they had. My heads in a better place and if I get this out of Dundee I will be sorted. Thanks for all your support"
"Thanks for today and all your help. Hopefully getting this new house will mean a fresh start and I will be allowed my kids to have overnights with me"
"Working with Vice Versa has helped me so much…. I was asked if I had ever been abused, and in 27 years no one had ever asked me that. I had been psychically and mentally abused by my parents. Through support I also came to terms with the fact I was raped by a male when I was younger…. I was also in two abusive relationships and to be honest I felt like if they could abuse me physically as well as my family then I must have been worthless, and I guess I felt like that when I was moonlighting.

Vice Versa understood me - before when asked if I had been affected I lied and said no, but now I understand I lied to myself and this was why I used cocaine a lot, like to block things out. I am so happy with the support from the lovely staff that I got. I could not have done it without Vice Versa."
Thank you
Those girls need help...they don’t need jail’
A qualitative study into the policing of prostitution in Scotland

Laura Jones
lkjones@dundee.ac.uk
The background

- SGSSS Funded PhD project - *Pathways out of prostitution: Identity and stigma amongst those engaged in commercial sexual exploitation*

- MSc Research Methods – Dissertation Project
The Research

- Desk review of current legislation and policy relating to commercial sexual exploitation.
- Interviews with 15 officers across Scotland
  - How they understand the role of the Police with regards to prostitution, including organisers and sex-buyers
  - Whether current legislation helps or inhibits this
The findings

• Lack of clarity for officers

‘I think no more seesaw. Decide what our rule is and stick to it. So if we’re identifying say female prostitutes as vulnerable people we treat them like we would treat any other person. If you’re saying it’s a criminal offence, I think whatever way – I think clear lines, clear lines would be good and it’s also easier to explain to the public’
The findings

‘As long as I can walk away and that person’s okay and I’ve done everything I can to try and find out what they’re doing – I’m happy with that, but I don’t think, not just the police I’m talking about the procurator fiscal, I’m talking about everybody involved here, all these different departments they look out for themselves, and that’s just my own personal – everybody looks after themselves, make sure that they do their bit right, but is anybody really making a difference? I don’t think so. I don’t think so.’
The findings

• Lack of clarity for prostituted people

‘A lot of the girls think if they report, like we spoke to someone who’d been sexually assaulted and she disclosed that she thought she would have got charged as well for selling sex, so it puts a lot of girls off reporting it.’
The findings

• Progress

‘The police have come a long way quickly – we’ve made mistakes, and we make mistakes on a day-to-day basis but we’re trying to learn and we’re trying to learn quick and hopefully we’ll get there.’
The future

• *Pathways out of prostitution: Identity and stigma amongst those engaged in commercial sexual exploitation*

• Practitioner Interviews
Any questions?

Laura Jones
lkjones@dundee.ac.uk
Methodological considerations in research with women involved in CSE

Dr Anna Dobai
University of Dundee
The Women’s Project

• Aims to help women involved in or exiting CSE

• Research:
  • Collaboration between Cre&te and the University of Dundee
  • Funded by the Scottish Government’s Social Innovation Fund and the European Social Fund
Why social psychology?

• Social isolation
• Stigma
• Social relationships
Research method

• Interviews with key worker
• Fictional accounts
• Shown to 4 women in the project
  • 2 part of intervention
  • 2 part of research – interviews
• Interviews with 5 more service providers (elsewhere)
Narratives

1. Social stigma
2. Relationships with service providers
3. Relationships with men after exiting CSE
4. Who am I?
5. The sense of not belonging
6. Social anxiety
7. Choice and victimhood
Stigma

Looking back I think my feelings of being outside the normal world have been made so much stronger by the ways in which I have felt treated by others when they discover I have been involved in prostitution. In the eyes of others a prostitute is often someone or rather ‘something’ that do not deserve attention, care, or empathy. She is not a fully-fledged human being. She cannot have deep feelings and if she suffers, well, it is something that she brought upon herself. This is what you feel when the GP meets you. Their voice changes, they start to avoid eye-contact, the treatment you get is more rushed and superficial. This is also what you get from the taxi-driver who looks at you with smiling and asks whether you have enough money for the ride you are about to take. And the psychiatric nurse, who asks you questions in such way as to imply you don’t have feelings about what happened to you. These experiences has been very frequent in my life and made it hugely difficult to ask for help when I first felt I could not continue doing what I did any longer. It took several years and many attempts until I finally met someone who did not judge me and genuinely tried to help me.
Sense of not belonging

Things are better now. I feel I have escaped the really bad times. But I don’t feel ‘normal’. I am not like other people. I still feel lonely a lot of the time. And I’m afraid of slipping back, and reaching for alcohol or drugs again. I often feel like I was an impostor. It takes time to learn how to take part in normal everyday conversations and sometimes I don’t know what to say because I can’t talk about my past. So when people talk about what they were doing a few years ago, what can I say? I have to be careful all the time. You can’t relax and just chat. You have to watch yourself. All the time. And it is tiring. Sometimes you have to lie or just say nothing because you can’t think what to say and don’t want to keep telling lies. And then you worry if they notice your silence and if they guess. I don't know if people notice my silences, but I feel they can be the loudest silences in the world. Sometimes, I am concerned that my behaviour, or the way I dress, or talk would reveal my past and this makes it hard to leave that past behind. It always feels it is with you. And that feeling creates a barrier between me and others.
Difficulties

• Participation in research
  • Accessibility
  • Ethics
  • PTSD
Future directions

• Narratives
  • Facilitate interviews
  • Facilitate intervention: peer-support

• Collaboration with mental health professionals
The team
Thank you!
Group discussion

What is your reaction to what you have heard?

How do you think this applies in your own context and setting?

Questions for panel?
Case studies

Select someone to read out case study

Consider this woman and all her needs
How can she be engaged with?
How can these needs be assessed and gathered?
Who can met these?
What could your agency do beyond the silos?
Thank you!

Next stages
Slido questions and responses
Evaluation
Papers and information from today

Expert Group on CSE