



ENCOMPASS FOCUS ON MENTAL HEALTH 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.

Of these 150 women 121 (80%) had disclosed a mental health issue to their support worker.

The majority of women (102) experienced anxiety and or depression, some women had been formally diagnosed with PTSD, Complex PTSD, EUPD or BPD, while others displayed trauma symptoms.

89 women were supported specifically in relation to their mental health, for 52 of the women this included having contact with mental health services in relation to their support.

This shows that mental 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.

8 IN 10 WOMEN SUPPORTED BY SPECIALIST CSE SERVICES HAD MENTAL HEALTH ISSUES



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

Research has highlighted there are harmful emotional and psychological impacts on both men and women involved in selling or exchanging sex. Studies show that those who sell sex need to develop coping strategies to enable them to offer sexual services to clients and to block out their experiences.

“I never thought I'd end up working on the streets. Selling myself. I can't remember anything about that first night. Nothing about that first punter. I blocked it all out. Totally blocked it out I went home and scrubbed myself completely.”

Sarah Jane, Inside Outside

The links between mental health and selling/exchanging sex are not simple. For some women mental health issues can be a pathway into exchanging and selling sex, for some the impact on their mental health isn't fully seen until they have exited, for others the coping strategies used can impact long term on their mental health.

Research by Rossler et al. (2010), found high rates of anxiety, stress and post-traumatic stress disorder, predominantly due to the high levels of violence women experienced.

In addition, the study looked to establish if women with existing mental illness were more likely to engage in 'sex work'; however, it was unclear whether any relationship existed. The researchers claim that the effect of a single year of selling/exchanging sex is likely to have the same impact on mental health as an entire life of experiences prior to involvement.

A Welsh study with those selling sex found that the mental and physical health problems experienced by the respondents had a devastating impact on their lives. Mental health problems (this included depression, anxiety, insomnia, panic attacks) prevented them from doing basic tasks in their daily lives such as going to the shops, looking after children, being able to cope. While physical health problems led them to reporting that they were in pain, upset and tired.

A small needs assessment of men and women involved in prostitution in Ayrshire and Arran found 93% suffered depression and 78.5% had self-harmed.



PRACTICE POINTS FOR MENTAL HEALTH 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.

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.



WHY MENTAL HEALTH SERVICES NEED TO BE AWARE OF COMMERCIAL SEXUAL EXPLOITATION

PRACTICE POINTS CONTINUED

ASKING THE QUESTION

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.

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, or because someone you are in a relationship has pressurised you into having sex with someone else."

"how do you fund your substance use?"

If someone discloses use the language they use to describe this if they refer to them as a working girl, prostitute or sex worker then use these terms, if they do not describe themselves in this way then do not use these terms.

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.

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)

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.



'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 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.



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.

"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)



WHY MENTAL HEALTH SERVICES NEED TO BE AWARE OF COMMERCIAL SEXUAL EXPLOITATION

PRACTICE POINTS CONTINUED

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?

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](#)

- Consider what experiences the individual has had with previous services and how this has impacted on them? if they have felt unlistened to in the past or judged this might mean they are less likely to trust or believe you will do what you say you will do.
- 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 individual's 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. Women highlight that a lack of consistent workers, 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 the 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 built up a rapport.'

RESEARCH

- [Encompass Snapshot](#)
- [Inside Outside](#)
- [Rossler et al](#)
- [Drug and Alcohol use bringing the voices of sex workers into the policy and service development framework in Wales](#)
- Connell, J. (2010) A scoping exercise to determine the needs of men and women involved in prostitution in Ayrshire and Arran, Terence Higgins Trust.

