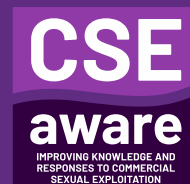


# *Building Bridges*

Supporting you to respond to women's disclosures of selling sex



WOMEN'S  
SUPPORT  
PROJECT



# Thanks and acknowledgements

This set of resources have been developed with support from women with lived experience of exchanging or selling sex or sexual content, and workers from a variety of public and third sector organisations.

We worked with **You My Sister** to develop a survey that was completed by 200 women with experiences of Commercial Sexual Exploitation (CSE). Their contributions were used to develop peer facilitated workshops with women who had been involved in different aspects of the 'sex industry'. The workshops focused on identifying what encouraged and what hindered disclosure of involvement in CSE.

*"It's amazing to be part of this group, to be asked for our opinion, treated as experts, knowing it's going to do some good. It's very empowering and validating".*

From these initial workshops a draft script was developed using characters and a storyline.

Feedback was sourced from a group of experts with experience and from staff in key services including health, housing, addictions & violence against women services. Women from You My Sister also had the opportunity to feedback and suggest changes to the characters, their dialogue, and situations.

This feedback loop has been used as the development of this resource has continued, with their key messages contained within the animation and guidance. Their expertise, insight and honesty has been invaluable in the development of these resources.

We also worked with a group of multi-agency practitioners to gather their views, and we wish to thank them for their help with the development of these resources.

Finally, we want to thank Silvie Walker, Animator and Karen O'Hare, Producer of KOHPro for their fabulous work on the animation.

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# 1. Introduction

The Building Bridges animation and guidance pack aim to support staff across a wide range of services to build relationships and ask the question about women's involvement in exchanging or selling sex or sexual content, helping ensure they can access appropriate support.

These resources have been developed as there are women who are at risk of, are currently or have previously been involved in selling or exchanging sex or sexual content across Scotland. Most women do not disclose their involvement and so haven't had all their support needs met.<sup>1</sup>

Staff within non-specialist services in the statutory and third sector are uniquely positioned to identify and support women involved in selling or exchanging sex or sexual content or those at risk of becoming involved. Recent research carried out in Scotland showed that women who exchange or sell sex or sexual content access support for an average of 7 different needs. This highlights that there are women engaging with your services who are potentially affected yet are not having all their needs met.

The Encompass Network brings together the small number of specialist services working with women who sell or exchange sex or sexual content in Scotland. This small number means that in most areas of Scotland there are no specialist support services. Therefore, it is vital that staff in universal and other key services create the right contexts, relationships, and situations to enable disclosure and provide appropriate support.

**You do not need to be an expert on this issue to help ensure women get the support they need.**

By having an awareness of this issue and by building trusting relationships and asking the question you can help make a positive impact on women's health and wellbeing. The Building Bridges animation and this guide are designed to support you with this.

*“Women who sell sex we are all different and we often have to make complicated decisions about who to tell, what to tell and when to tell. We have to weigh up all the risks and benefits of telling workers like you.”*

1. Lived Experience Engagement: the experiences of people who sell or exchange sex and their interaction with support services



## Who we are

The Women's Support Project (WSP) works to end violence against women. We work across Scotland to raise awareness of the root causes, extent, and impact of male violence against women and girls and for improved services for those affected.

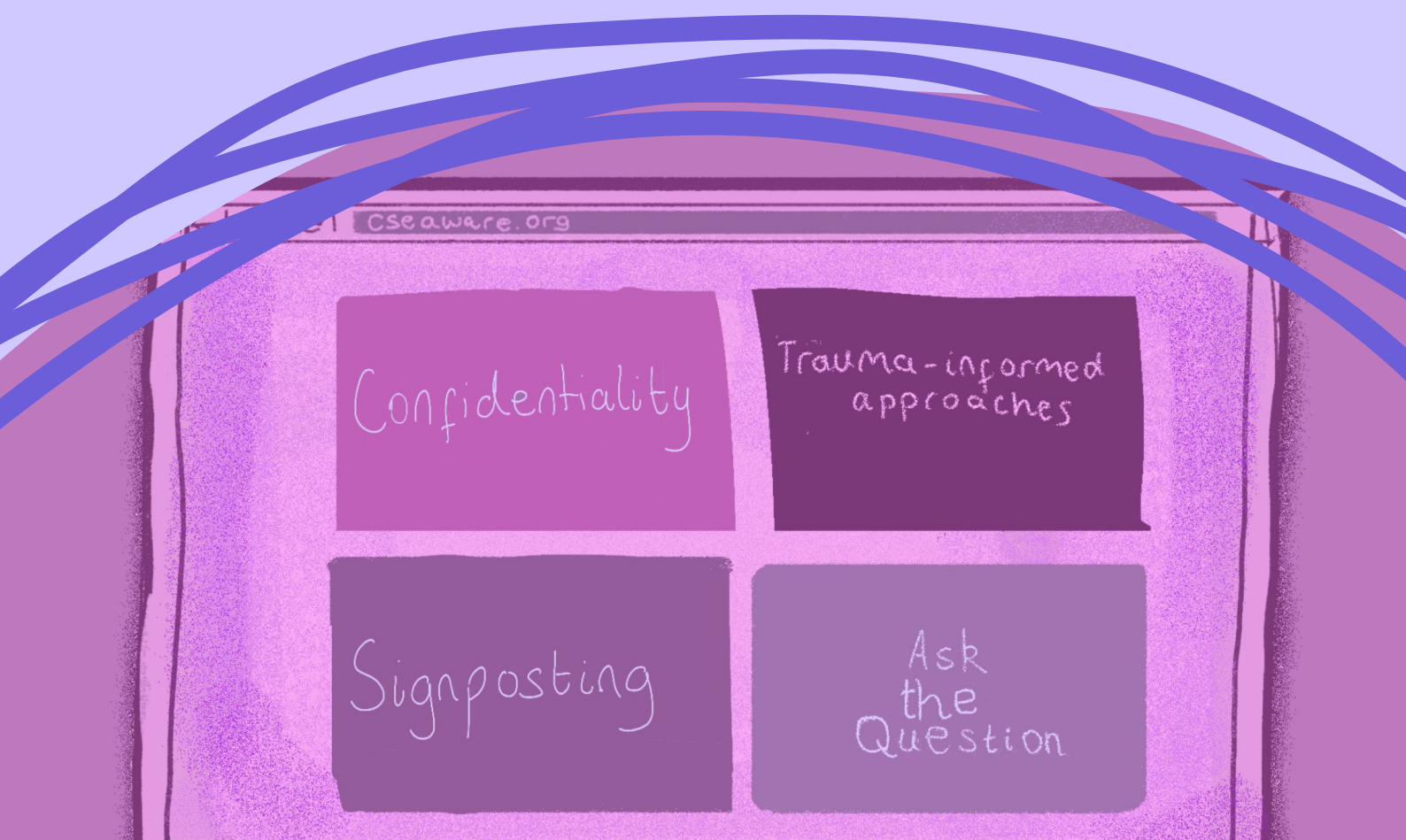
Key themes we work on are addressing unmet need and emerging issues, making links between different forms of violence and abuse, and supporting multi-agency and partnership approaches. Our work is informed by an understanding of links and overlaps between different forms of violence, discrimination, and oppression.

The WSP has led on and delivered a programme of work on commercial sexual exploitation (CSE) which has included: conferences and events, awareness raising, training, resources development and participation work. For more information see: **Encompass Network**, **Pleasure vs Profit**, **Inside Outside** and **CLiCK**.

### CSE Aware

**CSE Aware** is our platform for frontline staff working in services across Scotland to increase and share their knowledge and skills around commercial sexual exploitation. Our vision is a Scotland where services and staff are confident and skilled in supporting women who sell or exchange sex.

The CSE Aware programme has been led and co-ordinated by WSP with input from women with experiences of selling sex, frontline staff, managers, and service leads.



# Strategic context for this work in Scotland

It is important that staff know the background and context to this work with its relevance across different sectors and settings. The Scottish Government and other key partners including COSLA frame commercial sexual exploitation as an equalities issue.

**Equally Safe 2023** is the national strategy which aims to prevent and eradicate violence against women and girls and provides a national gendered analysis and definition of gender-based violence. Equally Safe includes commercial sexual exploitation within its definition of Violence Against Women and Girls (VAWG).

Our national VAWG strategies have recognised that male violence against women stems from deep rooted and systemic gender inequality and the subordinate position women occupy in society in relation to men and that:

'Activities such as pornography, prostitution, stripping, lap dancing, pole dancing and table dancing, these activities have been shown to be harmful for the individual women involved and have a negative impact on the position of all women through the objectification of women's bodies. This happens irrespective of whether individual women claim success or empowerment from the activity.'<sup>2</sup>

In December 2022 the Scottish Government published its policy principles for Challenging Men's Demand<sup>3</sup> which aims to support policy and practice in this area. The principles are:

- national consistent approach across different sectors and directorate
- treat women involved as victims of exploitation not criminals and disrupt the market
- promote social inclusion and address stigma
- preventative approach
- support recovery and sustainable exit
- learning from lived experience.

In February 2024 the Scottish Government published its strategic approach to **Challenging Demand** which reiterates the vital role that staff in all sectors have to play in ensuring women access appropriate support.

**The Building Bridges resources are designed to support the implementation of these principles, in particular promoting social inclusion and addressing stigma, the preventative approach and supporting recovery.**

2. Safer Lives: Changed Lives (2009)

3. <https://www.gov.scot/publications/challenging-mens-demand-for-prostitution-policy-principles/>

As set out in the Strategic Approach to Challenging Demand<sup>4</sup> this work also supports a wide range of other strategies due to the cross-cutting nature of the issues which women experience.

### *Disrupting and deterring demand*

- Human Trafficking and Exploitation Strategy
- Serious Organised Crime Strategy
- Violence Prevention Framework for Scotland.
- National Guidance for Child Protection
- Gender Based Violence in Schools Framework
- RSHP school education programme
- The CSE Aware project – which aims to raise awareness across the wider public/third sector of the signs of exploitation and aims to improve access to support for those with experience of it
- Policy development to tackle misogyny.

### *Removing the drivers for exploitation*

- Benefit take up strategy
- Scottish Welfare fund
- Tackling Child Poverty Delivery Plan
- Debt advice services
- Housing support & homelessness prevention
- National Missing Persons Framework
- Alcohol and Drug Treatment Strategy
- Ending Destitution Together Strategy
- New Scots Refugee Integration Strategy
- Support post prison release
- Student Support Finance
- Continuing care and aftercare for care leavers.

### *Improving access to support and tackling stigma*

- GIRFE & GIRFEC
- National Trauma Transformation Programme
- Women's Health Plan
- Sexual Health Action Plan
- Best Start Maternity Strategy
- Drug and alcohol support
- Mental Health & Wellbeing Strategy
- Hospital Navigators Programme
- Employability support
- Housing to 2040 Strategy
- Delivering Equally Safe funded projects with a focus on CSE
- Relevant VCAF funded projects, such as TARA
- Victim Support Scotland's Emergency Assistance Fund
- Safer.Scot CSE webpages
- SARCS.

### *Underpinned by Policy Principles*

- National Approach
- Victims of exploitation, not criminals
- Promote social inclusion and address stigma
- Preventative approach
- Supporting recovery and sustainable exit
- Learning from lived experience.

4. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2024/02/scotlands-strategic-approach-challenging-deterring-mens-demand-prostitution-supporting-recovery-sustainable-exit-those-involved-prostitution/documents/annex-overview-policies/annex-overview-policies/govscot%3Adocument/annex-overview-policies.pdf>



## National issue

CSE happens in all areas of Scotland. It is not isolated to our big cities and takes different forms in different areas. In Edinburgh, Glasgow, Dundee, and Aberdeen there are recognised areas where street prostitution has historically been focused but the numbers of women involved have reduced over the years due to the growth of the internet and online advertising websites.

In towns and cities, along with more rural areas, it can happen where vulnerable women access services such as substance use, homelessness or mental health and are approached and offered money, drugs, a lift, or a roof above their head in exchange for sexual activity.

All across Scotland, sex is exchanged or sold indoors in homes, in hotels, in holiday lets or in brothels. The internet and the increase in online advertising sites and escort services has meant that wherever there are possible sex buyers, there will be CSE. The internet has also allowed easy access and led to a proliferation of these sites which offer 'services' to all communities in Scotland.

The internet has also led to new developments such as producing pornographic content for newer forms of the online 'sex industry' such as image selling platforms i.e. Only Fans where sexual images or filmed clips are exchanged for money along with personalised content and contact.

## Language

Throughout this guidance and in the animation, we use the term 'women who exchange or sell sex or sexual content' as this does not ascribe an identity but instead describes the activities that women are involved in. Women who exchange or sell sex or sexual content are not a homogenous group, they are involved in different forms and in different settings. As such some women will not identify with terms such as 'sex worker' or 'prostitute'.

When working directly with women who exchange or sell sex or sexual content, we would use the language they use, to refer to themselves and their involvement.



## 2. Women's involvement in the 'sex industry'

Individuals can be involved in the 'sex industry' in the following ways:

**Direct Contact.** These forms involve direct physical and sexual contact between a woman and a 'sex buyer' (they may be referred to by women as their client/customer/punter) and can include transactional/survival sex outside of the more formal 'sex industry.'

**Prostitution.** Where sexual activity is exchanged for money, goods or services Prostitution can be based on the street, in a brothel/sauna, hotel, or other premises, and can involve outcalls to the client's home or hotel room, as well as sugar dating, and availability at sex parties. Women may also work as 'independents' with no pimp or agency.

When we consider **survival** or **transactional sex** the exchange does not need to be for money. It can include:

- drugs/alcohol
- goods/items
- food/clothing
- accommodation/shelter
- safety/protection
- travel/transport.

These can all be for the woman herself or for others.

**Indirect Contact.** These forms do not involve direct sexual contact.

- **Pornography.** This includes making and performing in pornography, webcamming, image selling platforms such as OnlyFans.<sup>5,6</sup>
- **Sexual entertainment.** This includes stripping, lap dancing, pole dancing, and sex phone lines.<sup>7</sup>

Women can be involved in different aspects of the 'sex industry'; some may be involved in webcamming and escorting or some may sell sex on the street as well as having regulars they see at home or on an outcall basis.

The Encompass Snapshot carried out in 2021 with 150 women showed they were sometimes involved in multiple areas of the 'sex industry' and that the demarcation between on street and off street isn't always as straight forward as is sometimes presented.



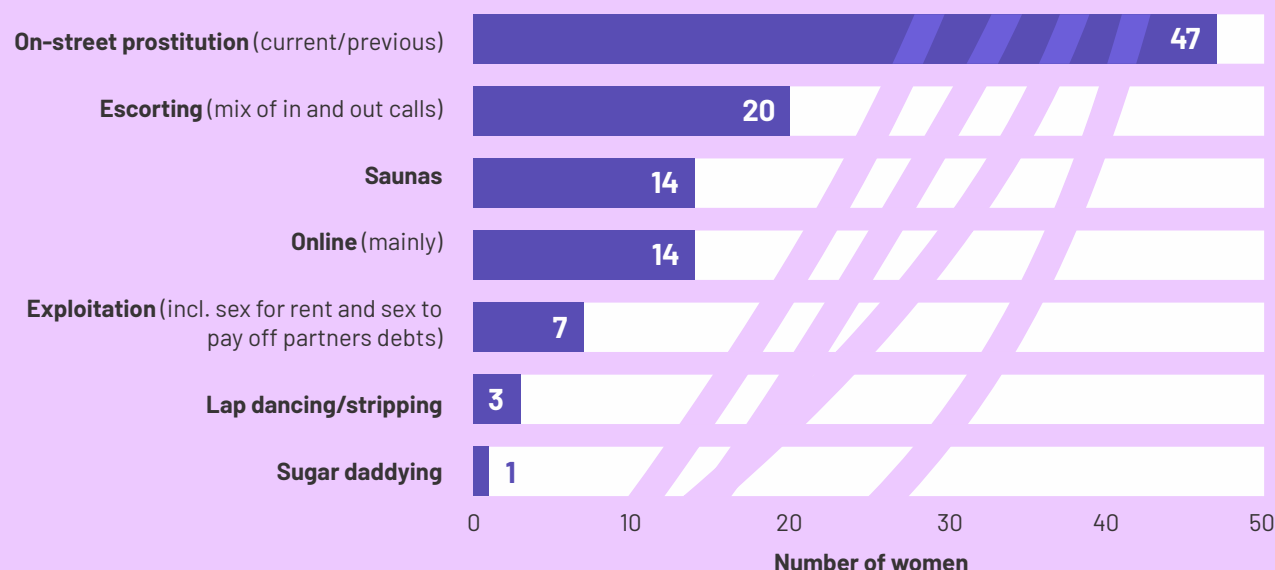
5. Live streaming is not considered pornography under Scottish law

6. The numbers using webcamming and OnlyFans rose rapidly during the Covid-19 lockdowns. <https://www.businessinsider.com/onlyfans-lockdown-boom-transactions-hit-24b-revenue-up-553-2021-4?r=US&IR=T>

7. Nordic Model Now, University Handbook. <https://nordicmodelnow.org/the-nordic-model-now-handbook-for-universities/>

## Women's involvement in the 'sex industry', by area

(Source: Encompass Snapshot 2021, n = 150)



58 women had been trafficked, of those for whom information was provided 41 had been trafficked and exploited within the UK and 24 abroad, some women had been exploited both in the UK and abroad and had been moved through multiple countries.

31 women disclosed that they were under 18 when they were first involved and 3 women disclosed that they had shared intimate images online under the age of 16.<sup>8</sup>

## Who is involved in CSE

CSE is a highly gendered issue with the majority of those who exchange or sell sex or sexual content being women and girls. It is estimated that 85% of those who sell or exchange sex<sup>9</sup> across Europe are women and almost 100% of the buyers are male.

There are some men, boys and trans people who exchange or sell sex or sexual content and the risks and impacts can be similar so the learning from this resource is relevant to all involved in the 'sex industry'.

**Involvement for many is driven by inequality and by demand, with an over representation of marginalised and minority groups.<sup>10</sup>**

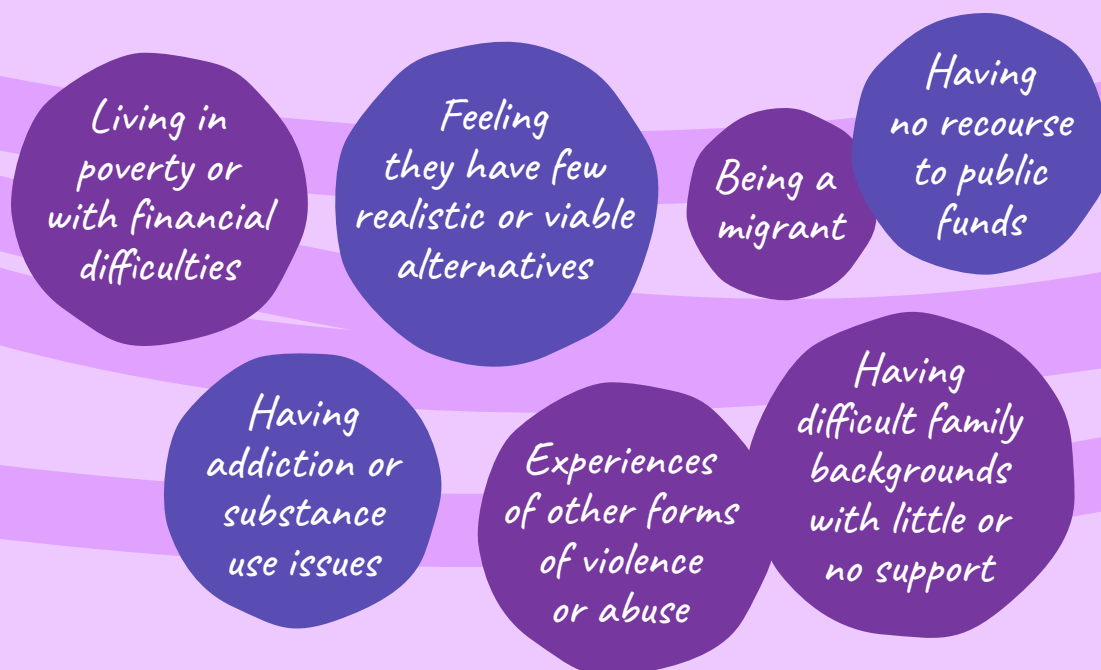
8. <https://www.encompassnetwork.info/resources.html>

9. <https://tampep.eu/wp-content/uploads/2017/11/TAMPEP-2009-European-Mapping-Report.pdf>

10. <https://research-information.bris.ac.uk/en/publications/the-nature-and-prevalence-of-prostitution-and-sex-work-in-england>

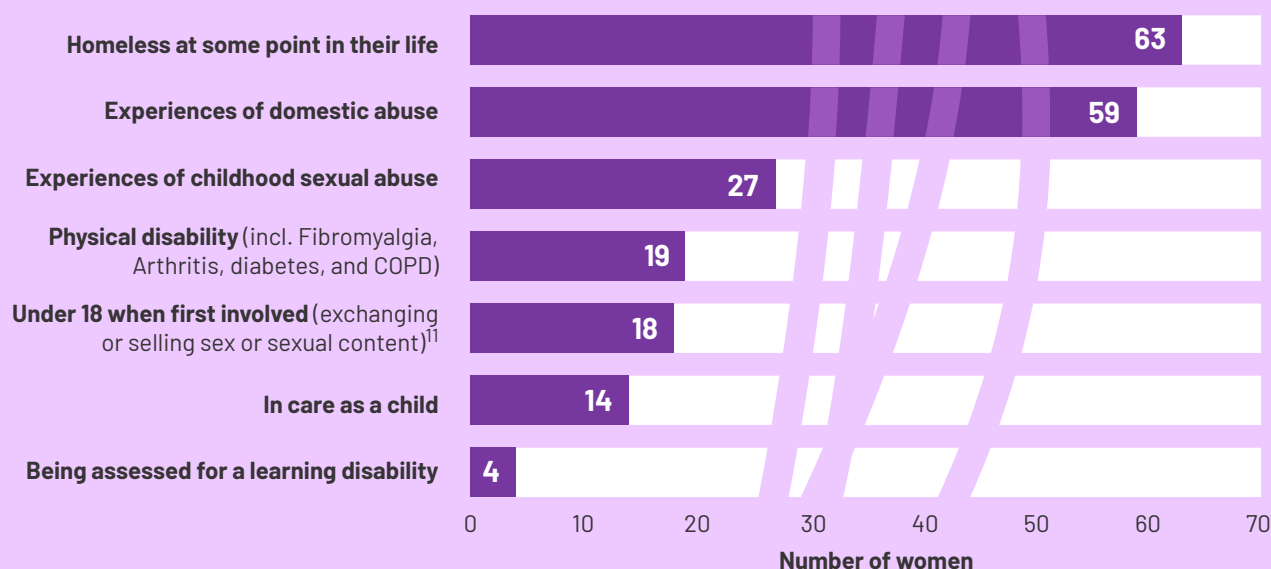


The factors that lead individuals into involvement in the 'sex industry' are often about survival in situations where choices can be severely limited. Those involved are often vulnerable because of:



## Women's experiences

(Source: Encompass Snapshot 2022, n = 101)



See Appendix 1 for further research around CSE.

11. [https://www.encompassnetwork.info/uploads/1/4/2/8/142838553/snapshot\\_2022\\_encompass.pdf](https://www.encompassnetwork.info/uploads/1/4/2/8/142838553/snapshot_2022_encompass.pdf)



### 3. Building Bridges background

#### Why we have developed this resource

*"I genuinely don't think I've ever had a 'good' experience with other services, or at least now when I look back I thought they were okay but now I think they weren't that great and did the bare minimum."*<sup>12</sup>

12. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

The Building Bridges package (animation, guidance and training presentation) have been developed to support staff within a wide range of services to feel more confident and comfortable in creating opportunities for women to disclose and asking the question about women's involvement in the 'sex industry'.

Our short animation introduces Alice, a woman involved in selling sex, and Judy, her support worker in a non-specialist service. The animation highlights what Judy did to help Alice to disclose her involvement, and the fears they both had about this disclosure.

Being able to identify women who exchange or sell sex or sexual content has benefits for individual women and for services.

## Benefits to women

For women the benefits include:

- makes it easier for women to speak about their involvement in CSE – now and in the future
- let's women know that you are aware of the issue and are prepared to help
- supports earlier intervention and can reduce harm
- opportunity for women to be provided with information to increase their options
- can lead to women feeling less isolated and being better supported.

## Benefits to services

For the services the benefits include:

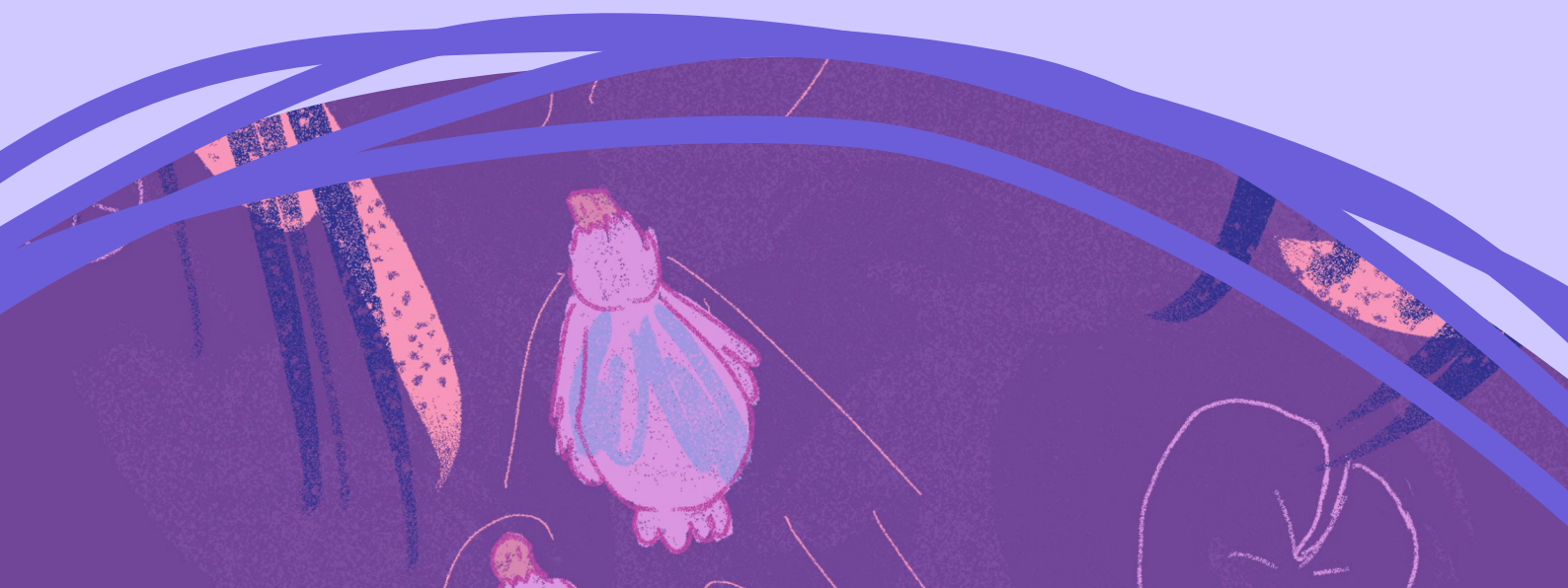
- knowing about a woman's experience of CSE will help ensure she gets the right care and support at the right time
- can help reduce / remove barriers and support women to engage with services
- positive experiences will spread to the wider community
- potential to reduce repeat presentations.

## How it can be used

Building Bridges is designed to allow individuals and teams to consider key practice points and how to embed them in future work, it focuses on:

- removing barriers
- asking the question
- responding to women.

Building Bridges can be used for awareness raising or staff development through discussions at team meetings, facilitated training sessions or through taking a self-reflective approach.





## Meet Alice and Judy

**Alice** is a woman in her mid-30s, she is of mixed ethnicity, has been involved in different forms of CSE (indoors and street). She is confident and self-sufficient and has been engaging with support. She is working class and a single mum to a daughter. She has not disclosed her involvement as yet.



**Judy** is a worker in her mid-40s. She is a caseworker for a generic service. She is a confident, empathetic worker who has been supporting women for years but is getting to grips with being more direct about asking women if they are involved in selling sex.



Alice's vulnerability to involvement in the 'sex industry' are:

- single parent with no extended support and she has struggled to find work when her daughter is in nursery
- experiencing financial difficulties and has rent arrears as well as difficulty paying her credit cards
- has experienced domestic abuse previously and is not receiving any financial support from her daughter's dad
- has a friend involved in the 'sex industry' who told her it was 'easy money.'



## 4. Women's barriers to telling

*"We have to weigh up all the risks and benefits of telling workers like you. Why? Because we're worried of being judged, getting in trouble with the police or Home Office, or losing our kids."*

*"I think lassies need to speak about it, 'cos I dunnae really speak about it. Now that I'm getting older, I'm 'inking you do need to cos it does scar you in ways you didnae realise. You might no' even see it but you're just so used to acting and doin' things a certain way to hide it all."*

*"It's had a huge impact on me. I don't know exactly what but I do believe it has, it makes a difference in you."*

*– Levi, Inside Outside*

As part of our consultation, women told us that they will disclose when:

- they are in crisis and feel they have no other option to get the help they need
- they feel the benefits of disclosing outweigh the risks of disclosing, being asked about their involvement can make it easier for them to do so.

Women decide not to disclose for a number of reasons which can include:

- it not being the right time for them
- not trusting the organisation or person asking – women tell us that they find it harder to trust those in non-specialist services as they do not know what response they will get, or if the staff will have any understanding/awareness
- having fears about the consequences of disclosing – this can include worries about not being believed, about being judged and about information being passed on to the police, Home Office or social work.



In the animation we see several women who exchange or sell sex or sexual content:

**Lucy** is a Scottish woman who studies fashion and is involved in climate change activism. She used to work as a bartender, but work dried up due to the pandemic. As a result, Lucy started selling sexual content online and recently she has begun to escort, mainly seeing sex buyers who are her online subscribers.

**Precious** is a migrant woman, and when she arrived in the UK, she was told by those who helped her get here, that if she engages with services, they will report her to the Home Office, and she will be deported. She has been a lap dancer and an escort.

**Alina** is a young woman who has been in care and has a mild learning disability. She recently moved into her own accommodation. She has been offered drink, drugs, food, and money for sex by local men. She doesn't feel comfortable disclosing to her worker as she is worried, she will be judged, and that social work will get involved.

**Sinead** is involved indoors. She sells sex with another woman (for safety reasons) from a flat. She is reluctant to disclose in case the police find out and she is criminalised.

When women consider disclosing, they must weigh up the different outcomes that could come from telling, this means weighing up their fears and the potential benefits that will come from disclosing. Some of the fear's women have will be because others have told them that these things will happen.



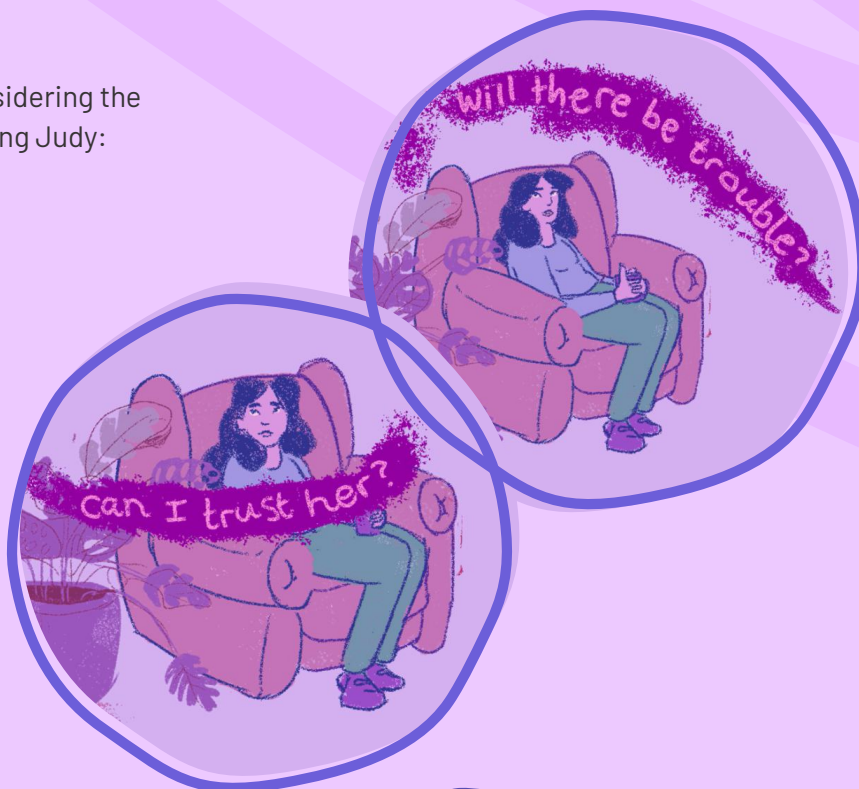


## *"I had a lot of worries about telling Judy."*

In the animation we see Alice considering the things that concern her about telling Judy:

- **"Will I be believed?"**
- **"Who will she tell?"**
- **"Can I trust her?"**
- **"What about my kid?"**
- **"Will there be trouble?"**
- **"How will she help me?"**

Different women will have different fears based on their individual circumstances and the context within which they are involved. These fears can include:



Like the fears the benefits of disclosing will be dependent on the individual woman's circumstances, but these benefits can include:



Women who exchange or sell sex or sexual content tell us that it's easier to disclose when they have been asked as it shows the person asking has an awareness of the issue and is open to listening.

Research by LKJ Research on behalf of the Scottish Government found that all participants had contact with at least one mainstream service, most commonly these were:

- NHS services (GP, sexual health)
- housing
- mental health (including counselling)
- substance misuse.

A substantial number of participants had accessed services without disclosing their involvement. The main reason given for not disclosing was because they hadn't been asked.

This research highlighted the negative impact that delayed engagement with support had on women.<sup>13</sup>

*"We know that staff in different settings and sectors are key in supporting women who sell sex. Many women have never been asked. We've relied on them to tell us so they haven't got all the support they may want or need."*

13. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services



## 5. Barriers to asking

Through our CSE Aware work we have engaged with staff from across Scotland from a wide variety of services and one of the themes which has been raised most regularly is people not knowing how to raise this subject or what to do if someone discloses.

These fears can be experienced by staff in all organisations including sexual health, housing, addictions, and many other services. We have been told that staff often feel worried about:

- upsetting women
- appearing judgemental or further stigmatising women
- opening a can of worms
- using the wrong language
- not having the skills to be able to help
- not knowing about the legalities around the selling or exchanging of sex.

*"I had a lot of worries about asking Alice. She had already talked to me about things that made her vulnerable and I wanted to check these with her. I wasn't sure if I should ask or what to say, if I was opening up a whole can of worms."*

In a recent survey we carried out with staff they told us they needed:

*"Training in communicating better with the women and knowing the correct questions to ask, to not offend them, but to gain as much information as possible. How best to put them at ease to gain their trust and confidence."*

*"It would be good to have a clear guideline of how to handle a disclosure and what the common procedures are, but I also think more people need to be aware of what language to use when discussing these subjects and how to handle them sensitively and discreetly."*

In the animation we see Judy struggling with these fears, but we also see her being brave and asking the question to make sure Alice gets the support she needs.





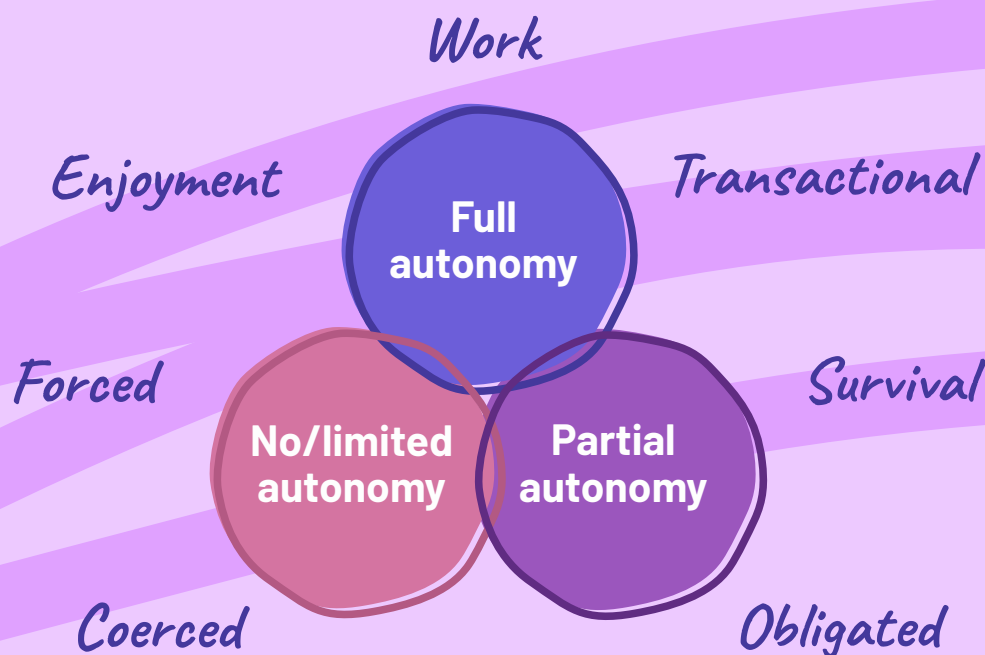
## 6. Choice, agency and autonomy

*"I think, because some women claim that they are comfortable in that industry that maybe they assume everyone is."<sup>14</sup>*

Uncertainty over how women might view their involvement in the 'sex industry' and fear over how women will perceive the question can be a barrier to staff asking.

The level of choice, agency and autonomy women have over their involvement will vary from those who see themselves as sex workers and see themselves as having freely chosen to be involved to those who have been trafficked and have no choice or control.

### *Levels of autonomy experienced in the exchange of sexual services<sup>15</sup>*



14. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

15. BASHH Clinical Standards for the Sexual Health Management of People Involved in Sex Work

*“Judy didn't assume anything, she checked how I felt about selling sex and believed me.”*

As such women who exchange or sell sex or sexual content will have different thoughts and feelings about their involvement. Some will see their involvement as exploitative, others may see their involvement as empowering and based on a choice they have made, while others may be physically or emotionally dependent on the person who is coercing their involvement and not see this as coercion.

**It's important that you don't make assumptions about how women feel and that you explore this with them after you receive a disclosure.**

It's essential that you explore the risks women face from their involvement in selling or exchanging sex or sexual content. As women tell us that, however they are involved in the 'sex industry' or their feelings about their involvement, there are risks associated with all forms of activity:

- increased risk of violence and abuse (including harassment from sex buyers who have tracked down women involved online, and from partners/pimps)
- increased risk of attempted murder/ murder
- risk to mental health (from living with the fear of violence or being outed to family and friends, from the impact of waiting to be picked whether in person or online, from repeatedly having to feign sexual desire)
- risk to physical and sexual health
- risk of images being stolen and shared more widely than the individual had intended
- loss of anonymity – through the potential to be outed to family and friends (doxing)
- links with organised crime and other forms of criminality.



You need to engage with women based on their thoughts and feelings about their involvement. Identify her level of choice, agency, and autonomy, recognise that this can change over time and that it is something you may need to revisit.

It's also essential to recognise that women will employ coping and risk management strategies to help deal with any risks they face. Our role is to build on and strengthen these strategies in our work with women.

To reduce the risk of any harm you first need to identify women who exchange or sell sex or sexual content. This means noticing signs and asking about their involvement.

In order to identify risks, you may want to ask:

***"Is there a person or situation that makes you feel you don't have choices in your life?"***

***"Is there anyone or any situations that cause you fear?"***

***"Are you having enjoyable sex?"***

For more information on safety planning check out The Encompass [\*\*safety plan\*\*](#).



## 7. Role of staff

Your role and the level of contact you have with women will influence what is expected of you in relation to identifying and supporting women who exchange or sell sex or sexual content.

All staff who are in contact with women need to have an awareness of this issue and know how to respond if women disclose.

Some staff need to be able to ask the question because they have to carry out routine enquiry or because it's part of their organisation's intake processes. Others need to be able to ask once they have developed a relationship with the woman and have picked up on possible signs that the woman is potentially vulnerable to involvement.

Unless you are asking questions on Violence Against Women as part of routine enquiry or as part of your intake processes, it's not appropriate to ask the question if you are only meeting a woman once (unless it is to check with someone who has already disclosed if they need any support). Women involved are clear that trust is a key component when choosing to disclose.

There may be times when a woman discloses the first time she meets a member of staff in a non-specialist service, but this will usually be due to her being in crisis.



24/05/2023

JUDY  
SUPPORT WORKER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPPORT  
ADVICE



To build trust and confidence with women, we need to be clear about what our role is and ensure women know about any limitations. While you may not be a specialist in working with women who exchange or sell sex or sexual content, you can play a key role in supporting them. Some of their needs may be directly linked to your role whilst others can be met through referring or signposting on to other organisations. This may at times include taking a more a proactive multi-agency approach if this is appropriate for your role.

For example, if you work in housing and you identify that a woman is involved in exchanging and selling sex or sexual content you will need to support her with her housing related needs. At the same time, you may also identify that she needs mental health support. While you do not need to provide support in this area you should provide information on what is available or make a referral into an appropriate service.

In many areas of Scotland there are no specialist CSE services available. If this is the case in your area, it is helpful to be aware of national support services that you can provide information about. See Appendix 2 for details about what is available.

It is also worthwhile having an awareness of how women can access harm reduction supports in your local area such as access to condoms, lube, STI/ BBV testing, sexual health services and Sexual Assault Referral Centres (SARCs).



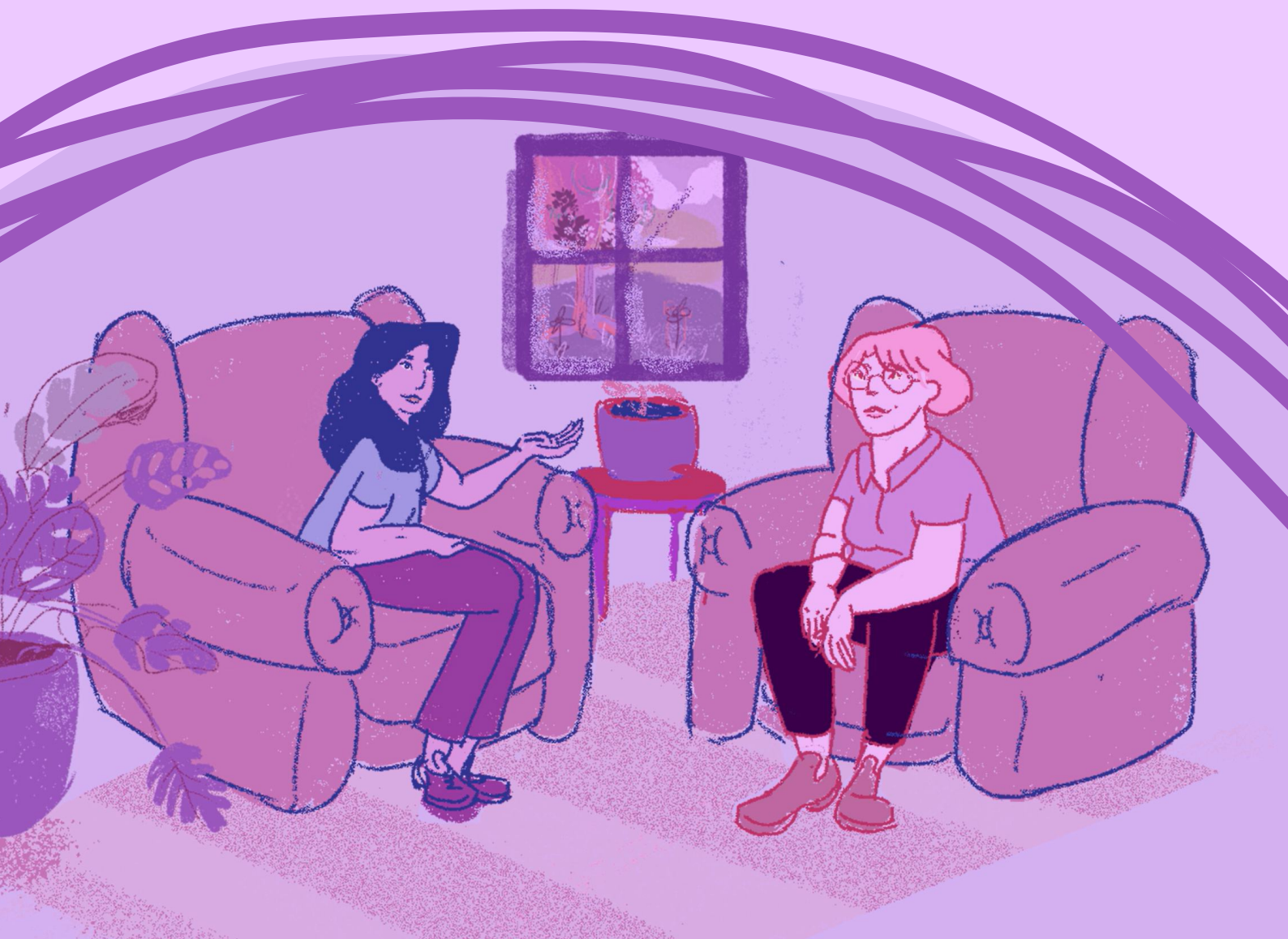
## 8. Creating the conditions for disclosure

### 1. Show you recognise that this is something women are involved in

Consider how as an organisation you let women know that you recognise that some women exchange or sell sex or sexual content and that you are a safe person/organisation to talk to about this with.

This could involve:

- having posters and leaflets available in waiting areas and toilets
- publicising it in information about who you work with
- telling people about training staff have received online and on noticeboards.



## 2. Recognise it's difficult to disclose

It's important that we remember that it's not easy for women to tell people about their involvement. Women who exchange or sell sex or sexual content make very complex decisions about who to tell, what to tell, and when to tell, and some women may never tell.

It is our job to make it easier for women to disclose should they feel there is a benefit to them in doing so. It takes a huge amount of strength for women to disclose and for some this disclosure can come with many risks, including to their life and safety.

In the animation we see Alice considering some of her fears, we also see Judy creating the conditions which allow Alice to trust her enough to disclose her involvement. Judy spent time building a relationship with Alice, developing trust through actively listening and showing an interest in Alice and her family as well as following through on actions she has agreed to carry out.



## 3. Recognise women's right to confidentiality

Fear of information being passed on to other services and the potential consequences is one of the biggest barriers to women disclosing. It is therefore important to be clear about the right to confidentiality with those you work with.

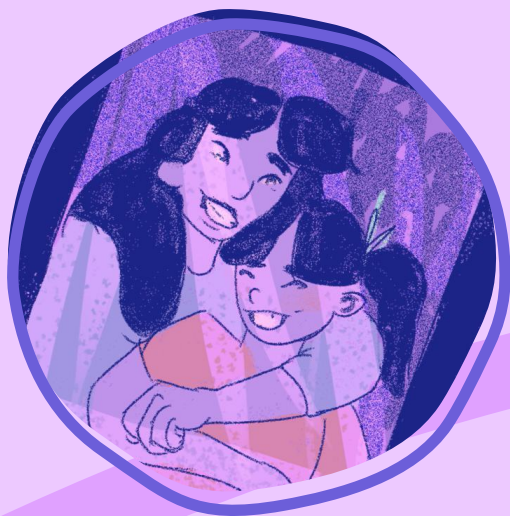
In Scotland most of the ways in which women exchange or sell sex or sexual content itself are not illegal and would not be a reason to pass on information to any other organisation without the person's consent, including Police Scotland and Social Work Services. For more about the legalities around women who exchange or sell sex or sexual content check out the resources on CSE Aware.



*"I'm glad Judy really listened, asked me and gave me the space to open up. I felt ok to do that because she was clear about confidentiality right from the start, knowing that selling sex is not a reason in itself to breach it."*

Under Data Protection legislation we must have a legal basis for sharing information. Most often the legal basis we use for passing on information without consent is that we are concerned there is significant risk to the individual we are working with or to another person (including children). If this is the case, then your organisations child protection and adult support and protection processes should be followed.

In the animation Alice has a child and one of her fears of disclosing is that Social Work will get involved. However, as there were no direct risks to her child when Alice disclosed her involvement in selling sex to Judy, this was not a child protection issue and Judy kept the information confidential.



## 4. Notice the signs

There are a wide variety of ways in which women can be involved in the 'sex industry'. Some will be upfront about their involvement while others will be very frightened of disclosing their involvement or of being outed and will find it difficult to disclose.

It's important that we use our professional experience and skills to notice the signs and any indicators of vulnerability to involvement and follow up on this by asking appropriate questions.

Using your curiosity and asking questions can give you a better understanding of a woman's life, how she understands her situation and what support she may need. As one Service Manager told us, we need to recognise that:

***"Everything we do not ask is something we do not know."***



Women will often drop 'breadcrumbs' about their involvement to test out whether they can trust you, as well as in the hope that you will notice these and ask rather than them having to disclose. These signs can include:

- talking about financial difficulties and not knowing how to resolve these or about difficulties which have been resolved but without being specific about how this has happened
- talking about unspecified men in their lives
- talking about unusual relationships or associations with people/ groups
- inconsistencies in what they tell you about where they get their money from
- changes in their physical appearance
- having experience of other forms of male violence (i.e. childhood sexual abuse, domestic abuse)
- having multiple mobile phones or receiving excessive texts/calls/messages
- having unexplained money, clothes, or gifts
- having regular UTIs, sexually transmitted infections or pelvic pain.

## *Risk Factors which increase vulnerability to involvement*



## 9. How to ask the question

As demonstrated in the animation, staff often have many fears about asking someone directly about their involvement in the 'sex industry'. These often revolve around worrying that the person will feel judged or about using the wrong language. While these worries are normal and are experienced by staff in all services, they should not stop us from broaching the subject and asking the question sensitively and appropriately.

How you ask the question will depend on whether you are asking about CSE as part of your routine processes or because you already have a relationship with the woman and you have picked up on signs.

### Routine processes

Where you are asking as part of routine processes, never caveat routine enquiry questions with "I'm sorry to ask...", or, "I know this won't affect you, but we have to ask everyone this..."

The following could be a way to frame asking the question:

**"We ask all women who use our service some standard questions to make sure we can get the right support for them."**

**"We know that to manage financially some women we work with will have at times been involved in selling or exchanging sex, is this something that's affected you?"**

If you are asking as part of routine enquiry and you don't get a disclosure, then this is not a waste of time. Asking the question as part of routine enquiry can help sow the seeds for disclosure at a later stage and make a woman feel more comfortable about making a disclosure when the time is right for her.

If you are continuing to support someone and her circumstances change, or you become aware of signs, then it may be appropriate to ask again.

**"I know we have spoken about this before but given you have mentioned a number of difficulties I wanted to just check in and ask if you had considered selling or exchanging sex to manage these?"**



## Recognise signs and vulnerability

If you are asking because you have noticed signs or identified vulnerabilities to involvement, then you can use the things you have observed or have heard to help frame your question. In the animation Judy uses the signs she has noticed from what Alice has told her to frame the question:

***"I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"***

Using what you have been told or observed to frame the question, shows that you have been listening which can help women open up about their experiences.

Some women who sell or exchange sex or sexual content will not frame their experience as prostitution, sexual exploitation, or sex work. In these circumstances it can be helpful to give examples based on the women's circumstances and what is making you think there may be involvement when you ask. This could include asking:

***"Has anyone ever offered you money or goods such as drugs/alcohol in return for sex/ sexual activities?"***

***"Has anyone ever made you feel like you have had to have sex with them for somewhere to stay?"***

***"Has anyone you are in a relationship with pressurised you into having sex with someone else?"***

***"How do you fund your substance use?"***



## 10. Dealing with disclosures

If someone discloses, use the language they use to describe this. If they refer to themselves 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.

The following is an example of why this is important:

Rya attended a service to get support around her involvement in selling sex. She met her support worker Dee to start emotional and practical support sessions. At the initial session, Dee referred to Rya as a sex worker. Rya was surprised and confused as Dee never checked what term she preferred to use when referring to her involvement in selling sex. She felt the term sex worker did not fit with what she'd been through.

Rya decided to bring this up with Dee and offer a term that she felt better described her experience. However, upon hearing this, Dee responded that she wanted to continue using the term sex worker as she felt uncomfortable using any other terminology. This situation made Rya feel unheard and misunderstood and consequently felt hesitant about trusting Dee as a support worker.

When writing case notes and records you should remember that women have the right to access their records. Terms such as "sex work" or "sex worker" should not be used unless these are the terms women use to describe themselves.

While women don't expect you to be an expert on the 'sex industry'. They need you to be confident about asking the question and understanding how their involvement impacts on their need for support and how you can help them. You are an expert in what support you can provide and how you are able to help, and this is what women need.

For some women their involvement may be historic, it is still important to ask as the impact can be long-term and may be at the root of issues currently affecting them, particularly in relation to their mental health or substance use.

Asking the question can also help identify those who may be at risk of becoming involved and allow support to be put in place to help prevent involvement or help reduce future harm.





## What happens after we've asked the question?

Your role and the service you work in will direct the response required after you have received a disclosure. If you work in a service where this is likely to be the only time you will see the person then the priority will be in addressing any immediate needs they have, which are within your remit, and signposting or referring on for additional support as required.

If a woman discloses to you start by finding out what she wants to focus on and what help she needs. Where required make it clear what your role is and what support you can provide. It is important not to promise things that you cannot provide (as building and maintaining trust are essential).

We need to recognise that while we can have a theoretical understanding of an area whether it be homelessness or the selling or exchanging of sex or sexual content, and we may have our own experiences, we can never know what it's like for the people we are working with, without checking it out with them.

Asking questions about how someone is feeling, how their involvement is impacting on them or what support they need is not judgemental. It's the response that we give that can at times appear judgemental.

To keep themselves safe women are often hypervigilant and read others for reactions. You should be aware of how you respond as women may perceive discomfort as judgement.

*"Obviously, if you say it, and then you can tell from people's facial expressions and stuff sometimes. You wouldn't want that because then you're not going to go into it. If there are any more details which were unpleasant, then you're not going to say that I think."<sup>16</sup>*

The following looks at different scenarios and suggested actions/responses for different services based on the type of relationship they have with women.



16. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

# Long-term support

Services who have a long-term relationship with women provide ongoing support, often addressing specific needs. These can include services such as mental health, alcohol and drugs, employability, health visiting.

## Scenario 1

*Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"*



*Alice tells Judy that while she has been struggling financially but it definitely isn't something she has considered.*



*Judy acknowledges Alice's response and explores whether Alice needs support with her finances and provides this if it is her role or refers her into an appropriate service if it isn't within her remit.*

*Judy lets Alice know that should this be something she is considering or needs help with in the future, then she is here to talk to about it.*

*As support continues, if Judy notices further signs, then she raises the issue again.*



## Scenario 2

Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"



Alice tells Judy that yes, this is something she has been involved in.



Judy acknowledges Alice's response and asks her how this is impacting her and if she needs any support in relation to this.



Alice tells Judy that she is doing fine and is ok for now.



Judy makes sure Alice has information on accessing condoms, lube, STI/ testing etc, Judy also checks in with Alice about safety and whether she has a plan in place.

Judy continues to provide support within her remit and lets Alice know that if she wishes to talk about this in the future, then she is available.

If Judy identifies changes in Alice or Alice broaches the subject, she is prepared to revisit the issue when needed.



## Scenario 3

Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"



Alice tells Judy that yes, this is something she has been involved in.



Judy acknowledges Alice's response and asks her how this is impacting her and if she needs any support in relation to this. Judy provides Alice with the space to explore how she is feeling about her involvement.



Alice tells Judy that she is struggling with her mental health and is worried about losing her flat.



Judy lets Alice know what she can help her with and provides information about her options for getting mental health support. She lets her decide what she would like to do and doesn't overwhelm her with information. Judy deals with the issues that Alice wants support with. She gets Alice's consent for any referrals and confirms Alice is happy for Judy to share information about her involvement in selling sex with other services if making a referral.



Once Judy has dealt with the initial issues identified (offering Alice choices/ options or working with her within her remit to address these) Judy checks in with Alice about 'where she feels she is in her journey around selling sex.'

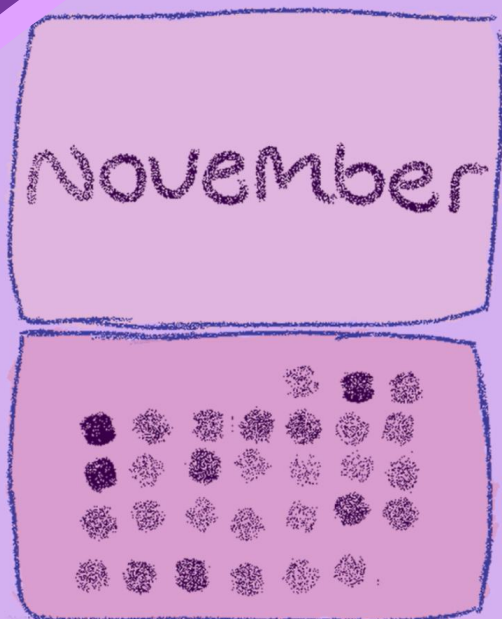




*If Alice tells Judy that she would like to be able to stop her involvement. Judy helps Alice to identify what help she needs and to access appropriate support.*

*If Alice tells her she is fine with her involvement and it helps her to manage her finances, then Judy acknowledges her response and lets her know that if she ever wants to revisit this, then she can talk with her about any needs she has in the future. Judy checks with Alice about whether she has a safety plan in place or if she needs any help creating one.*

*If Judy notices any changes in Alice, she checks in with her about her involvement again.*



## Scenario 4

Alice attends her session with Judy and is distraught. She tells Judy that she been selling sex.



Judy reassures Alice that she is aware that women can become involved in selling sex for a wide range of reasons. She lets Alice know that what she tells her will stay confidential unless she thinks she or someone else is at serious risk. Judy asks Alice if there is anything she'd like to tell her or if there is anything she'd like her help with.



Alice tells Judy that she is struggling with her mental health and is worried about losing her flat.



Judy explains what she can help Alice with and provides her with options for getting help with her mental health. She lets Alice decide what she would like to do and doesn't overwhelm her with information. She deals with the issues that Alice wants support with at that time. Judy gets Alice's consent for any referrals and confirms Alice is happy for Judy to share information about her involvement in selling sex with other services if making a referral.

Once Judy has dealt with the initial issues identified (offering Alice choices/ options or working with her within her remit to address these) Judy checks in with Alice about 'where she feels she is in her journey around selling sex.'





*If Alice tells Judy that she would like to stop her involvement, Judy helps Alice to identify what help she needs with this and to access support.*

*If Alice tells her she is fine with her involvement and it helps her to manage her finances, then Judy acknowledges her response and lets her know that if she ever wants to revisit this, then she can talk with her about any needs she has in the future.*

*Judy checks in with Alice about whether she has safety plan in place or if she needs any help creating one.*

*If Judy notices any changes in Alice, she checks in with her about her involvement again.*



# Short-term support

Services who have a short-term relationship with women provide ongoing support on a time-limited basis, or where women have occasional interaction with services over a longer period. These can include services such as sexual health, welfare benefits advisor, community midwife.

## Scenario 1

Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"



Alice tells Judy that while she has been struggling financially, it definitely isn't something she has considered.



Judy acknowledges Alice's response and explores whether Alice needs support with her finances and provides this if it is her role. If it isn't within her remit, Judy refers her to an appropriate service.





## Scenario 2

Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"



Alice tells Judy that yes, this is something she has been involved in.



Judy acknowledges Alice's response and asks her how this is impacting her and if she needs any support.



Alice tells Judy that she is doing fine and is ok for now.



Judy continues to provide support within her remit. At the end of her support, she makes sure Alice has information on supports available should she require them in the future.



## Scenario 3

Judy asks Alice "I know you've been struggling financially. Women in crisis do what they can to get by like borrowing cash or getting a loan. Some women start selling sex. Is this something you've considered?"



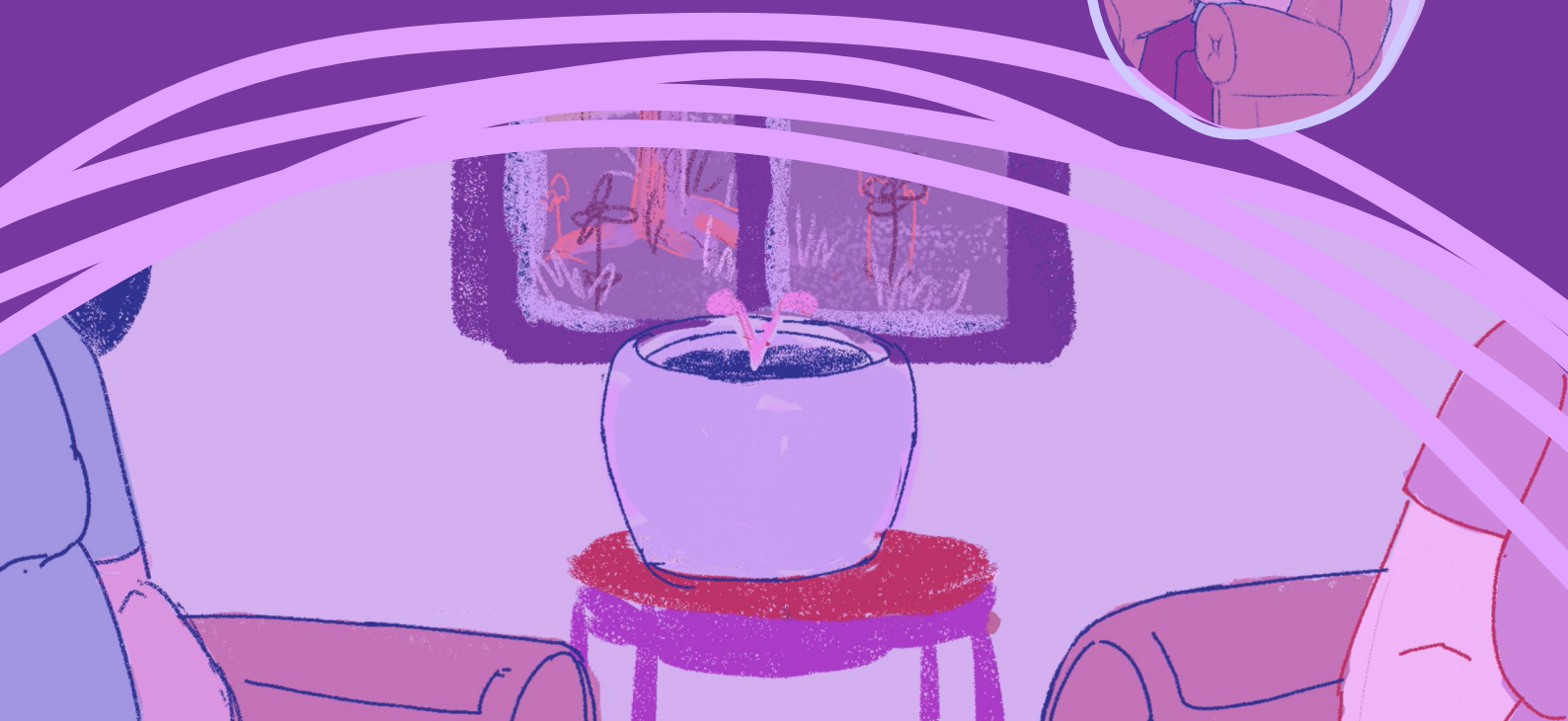
Alice tells Judy that yes, this is something she has been involved in.



Judy acknowledges Alice's response and asks her how this is impacting her and if she needs any support. Judy provides Alice with the space to explore how she is feeling about her involvement.



Alice tells Judy that she is struggling with her mental health and is worried about losing her flat.



Judy lets Alice know what she can help her with and provides information about her options for getting help with her mental health. She lets Alice decide what she would like to do and doesn't overwhelm her with information. She deals with the issues that Alice wants support with. Judy gets Alice's consent for any referrals and confirms she is happy for Judy to share information about her involvement in selling sex with other services if making a referral.

Once Judy has dealt with the initial issues identified (offering Alice choices/ options or working with her within her remit to address these). Judy checks in with Alice about 'where she feels she is in her journey around selling sex.'



If Alice tells Judy that she would like to be able to stop her involvement, Judy helps Alice to identify what help she needs and to access support.

If Alice tells her she is fine with her involvement and it helps her to manage her finances, then Judy acknowledges her response. At the end of her support, she makes sure Alice has information on supports available should she require them in the future.





## Scenario 4

Alice attends her session with Judy and is distraught. She tells Judy that she has been selling sex.



Judy reassures Alice that she is aware that women can become involved in selling sex for a wide range of reasons. She lets Alice know that what she tells her will stay confidential unless she thinks she or someone else is at serious risk. Judy asks Alice if there is anything she'd like to tell her or if there is anything she'd like her help with.



Alice tells Judy that she is struggling with her mental health and is worried about losing her flat.



Judy lets Alice know what she can help her with and provides information about her options for getting help with her mental health. She lets Alice decide what she would like to do and doesn't overwhelm her with information. She deals with the issues that Alice wants support with at that time. Judy gets Alice's consent for any referrals and confirms she is happy for Judy to share information about her involvement in selling sex with other services if making a referral.



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*If Alice tells Judy that she would like to be able to stop her involvement, Judy helps her to identify what help she needs and to access support.*

*If Alice tells her she is fine with her involvement and it helps her to manage her finances, then Judy acknowledges her response and at the end of her support she makes sure Alice has information on supports available should she require them in the future.*



## One-off contact with women

In settings and services where women are likely to see or speak to the staff member once such as A&E, helplines or drop-ins we would not advise these types of services asking the question unless they are required to as part of routine enquiry or they are already aware that the woman is involved and they are checking if the woman needs any support at this time.

*Alice has contact with you while she is in crisis, and she discloses that she has been involved in selling sex.*



*Judy reassures Alice that she is aware that women can become involved in selling sex for a wide range of reasons. She lets Alice know that what she tells her will stay confidential unless she thinks she or someone else is at serious risk. Judy asks Alice if there is anything she'd like to tell her or if there is anything she'd like her help with.*



*Alice tells Judy that she is homeless and has been staying with a friend who has been putting pressure on her.*



*Judy lets Alice know what she can help her with and provides information about options for getting help with her housing. She lets Alice decide what she would like to do and doesn't overwhelm her with information. She deals with the issues that Alice wants support with at that time. Judy gets Alice's consent for any referrals and confirms they she is happy for Judy to share information about her involvement in selling sex with other services if making a referral.*



# Once someone has disclosed

## 1. Selling sex is only one part of a woman's life and her support needs

It's essential that we recognise that involvement in the 'sex industry' is only one aspect of the woman's experience and that as well as potentially wanting support around this, she may also require support with other issues, such as:

- poverty
- mental health and trauma support
- physical and sexual health
- employment
- addiction
- accommodation
- personal safety.

While you may not be able to address all the issues women may have, it is essential that you address the areas which are related to your role and that you are able to signpost or refer women on appropriately.

Once a woman has disclosed, take things at her pace. Don't feel you have to talk about it every time you see her. Remember for the woman you are supporting exchanging or selling sex or sexual content is only one aspect of her life and it does not define her.

*"There wasn't any intrusive questions and we worked at my pace, focusing on what I needed. Judy was really clear about what she and others could do to support."*



*"[Service] don't treat me like selling sex is a stigma or the be all and end all of me."*<sup>17</sup>

*"She wasn't interested in what I had done in my past, she was interested in how she could help me move on, and how she can support me."*<sup>19</sup>

Where the woman's situation is complex with many intersecting issues i.e. problematic substance use, mental health, and homelessness, it can be helpful to take a multi-agency approach. Where there are no safeguarding concerns you should work with the woman to get her permission for services to work together. This can help stop women falling through gaps in our systems and to us focussing on one area without seeing how it intersects with others.

*"It's like you have to tell your story over and over again. So you're working with one service and then you're getting directed to another, and then sometimes information isn't getting passed on, you're having to go through everything again. And that's not down to, well, it is down to the services, it should be working alongside each other, you know. And that's a barrier because services will not work together."*<sup>18</sup>

## 2. Don't make assumptions about women's support needs

You do not need to know all the details about a woman's involvement to be able to support her. If a woman discloses, do not ask her intrusive questions about her experiences; instead ask her if there is anything she wants to tell you about this or if there is anything she would like you to support her with.

Bear in mind that, as with other forms of violence or abuse women may initially minimise any harms they have experienced until they feel they are able to trust you and trust how you will respond to them.



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18. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

19. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services



*"Judy saw me as a whole person, with my own skills and experiences. She let me be in control and make my own choices."*

Remember there will be risks for women who exchange or sell sex or sexual content and disclosing may increase these for some. Explore with the woman what these risks may be. This will be dependent on how she is involved in the 'sex industry' and the level of autonomy/control she has.

Recognise that the woman is the expert in her own life and provide her the space to identify the support she needs and the help she wants now.

In most areas of Scotland being able to refer onto a specialist CSE service is not an option. It is therefore essential that you see the connections between the work you do (i.e. mental health, substance use, criminal justice, etc) and the impact that being involved in exchanging or selling sex or sexual content has on the person, and that you focus your support on addressing these interconnected issues.

For staff who see women on an ongoing basis, recognise that things can change for women. As circumstances change it's important to check in with her about how she is feeling about her involvement and any associated risks.

***"I know the last time we spoke about selling/ exchanging sex you said you weren't experiencing any issues, I just wanted to check in to see if anything has changed."***



### 3. Offer options and choices and check out how women feel about their involvement and what support they need

Do not assume anything about a woman's level of comfort with her involvement in exchanging or selling sex or sexual content. Just because some women are ok with their involvement it doesn't mean all are and vice versa.

To gauge how someone is feeling about their involvement and whether they feel they are at a point of wanting help to stop their involvement or not. You could ask:

*"Where do you feel you are in your journey around selling sex?"*

*"Have you ever wanted to stop doing this?"*

*"They just acted as if it's normal and it's fine, and you'll get over it and whatever. Meanwhile I was struggling with my mental health, I was struggling with a lot of things in my life, but nobody actually said, 'Right, okay. I can see that you're struggling and you need some help to get out of this situation that you're in.' Nothing. It didn't matter how many times I screamed and shouted about this awful thing I was involved in, nobody did anything anyway." 20*

### 4. Take a trauma informed response

Being trauma informed means:

- **realising** the prevalence of trauma
- being able to **recognise** when someone may be affected by trauma
- responding in a way that supports recovery and avoids **re-traumatisation**
- recognises and supports people's **resilience**.

The key principles underpinning trauma-informed practice, services and systems are:

- **Safety** – in the context of service provision, safety is facilitated by creating a warm and welcoming physical environment and maintaining respectful, predictable, and non-judgemental interactions with individuals.
- **Choice** – individuals are asked about their preferences in service delivery; they are encouraged to identify alternatives and make informed decisions.
- **Trust** – service parameters, policies and procedures are clearly communicated to service users to avoid misunderstandings. Workers fulfil their promises.
- **Collaboration** – relational power asymmetries are avoided and inter-agency collaboration that would help to meet the needs of service users is actively sought.
- **Empowerment** – a strengths-based approach is promoted, which reframes symptoms as adaptations and highlights individual resilience.<sup>21</sup>

20. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

21. <https://www.traumatransformation.scot/>

To find out more about what trauma informed practice when working with women who exchange or sell sex or sexual content check out **CSE Aware**.

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. People with experience of trauma consistently highlight the importance of their relationships with workers in accessing the supports they needed.

Women highlight that the impact of not having consistency in worker, having to continually re-tell their story and not being believed can be re-traumatising. Long waiting lists or complex processes to access support, and physical service environments that feel unsafe and unwelcoming can cause further trauma.

Women also tell us that the way in which they present can be a barrier to accessing support, particularly if they present well as it is assumed they do not need support.

*"Some people don't want to be seen as a victim, I don't see myself that way, I used to but now I think I'm a survivor - a lot of sh\*t things have happened but I'm still here. It can be hard to speak to anyone about it, you are scared that you won't be believed, or you will be pitied. You don't want anyone looking down on you and sometimes when you speak about these things people just feel sorry for you."*<sup>22</sup>

You do not have to be an expert in trauma or trauma therapies to:

- help create a safe context
- to recognise the power you hold and work with women to share this power with them
- build the self-worth of the women you support.

22. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services



Any one of us can help add to women's feelings of safety by:

*Building trust with the individual and recognising the importance of the relationship you build with them*

*Identifying when people don't feel physically or emotionally safe and working with them to address this*

*Letting the person know you believe them and actively listen to what they are saying*

*Doing what you say you will do – don't let people feel they aren't important or that you can't be trusted*

*Work at the woman's pace, trying wherever possible not to overwhelm her (where there are multiple organisations involved try to work together to reduce the number of demands placed on her)*

*Being transparent about what you are doing and why*

*Recognising people's strengths and building on these*

*Being compassionate and creating hope*

*Recognising the range of issues women may be experiencing and how they will often all connect (see the whole person, not just silos)*

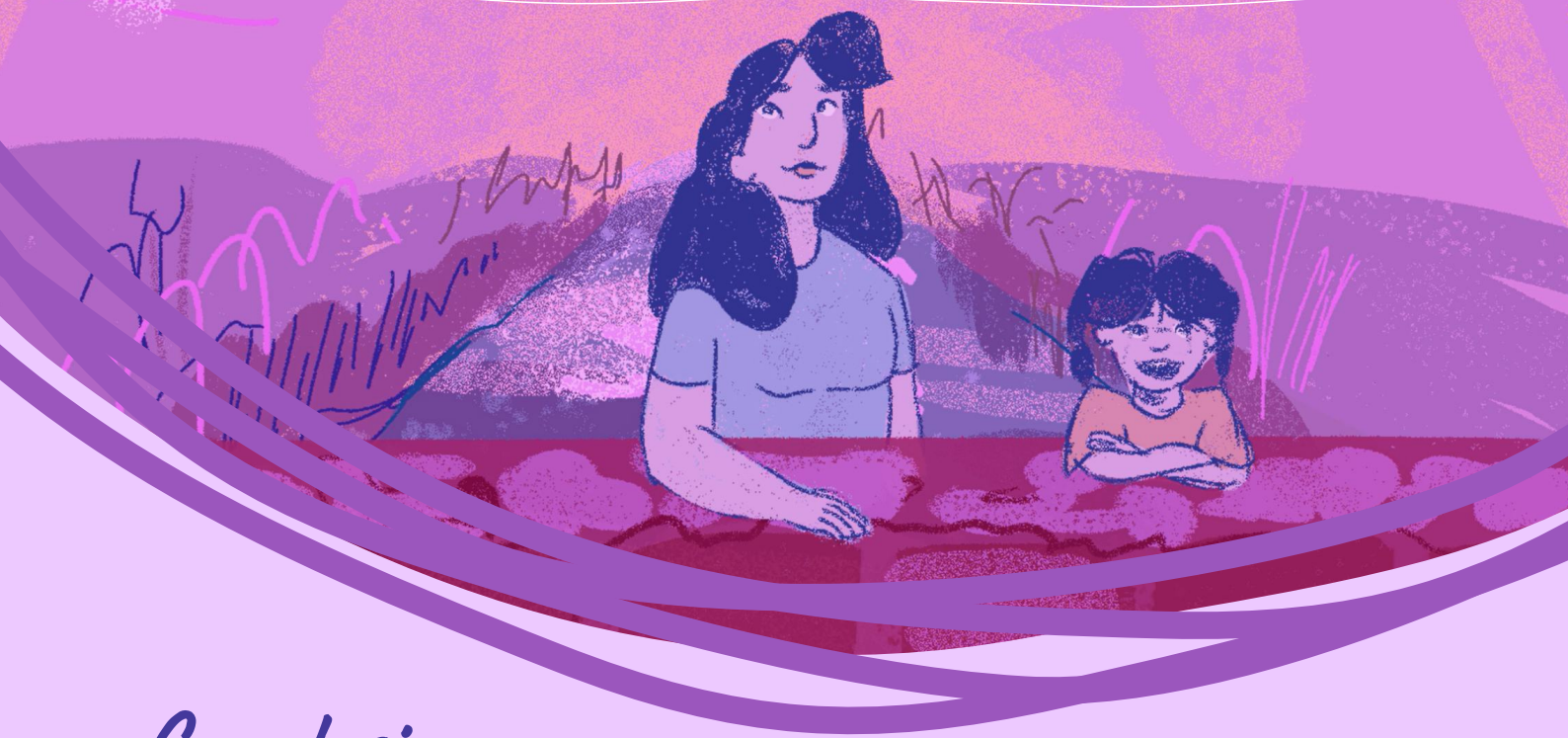
*Offering the choice of male or female workers, and wherever possible offer women-only services*

*Providing options and choices (even if these are small things like asking "where would you like to sit?")*

*Having clear and consistent boundaries*

*Looking after yourself and your emotional wellbeing*





## Conclusion

The Scottish Government's strategic approach to challenging and deterring men's demand recognises that the response to women involved in selling and exchanging sex or sexual content needs to improve. It states that 'Improving support for those with experience of prostitution is at the heart of the Strategy.'

Too often women who exchange or sell sex or sexual content are often invisible to services across Scotland, because:

- we think it doesn't happen here
- it's not our issue as we aren't a specialist service
- we can't deal with it, as women's needs are too complex.

Recognising that selling and exchanging sex is happening all over Scotland and that there will be women in your service who are affected by this is the first step to improving responses.

Understanding the role that staff across a wide range of services must play in responding to this issue and providing tools and skills to support this is the next step.

We then need to ensure that across all appropriate services we can identify those affected, by providing opportunities for disclosure which then allow appropriate support to be put in place.

The Building Bridges resources have been developed to support staff to feel more confident and comfortable in creating opportunities for women to disclose and asking the question about women's involvement in the 'sex industry'.

*"I felt safe and I mattered, they wanted to make sure I was ok I felt like a human being not just a number."*<sup>23</sup>

23. Lived Experience Engagement: The experiences of people who sell or exchange sex and their interaction with support services

# 11. Checklist

- ✓ Check out if your organisation or local Violence Against Women Partnership has a position statement and make yourself familiar with this.
- ✓ If you work in an organisation which routinely asks about involvement in the 'sex industry', consider the language you use for asking this question.
- ✓ If you routinely ask about women's experiences of Violence Against Women generally, make sure to give some information about what is included in that term (e.g. sexual violence, sexual exploitation, and domestic abuse).
- ✓ If you don't currently ask about involvement in the 'sex industry', consider at which points in your work with women it might be useful to ask this question.
- ✓ Identify the barriers for women accessing your services and address these:
  - Can women choose the sex of their support worker?
  - Do you provide women-only spaces?
  - Do you have a private space to see women in?
  - If you have a waiting list, how do you make sure you are able to maintain contact with women?
  - Is it clear what services you offer?
  - Is it clear that you work with women who exchange or sell sex or sexual content?
- ✓ Consider how you as an individual worker and or your organisation can remove barriers and help create a safe context for individuals which may aid them in disclosing and getting the support they need.
- ✓ Consider what your anxieties are around asking the question or supporting women who have been involved in the 'sex industry' and identify how you can address these (further training, using supervision etc). So that you don't bring them into the room with women and this is then picked up on as judgement.
- ✓ Find out about how women can access the following services in your local area:
  - access to condoms and lube
  - STI/BBV testing
  - sexual health services
  - Sexual Assault Referral Centres (SARCs).
- ✓ Consider how you can reduce the need for women to have to retell their stories to get the support they need. This could include working with woman to agree what information they want shared with other services when making referrals, attending initial meetings with women when referring into other services, organising, and attending multi-agency meetings for those with complex needs.
- ✓ Consider how you will record information relating to disclosures and who has access to this information.

# 12. Glossary of terms

## Commercial Sexual Exploitation

Includes a wide range of often linked sexual activities which (typically) men profit from or buy from women, and which objectify and harm women. It includes prostitution, phone sex, internet sex/chat rooms, stripping, pole dancing, lap dancing, peep shows, pornography, trafficking, sex tourism and mail order brides.

## Doxing

The act of revealing identifying information about someone online, such as their real name, home address, workplace, phone, financial, and other personal information. That information is then circulated to the public – without the person's permission.

## Escort agency

An escort agency is a company that provides escorts to clients. The agency typically arranges a meeting between one of its escorts and the client at the customer's house or hotel room (outcall), or at the woman's home (incall). The escort agency is paid a fee for this booking, the customer must negotiate any additional fees or arrangements directly with the woman for any other services that are not provided by the agency involved, such as providing sexual services (regardless of the legality of these services).

## Only Fans

An online streaming platform and app created in 2016 where users can pay for private content (photos, videos, and live streams). 'Content creators' use the platform to grow and monetize their fanbase. Content on the platform is user-generated and monetized via monthly subscriptions, tips, and pay-per-view. Creators are paid 80% of these fees.

## 'Sex industry'

Consists of businesses that either directly or indirectly provide sexual services of adult entertainment. The 'sex industry' employs millions of people worldwide, mainly women.

## Sex Work

Typically a broad umbrella term for a person with any sexualized job, including webcam models, exotic dancers, dominatrixes, phone sex operators, models, and people in prostitution. It can also include escort and sauna managers, pornographers and those who profit from the industry.

## Sugar Daddying

Sugar dating is a pseudo-romantic relationship between an older, wealthy person and a younger person. Payment can be received by way of money, gifts like designer goods, jewellery, support, or other material benefits in exchange for companionship or a dating-like relationship. The person who receives the gifts is called a sugar baby, while their paying partner is called a sugar daddy.

# 13. Appendices

## Appendix 1: Research

Research with women who exchange or sell sex or sexual content tells us that in the long-term, involvement can be severely detrimental to women's health and wellbeing. Women experience multiple sexual, reproductive, and mental health harms arising from their involvement, which are linked to buyers' demands for risky practices and the frequency with which multiple buyers have sexual access to their bodies.<sup>24</sup>

Involvement in the 'sex industry' impacts on women in many ways including on their own sexual lives, identities, intimate relationships, and ability to trust, and for many it does not address the financial issues which are often a driver into involvement.

In this appendix we will look at what research with women has told us about the impact involvement in the 'sex industry' has. Some of the research quoted refers to 'sex work' and 'sex workers' as this is the language used by the researchers.

### Mental health

Research has highlighted there are harmful emotional and psychological impacts on both men and women involved in exchanging or selling sex or sexual content. 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.

In November 2021 the frontline services involved in the Encompass Network carried out a Snapshot Survey of the women they supported over one week.

Over the week, the 7 organisations which make up the Encompass Network supported 150 women, out of which 121 (80%) had disclosed a mental health issue to their support worker.

Most 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.<sup>25</sup>

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24. Confronting the harms, [https://www.ucd.ie/geary/static/publications/Confronting\\_the\\_Harm\\_Briefing.pdf](https://www.ucd.ie/geary/static/publications/Confronting_the_Harm_Briefing.pdf)

25. <https://www.encompassnetwork.info/resources.html>



*"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<sup>26</sup>*

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.<sup>27</sup>

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.<sup>28</sup>

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.<sup>29</sup>

## *Problematic substance use*

The Encompass Snapshot showed that of 150 women 71(47%) disclosed they used substances (46 of the women use a mixture of substances). Women disclosed using the following:

- 16 women disclosed using alcohol
- 44 women disclosed using heroin/opiates
- 40 women disclosed using cocaine/crack
- 37 women disclosed using Valium/Street Valium/Benzos/Jellies
- 3 women disclosed using cannabis.<sup>30</sup>

26. <https://www.insideoutsidescotland.info/>

27. <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1600-0447.2009.01533.x>

28. <https://gov.wales/sites/default/files/publications/2019-02/sex-work-drug-and-alcohol-use-bringing-the-voices-of-sex-workers-into-the-policy-and-service-development-framework-in-wales.pdf>

29. Connell, J. (2010) A scoping exercise to determine the needs of men and women involved in prostitution in Ayrshire and Arran, Terence Higgins Trust.

30. <https://www.encompassnetwork.info/resources.html>

Research has found that “physical injuries, sexual and reproductive health impacts, and long-term chronic pain were recorded in a number of cases, but what is consistently prevalent throughout are the traumatic mental health consequences of prostitution, which include: dissociation, sleeplessness, anxiety, fear, hyper-vigilance, hyper-arousal, distrust of others, feelings of despair and hopelessness, low self-esteem, self-harming, risk-taking behaviour and drug and alcohol dependency, as these substances are used to numb or cope with experiences of prostitution. Dissociating from the sex of prostitution is described by some women as a necessary way of surviving.”<sup>31</sup>

*“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<sup>32</sup>*

Research in Wales found that the majority of those they had spoken to “had entered into sex work to support their drug use.” They found that:

- over half of the respondents drank alcohol but alcohol use was only problematic for six respondents
- however, nine respondents reported that they drank alcohol to sell sex
- fifteen respondents indicated that they mixed alcohol and drug use frequently
- most respondents (n = 37) had used drugs
- 70% of those respondents who had used drugs took heroin almost every day
- 70% of those respondents who used drugs also indicated that they used cannabis and 63.3% crack cocaine, but this was not daily
- respondents also told us that they continued to take drugs to cope, relax, escape, forget problems, cope with depression and to sell sex
- sixteen respondents reported taking drugs to sell sex
- most respondents who took drugs (n = 28) reported that withdrawal had a negative impact, with seventeen respondents indicating that withdrawal led to them having sex without a condom.

31. Shifting the Burden of Criminality, <https://www.drugsandalcohol.ie/33385>

32. <https://www.insideoutsidescotland.info/>

*“For the majority of women who took part in the research problematic drug use and sex work were re-enforcing and this impacted extremely negatively on their lives in a wide variety of ways – bringing sex workers into the criminal justice system, causing poor physical and mental health, leading to heightened risk taking.”<sup>33</sup>*

Similarly, 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.

This research found that some became involved because 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.

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. 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 Sexually Transmitted Infections and Blood Borne Virus, condom use, smear test.<sup>34</sup>

33. Sex Work, Drug and Alcohol Use: Bringing the Voices of Sex Workers into the Policy and Service Development Framework in Wales, 2015, Dr Tracey Sagar, Debbie Jones and Dr Katrien Symons College of Law and Criminology, Swansea University

34. Matheson, C.; Bon, L.; Bowman, L.; Hannah, A.; MacLeod, K. 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. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8835263/>

## Violence and abuse

Women who have direct contact with buyers are at risk of physical violence and abuse as well as increased risk from STIs. Of 204 women who accessed a specialist health clinic in Edinburgh in 2016, 40% disclosed that they had experienced rape and sexual violence while selling sex.

Those directly involved exchanging or selling sex or sexual content are at high risk from physical, verbal, and sexual abuse. A study in Nottingham in 2005 found that all women interviewed had experienced some form of abuse. This study found that, 25% of women selling/ exchanging sex indoors had experienced physical violence, while 20% had been forced to perform sexual acts without consent.<sup>35</sup>

*“He was rough, too rough and didn't care that I said I didn't do certain services. He said he had checked it with the agency. He wouldn't stop, he didn't stop. I always thought I would fight back. Everything stood still and I couldn't move. He left when he was finished, walked out, and left me there. He left the money though. At least he did that. I saw the other 2 bookings that night after him. I don't know how I did it, but I did. I went home and I cried all night. I still do sometimes. I haven't talked about it much to anyone. No-one really.*

*I told the agency the next day about what he had done. They pretended to be concerned but they didn't really care. They'd got their money and said he'd be on a blacklist. They didn't, I heard later about other girls he did that to as well.”*

*– Alice, Outside<sup>36</sup>*

Research has found that the long-term effects of violence and abuse can also include its normalisation as an aspect of the job, which can lead to further victimisation due to a lack of vigilance in accepting clients or acceptance of aggressive behaviour. Conversely, the stress of having to remain watchful can cause fearfulness, anxiety and isolation and means that like other women, sex workers are highly likely to blame themselves when they are attacked.<sup>37</sup>

Women can also be affected because of seeing the impact involvement has on other women, a form of vicarious trauma.

35. Working Girls: Abuse or Choice in Street-Level Sex Work? A Study of Homeless Women in Nottingham

[https://www.researchgate.net/publication/30932370\\_Working\\_Girls\\_Abuse\\_or\\_Choice\\_in\\_Street-Level\\_Sex\\_Work\\_A\\_Study\\_of\\_Homeless\\_Women\\_in\\_Nottingham](https://www.researchgate.net/publication/30932370_Working_Girls_Abuse_or_Choice_in_Street-Level_Sex_Work_A_Study_of_Homeless_Women_in_Nottingham)

36. Inside Outside, <https://www.insideoutsidescotland.info/>

37. Violence against sex workers, [https://sussex.figshare.com/articles/chapter/Violence\\_against\\_sex\\_workers\\_in\\_the\\_UK/23364488](https://sussex.figshare.com/articles/chapter/Violence_against_sex_workers_in_the_UK/23364488)



*"I've worked with girls that, when I see them – how they'll come out of being with a customer. It's literally soul-destroying seeing them in that state. Those girls cannot hold their own and they're probably not right for it because they are being pushed about. It affects you seeing them, cos you want to help but you can't. Unless they help themselves, there's no point in you continuously telling them like, to say no. When you know these girls and you see them every day and then you see them like that and... it's not easy."*

*– Katie, Inside Outside<sup>38</sup>*

## Sexual health

Research carried out with 130 women over a 14-year period found that 6 of the women had died over this period; two from AIDS, two were murdered, one from alcoholic liver disease, and one from a drugs overdose. The 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.<sup>39</sup>

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.<sup>40</sup>

The Scottish Drugs Forum research with 16 individuals involved in transactional sex asked participants 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 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 to avoid condom use.<sup>41</sup>

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38. Inside Outside, <https://www.insideoutsidescotland.info/>

39. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563855/>

40. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/07/improving-awareness-of-and-screening-for-health-risks-among-sex-workers>

41. Matheson, C.; Bon, L.; Bowman, L.; Hannah, A.; MacLeod, K. 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. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8835263/>

An Irish survey of those involved in women who exchange or sell sex or sexual content 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.”<sup>42</sup>

## Housing and homelessness

The Encompass Snapshot found that of the 150 women supported in November 2021, 79 women needed support in relation to housing and 33 in relation to homelessness.<sup>43</sup>

Housing and homelessness are often a pathway into exchanging or selling sex or sexual content for women. Gender inequality means that women's housing options are impacted by the disadvantage they experience in the labour market, which in turn means they often find themselves in part-time or precarious and/ or low-paid employment or are more reliant on benefits due to caring responsibilities. This results in women often paying a higher proportion of their income on housing, and means they are less able to access adequate standards of housing, are more likely to live in overcrowded housing or poor conditions and are more vulnerable to housing insecurity.<sup>44</sup>

*“When he left, there was times I didn't think I would make it. I had the kids so I had to, I had to keep going because I was all they really had then. I couldn't go running away. I didn't have that choice. The kids, see they never knew what I did, all those times they stayed with their gran or away at my sisters. I fitted my work round the kids the best I could, we were able to keep the house, that was really important to me. They still don't know. I mean, how could I tell my kids? How could I? I would never want either of them in that life. Never. No way.”<sup>45</sup>*

42. [https://www.ucd.ie/geary/static/publications/Confronting\\_the\\_Harm\\_Briefing.pdf](https://www.ucd.ie/geary/static/publications/Confronting_the_Harm_Briefing.pdf)

43. Encompass Snapshot, <https://www.encompassnetwork.info/resources.html>

44. Engender, Gender, Housing and Homelessness, <https://www.engender.org.uk/content/publications/A-WOMANS-PLACE—GENDER-HOUSING-AND-HOMELESSNESS-IN-SCOTLAND.pdf>

45. Kandi, Outside

Research from Wales found:

- approximately half of the respondents did not have secure accommodation with five being homeless at the time of interview
- fifteen of those who had secure housing were in rent arrears
- fifteen respondents reported having had to leave a property due to rent arrears (eight due to domestic abuse and six due to drug use)
- most respondents (n = 28) indicated that they had experienced multiple periods of homelessness.<sup>46</sup>

Research carried out for Eaves found that, housing can act as a reason for entry into prostitution as well as a barrier to exiting. Lack of access to affordable and safe housing was the second most prevalent barrier faced by the women in the sample. Eighty-seven (77%) women experienced housing problems and homelessness during their involvement in prostitution. Problems with accommodation and housing acted as a barrier for women in this study in several ways, for example being compelled to seek accommodation with pimps or abusive partners to prevent homelessness, involvement in prostitution to pay the rent or mortgage, losing accommodation due to imprisonment, and problems with location resulting in feeling isolated and living away from support networks.<sup>47</sup>

For women involved in selling sex, research carried out in Stoke on Trent suggests that street sex workers are a 'hidden homelessness' population (this term denotes housing situations which are provided informally rather than by housing and other service providers). The majority of those surveyed had stayed in squats (59%) and most had relied heavily on friends and family for a roof over their head. Some used clients as a means of obtaining a night's shelter as well as other homeless people's temporary accommodation (for example a friend's hostel room).

This research showed that the triggers for homelessness in this group included:

- an unplanned move from the parental home following problems or conflict
- domestic abuse from a partner
- an unplanned exit from local authority care where meaningful contact with Social Services ceases
- a traumatic experience, the personal impact of which eventually results in homelessness.<sup>48</sup>

A shelter and ComRes survey published in Jan 2021 found that as many as 30,000 women were propositioned with 'sex for rent' offers across the UK between March and December 2020. These adverts appeared on sites such as Craigslist, Gumtree and Vivastreet and were particularly prevalent in high rent areas such as Edinburgh and Aberdeen.

In England and Wales, it is illegal for a property owner to demand sexual favours in return for rent or accommodation, but there have been few convictions. In Scotland there is currently no specific legislation which offers protections from this form of exploitation.<sup>49</sup>

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46. Sex work, drug and alcohol use, bringing the voices of sex workers into the policy and service development framework in Wales

47. Breaking down the barriers: A study of how women exit prostitution, Julie Bindel, Laura Brown, Helen Easton, Roger Matthews and Lisa Reynolds Eaves and London South Bank University (LSBU)

48. The Housing Needs and Experiences of Homeless Women Involved in Street Sex Work in Stoke-on-Trent, Centre for Regional Economic and Social Research, Sheffield Hallam University

49. <https://www.thetimes.co.uk/article/loopholes-allow-scotlands-sex-for-rent-landlords-to-escape-law-hxpbztggd>

## Women as Parents

Research in London 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).”<sup>50</sup>

*“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*<sup>51</sup>

Research from Canada looked at the needs of women involved selling sex as mothers. It found that some women entered the 'sex industry' to support their families financially and that sex workers avoided accessing services for fear of having their children taken away. The research found this was warranted, considering 37% of sex workers in our study reported ever having a child apprehended, and 38% had been apprehended themselves as children.<sup>52</sup>

The 2022 Encompass Snapshot found that out of 101 women 34 women had had their children removed from their care, for some this was for a short period for others their children had been removed permanently. 14 of the women had disclosed that they had been in care as a child themselves.<sup>53</sup>

50. Left Out in the Cold

51. <https://www.insideoutsidescotland.info/>

52. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4469630/>

53. [https://www.encompassnetwork.info/uploads/1/4/2/8/142838553/snapshot\\_2022\\_encompass.pdf](https://www.encompassnetwork.info/uploads/1/4/2/8/142838553/snapshot_2022_encompass.pdf)



## Appendix 2: National contacts

**Rape Crisis Scotland Helpline** – offers confidential short-term, crisis and initial support by phone, email, webchat and text to people of all genders over 13 who have been affected by sexual violence.

**website:** [www.rapecrisisscotland.org.uk](http://www.rapecrisisscotland.org.uk)

**phone:** 08088 01 03 02

**Beyond the Streets** – works with women involved in the UK 'sex industry'. Women's Support Workers are available to explore options for change.

**website:** [www.beyondthestreets.org.uk](http://www.beyondthestreets.org.uk)

**Revenge Porn Helpline** – supports all adult victims of intimate image abuse in the UK.

**website:** [www.revengepornhelpline.org.uk](http://www.revengepornhelpline.org.uk)

**phone:** 0345 6000 459

**You My Sister** – run tailored support programmes for survivors of the sex trade.

**website:** [www.youmysister.org.uk](http://www.youmysister.org.uk)

**Breathing Space** – is a free confidential phone and web-based service for people experiencing low mood, depression or anxiety.

**website:** [www.breathingspace.scot](http://www.breathingspace.scot)

**phone:** 0800 83 84 85

**Sexual Health Helpline**

**phone:** 0300 123 7123

**National Ugly Mugs** – is an independent reporting system for those in the 'sex industry', they provide alerts about sex buyers to avoid and can help screen buyers.

**website:** [www.nationaluglymugs.org](http://www.nationaluglymugs.org)

**Scottish Domestic Abuse and Forced Marriage Helpline** – phone and text-based service for anyone experience domestic abuse or forced marriage.

**website:** [www.sdafmh.org.uk/en](http://www.sdafmh.org.uk/en)

**phone:** 0800 027 1234

**Scottish Women's Rights Centre** – provide free and confidential legal advice and advocacy support to women affected by violence against women.

**website:** [www.scottishwomensrightscentre.org.uk](http://www.scottishwomensrightscentre.org.uk)

**phone:** 08088 010 789

**TARA** – supports women who may be trafficked or exploited across Scotland.

**website:** [www.tarascotland.org.uk](http://www.tarascotland.org.uk)

**phone:** 0141 276 7724

**Encompass Network** – a network of services working with people at risk of becoming involved in, who are currently involved in, or who have exited selling or exchanging sexual activity.

**website:** [www.encompassnetwork.info](http://www.encompassnetwork.info)



*"I felt safe and I mattered, they wanted to make sure I was ok I felt like a human being not just a number."*

[www.cseaware.org](http://www.cseaware.org)

[www.womenssupportproject.org.uk](http://www.womenssupportproject.org.uk)

The Women's Support Project is a limited company,  
registered in Scotland, registration number SC323918  
and a Scottish charity SC021846



WOMEN'S  
SUPPORT  
PROJECT



**CSE**  
**aware**  
IMPROVING KNOWLEDGE AND  
RESPONSES TO COMMERCIAL  
SEXUAL EXPLOITATION