

# Commercial Sexual Exploitation



What health workers need to know  
about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, [www.shirleyhenderson.co.uk](http://www.shirleyhenderson.co.uk)) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

Thanks to the National GBV Reference group who also contributed to its development.

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# Who is this guide for?

**This guide is one of a series designed to support health workers to work effectively with the victims of gender-based violence in line with national guidance issued to health boards,<sup>a,b</sup> and the Scottish Government's shared approach to tackling violence against women.<sup>c</sup>**

**As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.**

**The series of practice guides covers the following aspects of gender-based violence:<sup>d</sup>**

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

**Note: Given prevalence statistics, the terminology used in this guide assumes victims are female and perpetrators are male. This is not always the case, however, and the principles of the healthcare response apply to both women and men.**

<sup>a</sup> Gender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.

<sup>b</sup> SGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence [www.sehd.scot.nhs.uk/mels/CEL2008\\_42.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf)

<sup>c</sup> 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland' Scottish Government 2009 [www.scotland.gov.uk/Publications/2009/06/02153519/0](http://www.scotland.gov.uk/Publications/2009/06/02153519/0)

<sup>d</sup>These are available at [www.gbv.nhs.scot.uk](http://www.gbv.nhs.scot.uk)

# What is commercial sexual exploitation?

**Commercial sexual exploitation (CSE) 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.**

The women involved are often on low incomes, substance users and victims of other forms of gender-based violence.

Based on a lack of alternatives and often on coercion, such activities are rarely a 'free' or 'vocational' choice.

## Why is it exploitation?

The Scottish Government includes prostitution, pornography and other forms of involvement in the 'sex industry' in its definition of violence against women. It considers that the exploitation of women through these forms of 'entertainment' legitimises negative attitudes towards women and is inextricably linked to gender inequality and sexual violence.<sup>1</sup>

Until recently, societal disapproval has focused on women involved in prostitution, with the buyers being largely invisible. For example, many people believe that women choose to get involved in prostitution. In fact, most women enter prostitution

because of lack of choice. Others believe that prostitution is just sex. In fact, the single most harmful aspect of prostitution is having to repeatedly endure unwanted sex. Although women are agreeing to sexual activity, it is unwanted sexual activity.

Some people consider that prostitution is 'work', that it should be legalised, and that trade unions should offer employment 'protection'. For most women and men involved in prostitution, however, this is survival behaviour, and the result of vulnerability. Referring to prostitution as 'sex work' masks the nature of prostitution, and minimises the harm that it causes to those involved. It is therefore more helpful and sensitive to use the term 'women and men involved in prostitution' rather than 'sex workers' or 'prostitutes'.

**In a recent survey, over half (53%) of respondents agreed that some men need 'the services that prostitutes offer in order to meet their sexual needs'. However, 74% of the same respondents think it unacceptable for a female family member to be involved in prostitution.<sup>2</sup>**

**Almost two in five (39%) people think it acceptable for a man to purchase sex from a woman but over half (58%) would find this unacceptable if their sister, mother or daughter sold sex.<sup>3</sup>**

# Who is at risk?

## **The key risk factor for being abused through commercial sexual exploitation is being female.**

It is difficult to quantify the numbers of women involved in commercial sexual exploitation, partly because some activities, such as pole dancing, are seen as 'normal' and others, such as trafficking into prostitution, are, by their very nature, criminal and hidden.

There is strong evidence that women abused through commercial sexual exploitation have experience of other forms of abuse. For example, Routes Out Of Prostitution Partnership in Glasgow reported in 2003 that childhood sexual abuse, trauma and sexual violence in prostitution were significant factors for women contacting the service. Women involved in prostitution report much higher levels of violence than other women, including much higher levels of childhood sexual abuse.

Recent research by the Women's Support Project in Glasgow surveying men who use women in prostitution found that a quarter to a third of the men interviewed endorsed rape-tolerant attitudes.<sup>4</sup>

## **Men involved in prostitution**

Although much fewer men are involved in prostitution than women, the evidence suggests that those involved become so for reasons similar to women i.e. lack of options available, previous experience of abuse, drug misuse, and homelessness.<sup>5</sup>

Men's involvement in prostitution is also less visible, through escort services and internet contacts. Often the adverse impact of male prostitution is minimised or overlooked since it is more likely to be considered in the context of consensual homosexual activity, rather than recognised as exploitative.

- **Evidence suggests that many dancers begin working in lap-dance clubs through lack of real choice<sup>6</sup>**
- **In a survey of women involved in prostitution in five countries, 92% said that they wanted to leave prostitution immediately<sup>7</sup>**
- **It is estimated that there are 4,000 victims of trafficking for prostitution and sexual exploitation in the UK<sup>8</sup>**
- **70% of those in street prostitution became involved as children or teenagers<sup>9</sup>**
- **85% reported physical abuse in their family and 45% reported sexual abuse in their family<sup>10</sup>**

# How commercial sexual exploitation affects health

## **Commercial sexual exploitation adversely affects physical, sexual and mental health and is a serious public health issue.**

The health impact of CSE can be profound, both as a result of coping with the consequences of exploitation and because of the greater exposure to violence and other forms of abuse inherent in this activity.

The nature of prostitution itself can be problematic. Despite the issue of 'consent' to sexual activity, it is still unwanted sexual activity. In order to be able to cope with this, many women have to learn to dissociate, which in turn can cause lasting psychological harm. Women who are not able to dissociate often report using drugs and/or alcohol to achieve the same effect. That is why there is often an escalation of substance misuse following involvement in prostitution.

A recent study of women trafficked in Europe found that women typically reported physical symptoms such as headaches, fatigue, dizzy spells and back pain; 44% had been treated for STIs. It also noted prominent psychological reactions such as depression, anxiety and hostility with 56% exhibiting signs of post traumatic stress disorder (PTSD).<sup>11</sup>

Vulnerability to other forms of violence is also greater for women in prostitution. Various researchers have documented and analysed the sexual and physical violence which is the normative experience for women in prostitution. One study reported that 70% of women suffered rape in prostitution, with 65% having been physically assaulted by customers and 66% assaulted by pimps.<sup>12</sup>

In a study of prostitution in five countries, 73% reported physical assault in prostitution, 62% reported having been raped since entering prostitution, and 67% met the criteria for a diagnosis of PTSD.<sup>13</sup>

Contrary to common belief, indoor prostitution does not afford protection from abuse. A report in the British Medical Journal found that 48% of women in indoor prostitution contacted had experienced a range of violence from 'clients', including physical assaults, attempted rape, strangulation, kidnapping, vaginal and anal rape and being forced to perform oral sex.<sup>14</sup>

The health impact on men has often focused on greater exposure to HIV and other STIs with less consideration of the mental and emotional difficulties they experience because of involvement in prostitution.

## **Commercial sexual exploitation is linked with chronic health problems:**

### **PHYSICAL AND SEXUAL HEALTH**

- **Untreated health problems**
- **Reproductive problems**
- **HIV, STIs, uterine infections**
- **Menstrual pain**
- **Chronic hepatitis**
- **Cervical cancer**
- **Gastro-intestinal disorders**
- **Symptoms of traumatic brain injury**
- **Repeat terminations of pregnancy**

### **MENTAL HEALTH**

- **Depression**
- **Mood swings**
- **Low self-esteem**
- **Suicidality**
- **Dependence on drugs/alcohol**
- **PTSD and complex PTSD**
- **Dissociation**

# Identifying commercial sexual exploitation

**Given the invisibility of commercial sexual exploitation (often it is seen as consensual or 'normal' or because it is hidden) it may be hard for health workers to fully understand or see the extent of the abuse.**

Women who have been sexually exploited could present in any primary or acute care setting.

Be aware of how women might present in your service, particularly if you work in addictions or mental health services since there is a significant link between street prostitution and drug/alcohol abuse. There may be particular presentations in sexual and reproductive care with vaginal and urinary tract infections, STIs, pelvic pain and injury to the genitals.

In addition to these health problems, other factors may alert you to the possibility of sexual violence and abuse within the context of commercial sexual exploitation:

- Difficulty in getting to health services during normal working hours
- Inability to keep appointments (through drug addiction/intoxication)
- Lack of money to travel to appointments or pay for prescriptions
- Disclosure of child sexual abuse or domestic abuse
- Homelessness
- Evidence to suggest control or domination by a partner or pimp



# Your role as a health worker

## All health workers should:

- Be aware of the possibility that patients may be experiencing CSE
- Recognise possible indicators of abuse
- Initiate discussion where appropriate
- Listen and make time
- Give correct information about sources of help

**Many women are reluctant to say that they are involved in prostitution, or other forms of CSE, because of fear of reprisals from pimps/partners or that they will be ostracised by family and friends.**

They may also fear they will be reported to the police or immigration authorities, and/or that their children will be removed.

Given the stigma that surrounds CSE, they will also fear being judged. In all encounters with patients, you bring your own beliefs, value systems and cultural experiences. Being aware of these and of how you understand CSE is crucial in how you respond to those involved.

You may be able to improve the long-term health and well-being of those affected if you intervene sensitively and appropriately. You can do this by:

## Understanding the nature of CSE

If you share the assumptions common in society about prostitution and sexual

violence (for example that rape is an 'occupational hazard'), then you may be unaware of the experiences of some of your patients. Be aware of any bias and whether this may prevent you from identifying abuse and from understanding the harm caused by prostitution.

It may be easier for women to discuss their involvement in prostitution if your service clearly defines it as survival behaviour and adopts a non-judgemental approach.

## Being sensitive to different needs

At a practical level, this can mean ensuring patients can access services equally, for example by providing cognitive or language support. However, it can also mean understanding the significance of the experience to the patient and how previous experience of discrimination because of ethnicity, sexual orientation or disability affects this.

## Understanding that men also experience CSE

Men involved in prostitution say they have experienced homophobia from some service providers, and a reluctance to accept that male prostitution exists or is harmful.<sup>15</sup> The lack of dedicated services for men, and the dismissal or denial of male prostitution can create further barriers to disclosure.

# What every health professional can do

## Raising the subject

Involvement in CSE may be contributing to the patient's poor mental health, substance misuse, poor sexual health or risk of homelessness. In such situations, it may be appropriate to ask about this. It is important to provide a context for your questions and to demonstrate sensitivity to the service user.

With substance misuse, for example, you may want to explore the extent to which they use this to block out distressing feelings or experiences. It may emerge in a discussion about how they fund their 'habit'.

There are clear links between domestic abuse, sexual violence and CSE. Given the introduction of routine enquiry into domestic abuse and sexual violence, it may be more common for health workers to receive a disclosure that a patient is subject to CSE.

Depending on the context, you may find it helpful to refer to *'What health workers need to know about gender-based violence: domestic abuse'* and *'What health workers need to know about gender-based violence: rape and sexual assault'*, NHS Scotland, 2009.

## How to respond to disclosure

If a patient discloses that she is involved in prostitution, or is in some way being sexually exploited, your response will be determined by the setting you work in, her circumstances and what she wants to do and whether this is a one-off or ongoing contact.

Be aware of your own attitudes and avoid either reacting with shock and horror or colluding by being overly chatty or interested in their 'work'.

Given the numbers of women trafficked into sexual exploitation, there may be language barriers together with legitimate fears about reprisals from traffickers and concerns about immigration status, deportation and the reactions of family and friends in home countries. There are protocols which should guide your approach to women who have been trafficked.

## For anyone involved in commercial sexual exploitation you should:

- Establish physical safety
- Listen and be sensitive
- Offer supportive statements
- Avoid judging or blaming
- Respect confidentiality
- Recognise the damage
- Validate feelings
- Check whether she prefers to see a male or female worker

If it is a one-off contact, signpost her to the relevant department or agency which will help her with safety and provide any healthcare required.

## Adult support and protection

You should also consider whether the survivor is an adult who is *"unable to safeguard her own interests though disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self harm, including neglect"* as defined by the Adult Support and Protection Act, (October 2008) and therefore in need of more directive intervention.

## Assessment and treatment

### Interventions might include:

- Harm reduction arrangements for substance misusers
- Providing condoms
- Immunisation against Hep A and B
- Information about sexual health and contraceptive services
- Advice on dealing with violence and reporting this
- Access to mental health services
- Referral to support organisations

### Clinical care

- Treat the woman for any physical injuries or refer for further assessment, treatment or specialist help
- Any treatment should be based on fully understanding what has happened to her. Otherwise, you may not be able to treat appropriately
- Limit invasive examinations and procedures
- Consider other specialist health services such as counselling

### Support

- Assess the risk to the woman
- Check whether she feels safe and if not, help her with a safety plan
- Ask her if she wants to contact the police
- Tell her how she can get information and advice
- If relevant, inform her about testing for STIs

- Give her correct information about local support agencies
- Give supporting literature in a format she can use
- Stress that she can ask the NHS for help at any time

### Child protection

It is illegal to arrange or facilitate the involvement of a young person under the age of 18 into prostitution or pornography, or to control this involvement. It is also an offence to pay for the sexual services of a child under 18.<sup>16</sup> If you consider this to be the case, or are concerned that a young person is being groomed by an adult for this purpose, then you should take action.

### Referral

If necessary, refer the woman for further support. She may find it helpful if you make the first contact on her behalf. Give her the name and number of the service and contact person to whom you are referring her and keep a copy for your records so you can follow up the referral.

### Follow up

If appropriate, provide aftercare and follow up. Always consider the woman's safety and how any approach you make might affect this.

### Documenting and recording

Keep detailed records as this may build up a picture over time of ongoing sexual violence. This is important health information which will enable continuity of care. It may also help in any future legal proceedings, for example against a trafficker or sexual offender. Women may be anxious about the confidentiality of medical records. Reassure them about this but explain that if someone, especially a child is at risk of significant harm, this overrides confidentiality requirements. Explain the benefits of keeping a record.

**Record the following in her case notes, never in hand held notes:**

- Injuries and symptoms
- Disclosure as an allegation not fact
- What the woman says and not what you think, but note if you have any concerns
- Missed appointments and unanswered telephone calls
- Outcome of risk assessment
- Action taken

**Sharing information**

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the woman and any children are safe and properly supported and abusers held accountable.

- Seek the woman's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

**Key principles in responding to disclosure<sup>17</sup>**

- **Engage with the woman and develop trust. What you say to her is crucial**
- **Be non-judgemental and show understanding and empathy**
- **Allow the woman to direct the pace and nature of her work with you**
- **Listen and be respectful. Regardless of the context within which a woman is violated, she has the same rights to respect, care and support**
- **Be warm and authentic**

## Support for staff

Supporting someone who is experiencing, or has experienced, abuse can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and you may be worried that you might be overwhelmed by it. It is also common to

feel frustrated or helpless if you cannot 'solve' the problem for someone. In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

## Role of local health boards

As part of the implementation of the CEL on gender-based violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence and direct you

towards training and further information. Your health board is represented on the local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

# Further information and training

## **Rape Crisis Scotland**

Information about rape and sexual assault and main contact for network of local centres. [www.rapecrisisscotland.org.uk](http://www.rapecrisisscotland.org.uk)  
08088 01 03 02 (daily, 6pm-midnight)

## **Domestic abuse helpline (24 Hours)**

0800 027 1234

## **Women's Support Project**

Information and support around commercial sexual exploitation.

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

## **Open Road Project**

Support and information for men involved in prostitution, 0141 420 7284

[www.openroadproject.com](http://www.openroadproject.com)

## **Male Prostitution Network**

Partnership of agencies and professionals designed to promote the health and safety of men involved in prostitution. Contact Open Road Project for information.

## **Trafficking Awareness Raising Alliance (TARA)**

Works closely with agencies to provide advice and support to trafficked women and to raise awareness of trafficking issues. Can provide advice, consultancy and training. 0141 287 8307

## **Scottish Refugee Council**

Advice, information and assistance to asylum seekers and refugees.

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

0141 248 9799

## **The United Kingdom Human Trafficking Centre (UKHTC)**

Can provide 24-hour assistance and support to those dealing with trafficking

of human beings. Can provide information and advice about legal and immigration issues, current trends and developing operations.

0114 252 3891 (24 hours)

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

## **POPPY Project**

Home Office-funded scheme that assists in the recovery of and provides safe shelter and care for adult women who have been trafficked to the UK for the purposes of sexual exploitation. Also acts as an advice and information point for other service delivery organisations both in the UK and abroad.

0207 840 7129

[www.eaves4women.co.uk](http://www.eaves4women.co.uk)

## **International Organisation for Migration (IOM)**

IOM can help with returning victims of trafficking to their country of origin. The organisation may assist to sort out travel documents in liaison with the relevant embassy and in some cases provide financial assistance in purchasing travel tickets and provide support for the journey home. IOM is an international organisation and may also be able to provide support in various countries of origin.

0207 233 0001

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

## **Migrant Helpline**

This charity has entered into an agreement with the Scottish Government to provide victim support services to adult males who have been trafficked for the purposes of sexual exploitation.

07766668781 - 24 hours

# References

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- <sup>10</sup> Ibid.
- <sup>11</sup> Zimmerman, C. et al. (2006) 'Stolen smiles: a summary report on the physical and psychological health consequences of women and children trafficked in Europe. The London School of Hygiene & Tropical Medicine.
- <sup>12</sup> Farley, M. (2003) 'Prostitution and the invisibility of harm'. *Women & Therapy* 26(3/4).
- <sup>13</sup> As in '7'
- <sup>14</sup> Church, S. et al (2001) 'Violence by clients towards female prostitutes in different work settings: questionnaire survey'. *BMJ* 322:525-525
- <sup>15</sup> As in '5'.
- <sup>16</sup> Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005.
- <sup>17</sup> 'Guidance for Local Authorities and Community Planning Partners on Street Prostitution' (2007). Scottish Government.

## Local information and notes

This section is for you to record any local information or services for your area





You can download this guide online at: [www.gbv.scot.nhs.uk](http://www.gbv.scot.nhs.uk)  
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