

GUIDANCE FOR LOCAL AUTHORITIES AND THEIR COMMUNITY PLANNING PARTNERS ON STREET PROSTITUTION

Introduction

1. This guidance has been prepared as part of the Scottish Executive's response to the Expert Group on Prostitution's Report "Being Outside: Constructing a Response to Street Prostitution".¹ Its purpose is to assist local authorities and their community planning partners in developing local strategies to deal with the problem of street prostitution.

2. Street prostitution causes significant harm to the individuals involved in it and their families, as well as impacting negatively on our communities. It is most evident in our four main cities, but there is likely to be some activity in many of our towns and cities. Furthermore the individuals who are involved in street prostitution - whether as purchasers or sellers - may come from across Scotland and beyond. Many may travel considerable distances from where they live in order to sell or purchase sex. **All local authorities, therefore, have a part to play in a Scotland-wide strategy to reduce, and ultimately eradicate, street prostitution.** They all have a role in preventing vulnerable women in their area from becoming involved in street prostitution. Equally all local authorities have a role in challenging the attitudes that lead men to use women in prostitution, thereby creating the demand for street prostitution.

The Expert Group on Prostitution

3. It was in response to growing concerns about street prostitution that Scottish Ministers established an Expert Group on Prostitution in 2003. The Group's remit was "to consider the legal, policing, health and social justice issues surrounding prostitution in Scotland". Their report, "Being Outside: Constructing a Response to Street Prostitution", which focused on street prostitution involving women, was published in December 2004.

4. The Report identified several key challenges in relation to street prostitution. These were:

- Protecting affected communities;
- Influencing public opinion;
- Facilitating harm reduction;
- Preventing vulnerable groups from becoming involved and;
- Challenging the attitudes which lead to the abuse of women physically and sexually through street prostitution.

Following consultation on the Report's findings, Scottish Ministers announced their response to the Report in November 2005²

¹ The Expert Group Report was published in December 2004 and is available at <http://www.scotland.gov.uk/library5/justice/crtsp-00.asp>.

² The Scottish Executive's Response to the Expert Group was published in November 2005 and is available at: <http://www.scotland.gov.uk/Topics/Justice/criminal/17543/Response/StreetProst>

Scottish Executive Policy on Street Prostitution

5. The Executive's response recognised that street prostitution is an often contentious issue. Responses must take account of the needs of the highly vulnerable individuals who are involved, but also of the wider community who may be affected by this activity. The Scottish Executive has made clear that it looks to local authorities to take the lead in developing local responses to street prostitution which balance and address these differing needs. Local authorities' leadership role within the community, their democratic accountability, overarching responsibility for education, social services and housing within their area makes them best placed to coordinate the development of comprehensive local responses to street prostitution. They are best placed to audit existing activity in relation to street prostitution in their local area and, by building on their existing partnerships with their community planning partners - including the police, health boards and local community and voluntary groups - to develop a coordinated strategy for the future. As service providers and employers in their own right, local authorities should also challenge attitudes towards prostitution and ensure that the specific needs of service users who may be involved in prostitution are considered appropriately.

6. The Expert Group found that, while street prostitution shared certain common characteristics in Aberdeen, Edinburgh and Glasgow, the precise nature of the problem is different in each of the three cities and street prostitution in Dundee would appear to be on a considerably smaller scale³. Given that this is the case, the Executive did not consider it appropriate to create a national forum or framework which would impose from the centre a single approach for dealing with street prostitution, but that instead, each local authority should develop their own response, taking account of the issues in their own area.

7. While the Expert Group found strong evidence of street prostitution activity only in our four main cities, local authorities and the police should be alert to the possibility that the problem may exist, albeit on a smaller scale, in our other cities and larger towns, and be prepared to respond appropriately. Those local authorities which have little or no street prostitution problem within their own area should nevertheless give careful consideration to the matters raised in the sections on reducing demand and preventing involvement in prostitution, and how they may be incorporated within existing policies on, for example, child protection.

8. Community Planning provides a framework through which local authorities can bring together the relevant public and non-governmental organisations (NGOs) including the police, health boards and voluntary organisations of various kinds, to agree a strategy for dealing with street prostitution. The planning of a response to street prostitution should also be located within partners' work around issues of gender inequality and violence against women and all local authorities have a multi-agency partnership in place to consider violence against women issues. In so far as possible, we would suggest that the planning of services for those involved in street prostitution should be embedded in existing strategies and plans for dealing with, for example, homelessness, substance misuse, healthcare provision and support for victims of domestic abuse. It is important that the design of such services should take

³ See Chapter 4 – "The Context of Street Prostitution", pp15-24 of the Expert Group's report.

account of the specific needs of women who have been involved in prostitution, which will differ from those of other service users. While we would not automatically consider it necessary for local authorities and their partners to establish a specific inter-agency group to deal with street prostitution, we would strongly recommend that local authorities, as the organisations with the lead role in tackling street prostitution, should identify a lead officer with overall responsibility for street prostitution related issues.

9. NHS Boards, in consultation with their partners, are currently developing local inter-agency strategies which should make connections with vulnerable groups, including those involved in prostitution. As such, there is a strong case for integrating health care aspects of the strategy with Joint Health Improvement Plans. Responsibility for ensuring joint health improvement planning engagement with relevant community planning partners lies with the statutory bodies, led by local authorities through the community planning process. Justice and enforcement issues should be integrated into community safety plans and/or local authorities' strategies for dealing with antisocial behaviour. Furthermore, given the very strong links between street prostitution and drug and alcohol misuse⁴, the implementation of local Corporate Action Plans for tackling substance misuse will have an important part to play in harm reduction for those involved in street prostitution.

10. The focus of this guidance is on the work that can be done to protect women vulnerable to involvement in prostitution, what can be done to tackle demand and what can be done to protect affected communities from the nuisance and harm which can be caused by street prostitution. The guidance is split into five sections focusing on the key elements of an approach which will protect and assist both communities and the women involved, or at risk of becoming involved, in street prostitution. The first section deals with what can be done to challenge the attitudes which lead to a demand for street prostitution. The second section details measures which can prevent vulnerable young women from becoming involved in prostitution in the first place. The third section considers what can be done to minimise the considerable harm and risk encountered by women who are involved in street prostitution. The fourth section of the guidance details what can be done to assist women to escape street prostitution and to establish a less damaging way of life. The final section outlines measures which local authorities and their partners, especially the police, can take to tackle demand for prostitution from an enforcement perspective, disrupt street sex markets and protect communities affected by the presence of street prostitution.

11. Whilst this guidance is focused on street prostitution involving women - as this was the focus of the Expert Group's work - many elements of the guidance may also be relevant in determining a strategy for dealing with men involved in street prostitution, as well as both women and men involved in indoor prostitution.

⁴ McKegany & Barnard (1996) found that of 115 street prostitutes in Leeds and Glasgow, 78% were injecting drug users and 93% had used an illegal drug in the past 6 months.

Tackling Demand

Why tackle demand?

12. If street prostitution is to be tackled and ultimately eradicated, it is not enough to take steps to prevent women from becoming involved, or to provide support to help them to leave. It is also necessary to tackle demand from men for prostitution. While, for the women involved, street prostitution is a survival behaviour⁵, and the threat of criminal sanction may not prove a great deterrent, the men who purchase exercise a much greater degree of free choice to be involved, and are much more likely to be deterred by the possibility of enforcement action being taken against them. An effective strategy to tackle demand for prostitution should be composed of at least two elements: challenging the myths and exposing the reality of street prostitution; and taking effective enforcement action against those seeking to purchase sex on the street.

Exposing The Reality Of Street Prostitution: Why is street prostitution a problem?

13. There is a perception among some people, including perhaps some of those who purchase sex, that those who sell sex on the streets have made a free choice to do so and that street prostitution is not really a problem, beyond any nuisance it may cause to those living and working near where it is taking place. The reality is very different. Research has shown that many, perhaps even the majority, of women involved in street prostitution were victims of physical or sexual abuse as children⁶, and that a significant proportion were first coerced into or groomed for prostitution while under the age of 18, by older, exploitative adults⁷. The vast majority use prostitution to support their own, (and frequently a partner's) drug addiction⁸. The cumulative effects of involvement, including physical and mental health problems, can leave women trapped in prostitution, especially where problematic drug use is involved. It is thus clear that the women involved cannot be said to have made a truly free choice, and the reality is that street prostitution amounts to an abuse of the women involved, exposing very vulnerable people to great risks and harm. Most will have experienced frequent violence from 'clients', many will have been the victims of rape⁹ and serious assault and a number have been murdered over the past ten years. The long term health impacts, both physical and mental, are often severe. Many

⁵ The Expert Group stated in their report that "the Group is strongly of the view that street prostitution must be seen not simply as a lifestyle of choice, nor essentially as a sexual behaviour, but rather as a means of *survival* by people with accumulated personal difficulties and few resources with which to develop a less damaging way of life".

⁶ Silbert & Pines (1981) cited in the Home Office study "Tackling street prostitution: Towards a Holistic Approach" found that of 200 female prostitutes in San Francisco, 60% had been sexually abused as children.

⁷ May et al (1999) found that of 67 women working in 3 UK cities, half (33) became involved in prostitution before they were 18. Kinnell (1993) found that of 115 women in Birmingham, more than half became involved in prostitution before they were 17.

⁸ McKeganey & Barnard (1996) found that, in a study of 115 women working as street prostitutes in Leeds and Glasgow, 93% were using illegal drugs, and 78% were using heroin.

⁹ Church et al (2001) found that, in a study of 115 women in Leeds and Glasgow, 27% of street prostitutes had been raped while working, while 20% had been victims of kidnapping. 81% reported having been the victims of violence while working.

suffer serious mental illness, including symptoms of post-traumatic stress disorder, as a result of their involvement in prostitution.

14. Street prostitution also causes serious damage to the communities which are affected by it, undermining community confidence and making an area unpleasant and even dangerous to live and work in. The presence of street prostitution can attract drug dealers and pimps to the area, and with them increased levels of serious and violent crime, including assaults and street robberies. Much of the money paid by clients will end up in the pockets of drug dealers, helping to support and fund further criminal activity. Anti-social behaviour including noise and kerb-crawling causes considerable nuisance and disturbance. Kerb-crawlers will often mistakenly focus their attention on other women passing by and those selling sex on men who are not potential clients. Detritus and litter, such as used condoms and discarded needles can also be a problem, posing a potentially serious health hazard to children. Together, these factors can have a serious impact on the quality of life of those living and working in areas where street prostitution takes place.

15. It is estimated that between 5 % and 10% of men have paid for sex on at least one occasion¹⁰. There is a perception that the men who pay for sex as being socially inadequate but the limited research which has been carried out in this area suggests that this is largely a myth¹¹. A substantial proportion, and quite possibly a majority, of clients are married or otherwise in cohabiting relationships¹². Research studies, taken together, indicate that clients are drawn from a range of socio-demographic backgrounds in terms of their age, employment status and ethnicity and that there is no such thing as a 'typical client'. However, this research does indicate that vast majority are in some form of employment¹³ and a significant proportion are employed in professional, managerial or white collar roles¹⁴. The contrast with the backgrounds of the women involved in prostitution, described in Paragraph 13, is stark. Research also indicates that many men who purchase sex have a particular view of the women from whom they purchase sex: that purchasing sex had conferred a power over women which enabled them "to do anything"¹⁵. Recent research in Glasgow indicates that the majority of those who purchase sex are aware that women did not make a free choice to be involved in prostitution.

Education and attitudinal change

16. Local authorities and their partners should consider what steps can be taken to influence and educate public opinion with regard to the harms and risks of street

¹⁰ Johnson et al (1994) found that 6.8% of men reported having paid for sex at some point in their lives. A poll conducted by MORI for the Observer in 2006 found that 10.3% of men had reported having visited a prostitute on at least one occasion.

¹¹ Campbell (1998) argued that, in terms of their socio-demographic characteristics the men who pay for sex are not 'socially inadequate or deviant' but merely 'ordinary'.

¹² Faugier, Hayes & Butterworth (1992) found that of 120 clients in Manchester, 62% were living with a partner.

¹³ Faugier, Hayes & Butterworth (1992) found that of 120 clients in Manchester, 86% were in employment and 11% were unemployed (the average rate for the area at that time).

¹⁴ Faugier, Hayes & Butterworth (1992) found that of 120 clients in Manchester, 35% described themselves as being employed in these roles.

¹⁵ McKeganey & Barnard (1996).

prostitution, which have been outlined above. Consideration should also be given as to how the attitudes of those men who use women in prostitution can be challenged.

17. Schools can play an important role in challenging the attitudes which lead to a demand for prostitution, through personal and social development (PSD) education. The Health Education 5-14 National Guidelines provides schools with guidance covering issues around respectful relationships, gender equality, sexual relationships and sexual health issues. *Safe and Well: a handbook for schools and education authorities on pupil safety and wellbeing*, which issued to schools in 2005, provides advice for all staff working in schools and other education services to keep children and young people safe. It is important that all staff, schools and education authorities make sure that children who need support or protection get the help that they need, when they need it, and work with other agencies where appropriate to achieve the best possible outcome for children who need support or protection.

18. Local authorities, as large employers, also have considerable scope to influence public opinion simply by raising awareness of the issue among their own staff.

Good practice example

19. The Zero Tolerance Trust have produced educational materials for their 'Respect' Campaign on violence against women¹⁶. These were piloted by Edinburgh and Glasgow councils and, following a positive evaluation, are now being rolled out to schools across Scotland.

Good practice example

20. Glasgow City Council have produced an "Action Against Abuse" pack, aimed at secondary school pupils, which includes case studies on prostitution. These case studies are intended to encourage young people to think about the factors that lead young people to become involved in prostitution, their own attitudes towards prostitution and towards those who purchase sex.

Good Practice Example

21. The Loud Mouth Educational Theatre have developed an interactive workshop, 'Working For Marcus' for use with young people. This workshop explores issues around sexual exploitation and prostitution and has been used in a number of Glasgow schools and youth organisations.¹⁷

Enforcement

22. Effecting a change in the attitudes which lead to the abuse of vulnerable women through street prostitution will inevitably take considerable time. However, using the criminal law to discourage would-be 'punters' from seeking to purchase sex

¹⁶ See http://www.zerotolerance.org.uk/03_campaigns/respect/respect_3.htm for further information.

¹⁷ The Loud Mouth Educational Theatre can be contacted on 0121 446 4880.

Preventing involvement in prostitution

Targeting the most vulnerable

23. While street prostitution would appear to be a significant problem predominantly in parts of three of the four main cities, many of the women involved may live, or originally have lived, in other local authority areas. In the long term, if an impact is to be made on reducing the numbers of women in street prostitution in Scotland, as well as challenging the demand for prostitution, it is vital that steps are taken to prevent women becoming involved in prostitution. Achieving this will require *all* local authorities to tackle both the immediate factors that lead to involvement in street prostitution and the more deep-rooted underlying causes.

24. Overwhelmingly, those who become involved in street prostitution have a history of neglect, poverty, physical or sexual abuse as a child, schooling difficulties and substance abuse problems. These problems are not confined to Scotland's four main cities. The vast majority of women who are involved in street prostitution have problems with drug or alcohol misuse, and the majority will cite this as their main reason for being involved¹⁸. Other underlying factors can also play an important part in influencing women's entry into street prostitution. These include:

- untreated mental illness;
- breakdown and experience of being looked after outwith the family;
- experience of sexual, psychological and physical abuse;
- under-achievement at school and a lack of employment skills;
- experience of unemployment;
- experience of homelessness or insecure housing;
- financial exclusion and debt problems¹⁹.

In summary, factors that could collectively be described as social exclusion are strongly associated with involvement in prostitution. Work intended to prevent entry into prostitution should be focused on those who are at most risk.

Protecting Children

25. A significant proportion of those involved in street prostitution were first abused through prostitution as children. Using children or young people for the purposes of prostitution is child abuse and children and young people under the age of 18 found involved in street prostitution should be treated as victims of abuse. The Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005²⁰ makes it an offence to pay for sex with a young person up to the age of 18 and those who use, abuse, coerce or control young people for the purpose of prostitution will face serious criminal charges and be liable for registration on the sex offenders register.

¹⁸ McKegany & Barnard (1996) found that 63% of women interviewed who were involved in street prostitution said their main reason for being involved was to pay for drugs. The actual figure may be higher as 93% reported having used illegal drugs in the previous 6 months.

¹⁹ O'Neill & Campbell (2002) found that in a survey of 45 women, 24% said they had first become involved in prostitution to pay debts, and 13% said they had done so to pay for food and accommodation.

²⁰ <http://www.opsi.gov.uk/legislation/scotland/acts2005/20050009.htm>

can have a much more immediate impact on the incidence of street prostitution. The Prostitution (Public Places) (Scotland) Act 2007, which was passed by Parliament on 28 February 2007, will criminalise those who solicit or loiter for the purposes of purchasing sex in a public place for the first time. Paragraphs 59 to 65 of the Chapter on Justice Issues outline the options for taking enforcement action against would-be kerb-crawlers in more depth.

26. Specific attention should be given to young people who are leaving local authority care²¹. Many of those in local authority care will have experienced family breakdown and some are likely to have been the victims of physical or sexual abuse before being taken into care. These factors are known to increase the likelihood of future involvement in prostitution. There is evidence that care homes are targeted by individuals who ‘groom’ vulnerable young people, coercing or luring them into prostitution²². Clear advice must be available to care home staff on the risks, and staff should be encouraged to report suspicious activity such as the presence of adult men associating with children in the care home, to the police.

27. It is important that *all* those who work with young people who may be vulnerable to becoming involved in prostitution are aware of the risk factors, and the signs which may indicate that a particular young person is involved, or at markedly increased risk of becoming involved. Schools, social workers and health professionals – teachers, school nurses, Emergency medicine staff, GPs, sexual health clinics and teenage pregnancy services - will often be best placed to recognise risk factors. They need information and guidance to enable them to do so and to respond appropriately. The charity *Barnardos* have produced material relating to sexual exploitation of young people which may be helpful. Many of these can be downloaded from their website: <http://www.barnardos.org.uk>

Good practice example:

28. Fighting Against Child Exploitation (FACE), a Dundee based service provided by Barnardos, have produced a DVD and resource pack called ‘Nae Danger’, which was written and produced by a group of young people who have been victims of sexual exploitation and is intended to help other children and young people understand the risks, keep themselves safe and avoid becoming involved themselves. The pack is intended for use by schools and other agencies working with young people²³.

Good practice example

29. Glasgow City Council have produced a notification procedure for use by all agencies who have contact with young people, in respect of vulnerable children and young people. The procedure is intended to provide practical support for children and young people who are identified as vulnerable and at risk of significant harm and brings all the agencies with a responsibility for protecting children together to ensure that information is shared between agencies and that services for such children are effectively co-ordinated. The procedure makes specific reference to children and young people at risk of being sexually exploited.

²¹ Cusick et al (2003) found in a study of 125 men and women involved in prostitution aged 16 and over in London, the West Midlands and the Home Counties that 42% reported having been “looked after”.

²² See “Scratching the surface – What we know about the abuse of and sexual exploitation of young people by adults targeting residential and supported accommodation units” - www.barnardos.org.uk/scratching_the_surface.pdf

²³ For further information, contact Barnardos, 3 Fleuchar St, Dundee, DD2 2LQ.

30. Children who have run away from home or from care are also known to be particularly vulnerable to becoming involved in prostitution. Research has shown that one in nine children in Scotland ran away or were forced to leave home before the age of 16, and this is a Scotland-wide problem. Children who have been excluded from mainstream school may also be at increased risk. This can have implications for the long-term outcomes for youngsters, including increased levels of homelessness, social exclusion and unemployment. Consequently, all local authorities should consider what can be done to prevent vulnerable young people from being abused through prostitution.

31. The Executive issued guidance to local Child Protection Committees in July 2003²⁴ on young runaways and sexual exploitation through prostitution which required the development of local multi-agency protocols to respond effectively to such situations. The guidance also provides a list of potential indicators of involvement in sexual exploitation to be included in a professional's wider assessment of a young person's circumstances and determination of the help and support they might need.

32. The Executive has also committed to a 3 year child protection reform programme which has published the Children's Charter and the Framework for Standards²⁵ for all agencies in relation to protecting children and young people. The underlying principle is that children and young people get the help they need when they need it. As part of the programme, the role and remit of local Child Protection Committees (CPCs) has also been reviewed and revised guidance was issued in February 2005²⁶. Amongst other things, this requires each CPC to develop, implement and regularly review a communications strategy that includes the following elements:

- Raising awareness of child protection issues within communities, including children and young people.
- Promoting the work of agencies in protecting children to the public at large; and
- Providing information about where members of the public can go if they have concerns about a child and what could happen.

CPCs are also responsible for promoting, commissioning and assuring the quality and delivery of inter-agency training amongst those working with children and families.

33. Given the link between poor educational achievement, truancy or exclusion from mainstream education and a whole range of negative outcomes, including involvement in prostitution, it is also important that local education authorities and individual schools give particular consideration to how they deal with the most challenging and difficult young people. Specifically, a focus on overcoming school

²⁴ Vulnerable Children and Young People Guidance Pack, Young Runaways and Sexual Exploitation Through Prostitution, Scottish Executive, July 2003
<http://www.scotland.gov.uk/library5/social/vcypi.pdf>

²⁵ Protecting Children and Young People: the Charter; Protecting Children and Young People: Framework for Standards, both Scottish Executive, March 2004
<http://www.scotland.gov.uk/library5/education/ccel-00.asp> and
<http://www.scotland.gov.uk/library5/education/pcypfs-00.asp>

²⁶ Protecting Children and Young People: Child Protection Committees, Scottish Executive 2005.
<http://www.scotland.gov.uk/library5/education/pcypcpc-00.asp>

resistance or schooling difficulties, and ensuring that those who have been excluded from school continue to receive full-time education should be priorities.

Assisting adults vulnerable to entry into street prostitution

34. While drug misuse, the influence of a partner/pimp and a history of having been abused are common routes into street prostitution, for some, poverty and financial problems are a significant reason for becoming or remaining involved. Ensuring that people facing significant financial hardship are aware of the advice and assistance which is available is therefore important.

35. Money advice is targeted at those with debt problems and people who need help to prevent their financial situation getting out of control. The Scottish Executive provides financial support to local authorities to fund free, confidential, impartial and independent money advice services via their own advice outlets, Citizens Advice Bureaux and other agencies. A full list is available at www.scotland.gov.uk/Topics/Justice/Civil/17853/10317

36. Those who are homeless are also at particular risk of becoming involved in street prostitution. In the longer term, it is important to tackle homelessness itself, but there are steps which can be taken to reduce the vulnerability of homeless women to involvement in street prostitution. When housing vulnerable women and families, local authorities should take care to ensure that they have access to relevant support and services. Women living in homeless hostels are known to be at particular risk, and are known to be targeted by 'pimps' and exploiters so it is important that the staff working in these hostels are trained to recognise such risks and to have policies in place to deal with them. Where vulnerable women are to be accommodated in private lets it will be particularly important that landlords are fully vetted and deemed to be appropriate. Local authorities should try to ensure that, in providing emergency or temporary housing to vulnerable young women, such accommodation is located away from any area where street prostitution takes place.

Reducing The Harm

37. There is sometimes perceived to be a tension between an approach of attempting to minimise the harm and risk which is caused by involvement in street prostitution and an approach which is focused on assisting women to leave prostitution. We do not see any conflict between these two objectives. Although the aim must be to help women to leave street prostitution, we recognise that for some women this can be a gradual process which requires individuals to be supported over a period of time. Whilst women continue to be involved it is appropriate to seek, where possible, to reduce the harm to which they are exposed. Indeed it is usually only through contact with those providing 'on street' harm reduction services that the women can begin to engage with services which can help them to make the first steps towards leaving prostitution.

38. Harm reduction services are needed to reduce the impact and deal with some of the potentially serious consequences of involvement in prostitution. However, street prostitution is inherently dangerous and harmful for the women involved. Harm reduction services cannot eliminate either the danger or the harm and can only serve to reduce the risks to a certain extent. Nor are they sufficient to assist the women in making long term changes in their lives. They should not therefore be seen as an end in themselves, but should be provided within the context of a strategy intended to help women to leave prostitution. It is vital therefore both that services are made available to help women to leave prostitution and that those staff who are involved in providing harm reduction services are encouraged to look for opportunities to refer women onto these services. It should be made clear, however, that access to harm reduction services must not in any way contingent on an individual's intention to leave prostitution.

39. There are a number of difficulties which must be overcome in providing services to women involved in prostitution. Problems with drug use and personal and social instability are characteristic of involvement in street prostitution. This means that services intended to reduce the harm of involvement in street prostitution must be tailored to the specific needs of those involved if they are to be effective. Whilst we recognise that not all local authorities and health boards may have the resources to provide specialist services targeted towards those involved in prostitution, it is crucial that mainstream service providers have an understanding of the particular needs of those involved and the multiple issues which they may be facing.

40. Harm reduction services are more likely to be effective if they are available at a time and place which makes them easily accessible to women who might use them. In practice, this will mean offering a service which operates at night and near to areas where street prostitution is known to take place. It is also important that the women feel comfortable using these services so it is vital that staff delivering such services are approachable, non-judgemental and preferably predominantly female. Given that a number of those involved in street prostitution may have had negative early experiences with local authorities, e.g. by being removed from home, they may be reluctant to access services provided directly by the local authority. It may therefore be worth considering providing frontline services at arms length, or through NGOs (Non-Governmental Organisations).

41. The kinds of services which should be available as part of dedicated harm-reduction arrangements should include:

- Needle exchange for injecting drug users, access to substitute prescribing (methadone) and rehabilitation.
- Information about and fast track access to alcohol and drug treatment services, including substitute prescribing for opiate-dependent drug users.
- Provision of condoms, lubricants, etc.
- Immunisation against Hepatitis A and B
- Information about and fast track access to sexual health and contraceptive services to reduce harm from sexually transmitted infections and unwanted pregnancies.
- Advice and support in dealing with violence and personal safety issues and reporting crimes to the police.
- Relief from dangers and stresses of being on the streets
- Advice and support to tackle homelessness and inappropriate housing.
- Advice and support with benefit claims and debt management.
- Access to Mental Health services.
- More general advice, information and counselling.
- Referral on to other support agencies for those ready to leave prostitution.

42. In practice, support services run for women involved in street prostitution are not usually run directly by the health service. It is therefore important that health boards work closely with those running the support services to women involved in street prostitution to ensure that they are able to access the appropriate medical care and support services. This will involve working closely with those providing out-of-hours support to ensure that they are able to make contact with the health services to arrange appointments for women involved in prostitution. Where the support services are provided by an NGO, rather than by the local authority, it is important that the local authority works closely with that organisation to ensure that they are able to direct women towards local authority services including housing, social work advice and childcare support. This will enable support to be provided in a structured way, with those providing each strand of the support to be aware of their role as part of a wider package of support. Where possible, use of services should be monitored to enable them to be evaluated and improved.

43. A number of studies have been undertaken looking at the healthcare needs of women involved in street prostitution and they, together with the operating experiences of prostitution support groups in Scotland, have highlighted significant concerns about the lack of access to mainstream healthcare for women involved in street prostitution. Women involved in street prostitution frequently have multiple health needs, especially when their involvement is linked to drug misuse:

- Problems arising from drug or alcohol misuse
- Injury and infection relating to drug injection
- Untreated mental health problems (which tend to be prevalent in this group)
- Sexual health needs
- Gynaecological conditions and genito-urinary infections
- Physical injury from incidents of violence

- Dermatological conditions
- Dental health needs
- Primary health needs

44. In considering the design of services, account should be taken of the needs and circumstances of the people they are intended to help. The Expert Group on Prostitution noted a number of obstacles which make it more difficult for women involved in street prostitution to access mainstream services. Involvement in street prostitution will usually involve working at night, making it difficult to access services during normal working hours. Drug addiction and consequent frequent intoxication leads to an inability to keep appointments and a fear of rejection by mainstream services such as GPs. A lack of money can make it difficult to travel in order to receive treatment or to pay for medication. Some will fear that disclosure of involvement in prostitution, or of drug addiction, may affect childcare responsibilities or access to their children. For this reason it may be helpful to provide certain medical services, which do not require extensive infrastructure or expensive equipment, such as GUM screening, via Outreach Clinics where access hours and location can take account of these factors. However, it should be remembered that all organisations providing healthcare services, whether from statutory or non-statutory agencies, such as voluntary organisations, have a duty to share information relating to the protection of children²⁷ and adults who may be vulnerable²⁸. The implementation of the National Sexual Health Strategy is important in the provision of appropriate harm reduction services to women involved in prostitution. The strategy can be found on the Executive's website at <http://www.scotland.gov.uk/Publications/2005/01/20603/51174>²⁹

45. Involvement in prostitution can have a severe impact on mental health and many women will also have been the victims of child sexual abuse or domestic abuse. As a result many women show significant evidence of trauma and this has significant implications for their ability to access services and to leave prostitution. Ensuring that mental health services work with women in such a way as to provide services in an accessible, sensitive way and are alert to the harm intrinsic in prostitution should form a key part of any harm reduction strategy.

46. It is recognised that a great number of those involved in street prostitution have a drug dependency. There are a number of places where drug misusers and their families can find out about facilities and services available to them. The Scottish Drug Forum, core-funded by the Executive, produces a comprehensive reference guide providing information on specialist drug services and full details of drug and criminal justice services provided throughout Scotland. There are separate listings for needle exchanges and residential services and a section which highlights drug services

²⁷ See <http://www.scotland.gov.uk/library/documents-w3/pch-00.html> for the Executive's guidance on child protection.

²⁸ See <http://www.scotland.gov.uk/Topics/Justice/Civil/16360/4927> and <http://www.scotland.gov.uk/Topics/Health/health/mental-health/mhlaw/guidance> provide guidance on legislation regarding adults who may be vulnerable and have a mental disorder and/or incapacity. There will also be forthcoming guidance supporting the Adult Support and Protection (Scotland) Bill regarding adults who may be vulnerable but do not have a mental disorder or mental incapacity.

²⁹ Further supporting information can be found at <http://www.scotland.gov.uk/Topics/Health/health/sexualhealth/intro>

available in Scotland's prisons. The guide can be accessed online at <http://www.sdf.org.uk/>. In addition, there is also a comprehensive list of local services included on the Executive's Know The Score website (<http://www.knowthescore.info>). Drug Action Teams are encouraged to provide updates and amendments to the list of available resources on a regular basis.

Good Practice Example

47. Base 75 in Glasgow works closely with the Routes Out Intervention Team to provide an integrated model of service which addresses the harm caused by prostitution and supports women to leave prostitution. Base 75 provides an immediate crisis/short term response through a range of services including:

- Social care and support through an evening and weekend drop-in.
- Evening clinical service, including needle exchange and provision of condoms.
- Daytime methadone clinic
- Crisis and temporary accommodation.
- Counselling support.

Leaving Prostitution

48. The long term aim of engagement with women involved in prostitution should be to assist them in leaving prostitution. The difficulties involved in leaving prostitution should not be underestimated. Research (some of which is outlined elsewhere in this Guidance) shows that women involved in prostitution often have a history of experiencing violence or abuse, sometimes stretching back over many years to childhood. Working through these issues often involves confronting memories of childhood sexual abuse, sexual violence experienced through prostitution, substance misuse, the loss of the care of children, abortions, miscarriages and the deaths of partners, family members and friends through drug abuse or violence.

49. In addition to these issues, many women express feelings of stigma, shame, guilt and self-blame in relation to their involvement in prostitution and drug misuse. Women who have left or are trying to exit prostitution also experience ongoing mental trauma. They may fear coming into contact with men who recognise them from their involvement in prostitution, or that their previous involvement will be disclosed to family or neighbours, which can leave them open to extortion, sexual harassment, condemnation or rejection. Other issues women face can include poor family relationships, social isolation and severe mental health problems including depression, anxiety and self-harm.

50. For the reasons outlined above, a woman with a prolonged history of involvement in street prostitution is likely to have a range of needs which will require responses from a number of different services. The services which will be required will vary from one individual to another, and the complexity of cases is such that there will be no 'one size fits all' approach to assisting exiting from prostitution. We recognise that it may not be possible, given resource constraints, for many authorities to provide a dedicated specialist service to assist women to leave prostitution. However, given the range of different service providers who may be involved, we highly recommend that a single 'care manager' or 'key worker' takes overall responsibility for ensuring that the full range of required services is in place, and for designing and updating an appropriate care plan.

51. Some of the steps which are likely to form a part of a plan for exiting prostitution will include:

- Counselling and support may be required to deal with past experiences whether from involvement in street prostitution or earlier (many such women are victims of abuse as children) and to recognise current skills and develop new personal skills, confidence and self-esteem and develop personal responsibility for oneself, manage money, and take responsibility for children.
- Where there is a concurrent drug problem, it will need to be controlled either by substitute prescribing (e.g. methadone) or by becoming drug free.
- Access to relapse prevention and support. Given that drug use may have arisen as a means of coping with difficult personal issues, there will be considerable pressures at times to use drugs and it is important that the woman has the support to cope with these pressures.

- Stable, long term housing will need to be made available. Homelessness or anxieties about the possibility of homelessness can be a significant barrier to leaving prostitution. Many women are coerced into prostitution by violent or abusive partners or relatives, and providing alternative accommodation will be essential in supporting them to leave prostitution. Additional assistance and support may be required on independent living and managing a home.
- An alternative way of life will need to be developed. This may involve training in employable skills and assistance in finding and sustaining employment. Jobcentre Plus support would be available to those claiming Welfare Benefits or in some cases partners of those claiming benefits, though there are various eligibility criteria for these programmes.

52. To achieve this, it is important that community planning partners in statutory and voluntary sector healthcare, social services, housing providers and the voluntary sector more widely work together in a co-ordinated way to maximise the effectiveness of support to leave prostitution. Such links will assist the case worker in progressing each case in the best way, and ensuring that, where relevant, information is shared between agencies.

53. Services aimed at helping women to leave prostitution should be free-standing. There is good reason not to mix women who are trying to move on from prostitution alongside those who are continuing chaotic drug users. Whilst it is sensible to locate harm reduction services within areas where prostitution takes place, basing exiting services there might prove counterproductive as women who are seeking to leave prostitution would continually be brought back into the area associated with drug use and prostitution, with the attendant increased risk of relapse. Where relapse does occur, care should be taken to ensure that the woman does not fall out of contact with support services entirely, which further emphasises the importance of strong links between those providing harm reduction services and those providing support for women in leaving prostitution.

Good Practice Example

54. The Routes Out of Prostitution Intervention Team in Glasgow was set up in 2000 to support women to leave prostitution and aims to develop and implement an effective, integrated model of service that helps women to exit prostitution and supports them through the transition to develop an alternative way of life. The Model which the Intervention Team has developed for working with women who wish to exit prostitution is included as an Annex to this guidance.

Employment

55. Individuals who have been involved in prostitution can find it difficult to find employment, particularly if they have a criminal record as a result. The Rehabilitation of Offenders Act 1974 provides that anyone who has been convicted of a criminal offence and sentenced to less than two and half years in prison can be regarded as rehabilitated after a specified period with no further convictions. After

the specified period the conviction is considered to be spent.³⁰ The general rule is that once a conviction is spent the convicted person does not have to reveal it. This means that if an ex-offender whose convictions are all spent is asked on a job application, or at a job interview, whether they have a criminal record they do not have to reveal its existence. Moreover, an employer cannot refuse to employ someone, or dismiss someone, because of a spent conviction.

56. Certain occupations which involve, or potentially involve, contact with children and vulnerable adults, or in the financial sector, are excepted from the Rehabilitation of Offenders Act. In these cases, individuals will be required to disclose all convictions whether spent, or not. Certain occupations may also require disclosure of non-conviction information, such as police warnings. Generally it will be for the employer to determine the relevance of any information disclosed to them. Employer attitudes towards women who have been convicted of soliciting will therefore be crucial. We would encourage local authorities, and other potential employers, to take a risk-based approach to employing such individuals and to ensure that staff involved in recruitment are appropriately trained to deal with disclosures. Glasgow City Council has developed guidance for their staff.

57. Apex Scotland³¹ provides support and advice to people on what convictions they are, or are not, required to declare to employers under the Rehabilitation Act 1974. They also provide a more general service aimed at helping ex-offenders - and young people at risk of offending - to find employment.

³⁰ The rehabilitation period is between 6 months and 10 years, depending on the nature/length of sentence. Where the sentence is a fine - as in most cases involving a conviction for soliciting - the rehabilitation period would be 5 years, or 2.5 years if they were under 18 at the time.

³¹ <http://www.apexscotland.org.uk/>

Protecting Communities, Tackling Exploitation: Justice Issues

58. Communities rightly expect the law to protect them both from the offensive behaviour and nuisance conduct arising directly from street prostitution activity and from the more serious and violent crime which can be associated with it. They can understandably feel let down if they feel little or no action is being taken to combating the nuisance and harm caused by street prostitution, as well as the serious and violent crime which is often associated with it. Although most local people recognise the vulnerability of the women involved in street prostitution, frustration at having to deal with the day-to-day consequences of the activity can sometimes be targeted towards the women. Involving local communities in developing local approaches to the problem of street prostitution can help to ensure solutions which meet their needs whilst also taking the needs of the women involved into account.

Tackling the demand for street prostitution through enforcement

59. The Prostitution (Public Places) (Scotland) Act 2007 was passed by the Scottish Parliament on 28 February 2007. This will provide, for the first time in Scotland, specific statutory offences which will criminalise those who seek to purchase sex on Scotland's streets. The legislation makes it an offence for any person solicit for the purpose of obtaining the services of someone engaged in prostitution and for a person to loiter such that, in all the circumstances, it is reasonable to assume that they are doing so for the purpose of obtaining the services of someone engaged in prostitution.

60. The introduction of the new offence provisions will provide greater opportunities to more effectively tackle those who create the demand for street prostitution. There is a great deal more free choice involved on the part of purchasers than sellers, and the threat of prosecution is likely to have a much stronger deterrent effect on them. The maximum penalty under the new offence will be a fine not exceeding level 3 on the standard scale (currently £1,000), in line with the penalty for kerb crawling offences in England and Wales. The power of prosecutors at section 21 of the Proceeds of Crime (Scotland) Act 1995 to apply to the court for a seizure order in respect of property used in the commission of an offence would enable the confiscation of vehicles used by kerb crawlers and may be appropriate when dealing with repeat offenders. Scottish Ministers have indicated that they will seek to provide Scottish courts with the powers that courts in England and Wales have to disqualify from driving those convicted of kerb crawling offences.

61. Experience in England and Wales, where kerb-crawling has been a statutory offence for over 20 years, has identified a number of different approaches which have successfully tackled the behaviour. Use of CCTV, in conjunction with Automatic Number Plate Recognition (ANPR) can identify cars regularly entering areas where street prostitution takes place have proved a cost-effective way to deter kerb crawling (CCTV may also deter people from seeking to purchase sex while on foot). Warning letters can be sent to the owners of vehicles regularly seen in the area, informing them that they risk prosecution if they return. Using the media to publicise convictions and 'name and shame' offenders is also, based on experience in England and Wales, likely to deter potential offenders.

62. We expect the new legislation will come into force in autumn 2007. However, in the interim, the existing law nonetheless provides some scope to tackle would-be clients and so reduce the demand for street prostitution. The common-law offence of 'breach of the peace' can be used to prosecute those causing offence or nuisance while seeking to purchase sex.

63. Considering the antisocial behaviour which can be associated with such activity, there may be scope to use ASBOs against those who persistently cause nuisance or offence while attempting to purchase sex. Even where it is not possible to use these measures, the use of warning letters and the threat of the use of further sanctions may have a significant deterrent effect on those seeking to purchase sex, not least because many will be wary of potential exposure or public identification. Further guidance on ASBOs can be found on the Executive's Antisocial Behaviour website: <http://www.antisocialbehaviourscotland.com>

64. Another option is the use of Acceptable Behaviour Contracts (ABCs). Lancashire Constabulary asked people arrested for kerb-crawling to sign a generic ABC. All 15 people who were arrested agreed to sign the contracts and none have been breached. Further guidance on ABCs can be found at <http://www.antisocialbehaviourscotland.com/asb/files/Acceptable%20Behaviour%20Contracts%20Guidance.pdf>

65. 'Kerb crawler' re-education schemes have been tried in a number of areas across England. As an alternative to prosecution through the courts, the offender may be offered the opportunity to attend a one day rehabilitation scheme, the cost of which is met by the offender. For example, Hampshire Police set up the "Change Course" which is offered to offenders as an alternative to prosecution providing that the offender admits that they have committed the offence, pays a fee of £200 to cover the costs (equivalent to the average fine at Southampton Magistrates Court) and has no previous convictions for violence against women or sexual offences against women. The course takes place over one day and consists of four modules. The first aims to dispel myths about the lives of those working in prostitution. The second encourages offenders to consider their own cycle of offending. The third takes the form of a role-play in which offenders play their closest female relative to encourage them to see the offence from their perspective. The fourth module considers goal-setting for the future, incompatible with further offending. To date, the re-offending rate has proved to be very low, with only 4 of the 398 men who have attended the course having been caught re-offending. The introduction of the new offence provisions will provide the police and courts service with the opportunity to consider the merits of similar such schemes in Scotland.

Tackling coercion

66. Many of those involved in street prostitution are there because they have been coerced into doing so either by abusive partners or by others who seek to profit by forcing vulnerable women into prostitution. Under section 11(1)(a) of the Criminal Law (Consolidation) (Scotland) Act 1995, it is an offence for any male person to knowingly live, wholly or in part, on the earnings of the prostitution of others.

67. Women experiencing violence or threats of violence from their partners/pimps should be treated by agencies of victims of domestic abuse. Police operations addressing prostitution should take account of the links between prostitution and domestic abuse and those providing support to women involved in prostitution should develop links with agencies or projects concerned with domestic abuse.

Crimes against those involved in prostitution

68. Those involved in street prostitution are particularly likely to become victims of violent or sexual crime. They may be reluctant to report crimes such as rapes or assaults because they perceive that such crimes are treated less seriously by the police when the victim is involved in prostitution. Perpetrators should be in no doubt that such crimes will be thoroughly investigated and that where there is sufficient evidence, they will be prosecuted. In order to achieve this, it is essential that those involved in prostitution are actively encouraged to report incidents to the police, and that they are treated with respect and sensitivity when doing so.

69. Those providing harm reduction services should provide advice to women on personal safety. They can also facilitate 'ugly mug' schemes, to help women to share information with each other on dangerous and violent 'clients'.

Good Practice Example

70. Police remote-reporting schemes can also be an effective means of gathering intelligence on violent 'clients'. A system enabling those involved in prostitution to report crimes anonymously via 'drop in' centres can assist the police in gathering intelligence on violent and sexual offenders. The use of a police liaison officer, or liaison team, to build relationships with those involved in street prostitution is also useful in terms of gathering intelligence on serious crime, and to pass on information about known dangerous offenders. However, in order for trust to be built up between the women and the officer or officers, it is vital that they are not involved in enforcement action against those involved in street prostitution. Both Lothian & Borders Police and Strathclyde Police have operated such schemes for a number of years.

Other enforcement considerations

71. The police have an important role to play in combating the nuisance and harm caused by street prostitution. Protecting communities should be a priority in policing street prostitution. This is likely to involve a more proactive approach to policing street prostitution where it occurs in residential areas, or in business areas at a time of day when people working in such areas are likely to be at work. An approach of concentrating enforcement on the areas in which street prostitution is causing the greatest nuisance should have the effect of moving the activity away from these areas, without creating 'tolerance zones'. However, in doing so, enforcement agencies should be wary of merely moving street prostitution to a time of the day when enforcement activity is less intense, or of simply displacing street prostitution to another locality where it is equally troublesome.

72. ACPO have produced guidelines on policing prostitution in England and Wales which may be helpful to Scottish Police Forces, though there is not yet any equivalent of the English and Welsh kerb-crawling offence. The guidelines can be found on the ACPO website at <http://www.acpo.police.uk/asp/policies/Data/2004%20Oct%20Vice%20Strategy%20v8%20FINAL.pdf>.

73. A recent Home Office Research Paper, *Tackling Street Prostitution: Towards A Holistic Approach* (available online at <http://www.homeoffice.gov.uk/rds/pdfs04/hors279.pdf>) outlined the results of a study into the effectiveness of different approaches to tackling street prostitution and may be helpful to planning partners in establishing the kinds of enforcement activity which have proved effective in reducing the nuisance experienced by communities in which street prostitution takes place.

74. Enforcement strategies and initiatives which can be used to reduce demand for street prostitution, both under the current legislation and the proposed new offence, are considered in the 'Tackling Demand' section of the guidance.

75. There are a number of other measures which can be taken to reduce the nuisance and crime associated with street prostitution. Where litter and detritus from street prostitution is a problem, local authorities can schedule additional street cleaning. Environmental measures such as CCTV, improved street lighting can help to create the impression that an area is under surveillance, which will serve to deter criminals and prostitutes' clients, who may be wary of being identified, from entering the area. Closing public spaces such as parks and playgrounds at night and blocking access to alleyways can preclude their use for prostitution. Road traffic interventions, to control the flow of traffic and limit access to an area in which street prostitution takes place can also prove effective. Care should be taken to ensure that such measures have the support of the local community, perhaps through community safety forums, who may potential be inconvenienced by some measures.

76. In some areas of the UK, mediation between local residents and those involved in street prostitution has proved effective in reducing tensions within the local community, particularly where points of agreement can be identified and fed into a multi-agency approach for dealing with street prostitution. On the other hand, mediation has not proved to be effective where tensions within the community are particularly high.

ANNEX A

Routes Out of Prostitution Intervention Team

Good Practice Guidelines

Introduction

1. The Routes Our Partnership is a part of Glasgow Community Planning Limited, which is the company arm of Glasgow Community Planning Partnership. The Routes Out Intervention Team is the service delivery arm of the Partnership, with Glasgow City Council undertaking line management on behalf of the Routes Out Partnership Board. The Routes Out of Prostitution Intervention Team aims to support women to leave prostitution and has one core objective, which is to develop and implement an effective, integrated model of service delivery that helps women to exit and supports them through the transition to an alternative lifestyle.

2. The team was set up in 2000, initially as a demonstration project to identify What Works in relation to supporting women to not just leave but exit prostitution. The learning over this period of time by working directly with women is that women's motivation to stop their involvement in prostitution is not a problem. Women want to leave. However the hardest challenges for women trying to exit are working through the trauma caused by their involvement in prostitution and finding viable long-term alternatives. For most women, dealing with the trauma of their life experiences to date, and confronting the underlying issues that led to their involvement in prostitution, is an extremely difficult process.

3. The Routes Out of Prostitution Intervention Team offer long term, intensive, structured work to support women looking to leave prostitution. The work is fully informed by research that suggests that the approaches and services offered are the most effective and are proven to be "What Works" when supporting women to leave prostitution. The model that the team works to mirrors the work of Judith Herman, an American psychologist and involves 3 broad stages in the process of supporting women, which are outlined below.

Initial Stage: Engaging with Women

4. Engaging with women and developing trust is key in the initial stages. We have learned that what is said in the first meetings is a crucial factor in engaging with a woman. If the worker displays certain characteristics, i.e. if the worker appears strong and confident in their role and knowledgeable, understanding and empathetic when talking about issues of prostitution; clearly explains the process of intervention; and if they "sell" the idea that change is possible, then the chance of the woman returning to the project increases. Also if the woman is left in no doubt that she has a huge part to play in her own exiting process, it is easier for the worker to gauge her real motivation and commitment to exiting.

5. At this initial stage and through all subsequent stages the pace and nature of the work has to be directed by the women. For many women their experiences of disempowerment and disconnection are overwhelming. Therefore no intervention should take power away from the women. Instead the success of exiting from

prostitution lies within a framework of empowerment and workers have to be aware of and demonstrate this as part of their core values when working with women in prostitution. It is also paramount that workers are upfront and that women are left in no doubt that part of the work with her will involve exploring issues around her involvement in prostitution, her experiences, how the harm of involvement in prostitution has impacted on her, how she can move on and the potential barriers she may face from moving on.

6. In our experiences women have responded very positively to this approach. In fact we suggest that for many women, there is a sense of relief in knowing that there is somewhere available to them where the subject of prostitution can be raised within a safe, secure environment, where workers are non judgemental and empathetic and where women will receive support to leave prostitution without fear of stigma and fear of her past/present lifestyle being used against her.

7. Within this stage, workers carry out an assessment over several meetings. The assessment is conducted to enable the worker, along with the woman, not only to determine whether or not she is ready/able to work through the process of exiting at that time, but to identify unmet need and establish a care plan /safety plan with her to meet her basic needs. During the process of assessment it can provide the worker with huge opportunity to really engage with women and build a trusting relationship. It further provides huge opportunities for exploring women's experiences of their involvement around: how she felt; what she thought; how she coped; what led to her involvement; and how she feels now, etc. thus enhancing the therapeutic process for women.

8. In addition as part of the relationship building stage workers will offer practical and emotional support until the woman is ready to discuss the issues surrounding her involvement in prostitution and allow her to work through the process of exiting.

9. When working with women to support them to exit prostitution the approach has to be flexible and accommodating to women's circumstances. Quality time has to be invested in meetings with women to agree their personal/safety plans and goals and to work through difficult issues when they arise. Women who use our service told us "*we really value that you don't clock watch*". No one agency will enable a woman to exit prostitution, so partnership working with other agencies is crucial in the first stage. As women present with an average six issues (ranging from, for example, drug dependency, criminal justice involvement, housing, mental health to childcare) workers need to have knowledge of local resources that will be able to address and deal with these issues.

10. Dealing with any of these issues, in particular drug misuse, is by no means a straightforward, easy process. Many women they find this too difficult and may relapse, miss appointments, change their minds about accessing supports or not turn up for meetings. They may also be dealing with major issues such as rape, violence, murder, bereavement, etc which impact on their readiness to address their illicit drug use and involvement in prostitution. Individual work with women is therefore paramount and can take years to bring women to the point of being safe and stable

enough to address their issues. It is understandable that recent research has found that it can take on average seven years for some women to fully exit from prostitution.

11. Undoubtedly during this stage and moving into the next stage it can be extremely difficult for workers to hear the life histories of women. For the women that we work with, their entry into prostitution is not a choice but a desperate act of survival and workers listen daily to accounts of horrendous physical and sexual abuse, powerlessness, oppression, and strength and courage from women with current or prior involvement in prostitution. Therefore workers need strong support systems, debriefing sessions and peer support in order to continue to provide effective services. If support is missing, workers will become de-motivated, feel deskilled and their confidence will decrease and this will ultimately affect the quality of services provided and result in vulnerable women not accessing much needed support services.

12. In summary: women will not open up and reveal intimate details of their lives without feeling a degree of trust with the worker. Therefore in stage 1, a worker will have to be able to build trusting relationships with women, they need good communication skills and experience of partnership working with other agencies. Some workers in reviewing successful engagements with women have revealed that one of the reasons for women moving on to the second stage of exiting was the worker consistently assisted the women to meet their basic needs. Thus workers will also have to demonstrate strong assessment skills, knowledge of appropriate resources, confidence and the use of different theoretical approaches, i.e. task centred casework.

13. Undertaking assessments with women can allow workers to establish trusting relationships and allow them opportunities to discuss their involvement in prostitution. It further provides a structure for prioritising and planning how to meet women's identified needs in partnership with the women and other agencies. Workers require an understanding of the general issues for all women and an in depth understanding of the issues for women in prostitution. They have to work from a perspective that takes into account the effects of poverty and marginalisation on the women, gender inequality, and social exclusion. The workers core value base has to be embedded within anti oppressive, anti discriminatory practice and should display the following characteristics as described by Smale (2000):

- Empathic
- Respectful
- Warm and friendly
- Authentic
- Rewarding and encouraging
- Confident, and
- Interested

Middle Stage: Access to Services and Personal Development

14. This is probably the most difficult stage for women in the exiting process as it is about women becoming more stable and tackling experiences of previous trauma and violence. When women have accessed services such as safe accommodation, substitute prescribing, whatever they need to make them safe they tend to reduce or

cease their involvement in prostitution. When women achieve this point they can begin to confront the trauma of prostitution and the issues that led to their involvement.

15. During this stage, women will tell their story of their traumas in depth and in detail. The idea is that by using reconstruction this will actually allow the women to transform the traumatic memories so that she can begin to integrate it into her life and take control. The basic principle of empowerment is even more relevant during this time as it has to be the woman's choice, she has to feel ready, to confront the horrors of her past. As you may be aware this requires great courage from the woman and the worker. It also requires that both are very clear on the purpose of the work and feel secure in their working relationship.

16. As the woman begins to talk about her memories, the need to preserve safety must be balanced against facing her outstanding issues of her past. Decisions regarding pacing and timing need to be meticulous and frequently reviewed by both the worker and women. However it has to be the woman who is in control of the work, it has to be her choice how deep she wants to go. Women should never feel pushed into looking at issues that they are not ready to do so, but equally workers should not avoid them either because they may be uncomfortable. To do that is to deny the women's history and all her traumas and the harm caused to her by her involvement in prostitution continues to be invisible.

17. If the reconstruction of past memories is too traumatic for the woman, workers need to be confident and have the skills to shut women down safely and ground them back in the present. This is paramount as the last thing that a worker should be doing is opening up issues for women if they are not skilled at supporting women to close down. If this is the case, workers should refer women on to more appropriate and trained workers who are able to support the women effectively through this stage.

18. In reconstruction work the trauma story should begin with a review of the women's life prior to the trauma and the circumstances that led up to the event. The purpose of this is to put the trauma into a context. The use of life story work is a very useful tool at this stage.

19. Women going through this stage need intensive, active and verbal support. It is not enough for workers to be non-judgemental and non-directive. Workers must verbally affirm the woman, i.e. that she was not to blame for the harm caused to her or the abuse that she experienced. Workers must also remember that many women also feel guilty and blame themselves if, for example they have been raped, physically and/or sexually assaulted whilst prostituting, if they no longer have the care of their children, have lost contact with family members, caused worry and anxiety to people who care about them. Although during this stage women may understand she was coerced, pressured and even tricked into becoming involved, this in itself will not make her feel any better. Women must be given the space and time to mourn the loss of; relationships, time, self, health, morality etc and most importantly to forgive herself. She will need to put things into perspective and move on. This perspective has to be verbalised by the worker and continually reinforced.

20. The use of cognitive behavioural techniques is very appropriate at this stage as they can enable women to change the negative ways of thinking that influences her behaviour. As women often find it difficult to verbalise their feelings and thoughts non verbal tools can be used, i.e. worksheets, life story books, letter writing to significant people without necessarily posting it, visiting places of significance with women, keeping journals to chart progress, etc.

21. In summary: During this stage at all times the women's safety is paramount. The pace, time and review of work needs meticulous attention. Women must be in control of the work and not pressured by workers to disclose issues to early or be allowed to avoid them altogether either. Workers must be aware that for the woman they do not only have to deal with the events but how they have affected her emotionally and what coping strategies she has adopted in order to survive. For some women this may have involved disassociation/splitting (disconnecting the body and mind), which at the time may have serviced her well. However if she continues to use this when she no longer needs to it may prevent her from integrating self as well as preventing her having healthy, intimate relations with others in the future. Women must be supported to integrate their experiences, reframe them and take control of their lives. Workers therefore need to be confident, strong, affirming, available, flexible, knowledgeable, patient and supportive. They also have to be able to deal with shocking accounts of violence, abuse, sexual assaults and sometimes multiple rapes. In addition, workers need knowledge of loss, change and grief theories, to be familiar with approaches such as cognitive behavioural interventions, and have the confidence to challenge the negative self-destructive image women often have of themselves.

Moving on Stage: Alternatives to Prostitution

22. By the time women have reached this stage, if they have worked through the stages, they will have worked through and overcome many difficult personal issues. At this point it is possible for a woman to realistically contemplate a future that is not associated with prostitution and to consider alternative long-term options.

23. Women should feel appropriate trust, have secure boundaries, and be able to distinguish what is safe and not safe for her. It is also a time for the worker and the woman to go back to basics and check on basic safety issues. For example the difference between safety in the first stage and the third stage is that women in the first stage are looking for safety as a means of survival. The third stage is about thriving, making choices and taking control of their own lives. It is the difference between existing and living.

24. All women at this stage have exited prostitution and changed their lives dramatically. The indicators that we measure for success are: levels of increased motivation, external supports, stabilised, safe housing, ending of relationships with abusive partners (where appropriate), being illicit drug free, reconciliation with family, etc. This has allowed us to demonstrate that through planned, structured interventions, at the woman's pace exiting from prostitution is possible.

25. The workers role in this stage really is to facilitate access to appropriate opportunities that the women may require, continue to offer emotional and practical

supports and reinforcement of the women's achievements. As the work by this stage coming to an natural end the emphasis for both worker and woman is to disengage with the service safe in the knowledge that the women can come back at any point for any reason. Women are encouraged to keep in contact with the service and provide updates on what they are doing

Conclusions

26. It is evident that supporting women to exit prostitution is extremely complex, challenging and time-consuming process not just for women but also for workers. Moving through the stages is not a linear process; some women move through the stages many times. Some women may only want to stop their involvement in prostitution without addressing deeper issues. Whilst we know that not completing all 3 stages increases the risk of relapse, it is still very much the women's choice to go as far into the journey as she wants at that time. Workers will also require ongoing support and debriefing sessions to allow them to work effectively with women who are looking to exit from prostitution.

27. To support women to fully exit prostitution from a strategic level, organisations have to base their work around the realities of women's lives. It must encompass solutions which respond to the complex issues experienced by women and it needs to tackle the range of barriers that exist within services that make it difficult for women to exit and move on. Recognition has to be made of the importance of multi agency working as although we recognise that women involved in prostitution need services to support them in exiting, no one service can do this alone. Thus a comprehensive approach that includes crisis, short term and longer term interventions aimed at supporting women whilst they are in and when they are exiting prostitution is essential. This will involve a variety of different agencies who work together to support women in the exiting process .

Routes Out Intervention Team

ANNEX B

SOURCES OF STATISTICS QUOTED IN GUIDANCE

Campbell, R (1998) *Making Visible Male Clients of Female Prostitutes in Merseyside* in Elias, N (Ed.) *Whores, Hustlers and Johns*, Prometheus Press, New York.

Church, S, Henderson, M, Barnard, M & Hart, G (2001) *Violence by clients towards female prostitutes in different work settings: questionnaire survey*, British Medical Journal, 332, pp524-5.

Cusick, L, Martin, A & May, T (2003) *Vulnerability and involvement in drug use and sex work*. Home Office Research Series Paper 268, London: Home Office.

Expert Group on Prostitution in Scotland (2004): *Being Outside: Constructing A Response To Street Prostitution*, Scottish Executive.

Faugier, J, Hayes, C & Butterworth, C (1992) *Drug Using Prostitutes, Their Health Care Needs and Their Clients*, Department of Nursing, University of Manchester.

Hester, M & Westmarland, N.(2004) *Tackling Street Prostitution: Towards an Holistic Approach*, Home Office Research Study 279.

Johnson, A, Wadsworth, J, Wellings, K & Field, J. (1994) *Sexual Attitudes and Lifestyles*, Blackwell, Oxford.

Kinnell, H. (1993) *Prostitutes Exposure to Rape: Implications for HIV Prevention and for Legal Reform*, cited in *Paying the Price: A consultation paper on Prostitution* – Home Office (2004).

May, T, Harocopos, A, & Hough, M (2000) *Street Business: The Links Between Sex and Drug Markets*, Police Research Series, Paper 118, London: Home Office

McKegany, N & Barnard, M (1996) *Sex Work on the Streets: Prostitutes and their Clients* (Open University Press)

O'Neill, M & Campbell, R (2002) *Walsall Prostitution Consultation Research: A Participatory Action Research Project* – Final Report.

