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# EXPLORING AVAILABLE KNOWLEDGE AND EVIDENCE ON PROSTITUTION IN SCOTLAND VIA PRACTITIONER-BASED INTERVIEWS



CRIME AND JUSTICE



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# **SUMMARISED FINDINGS – EXPLORING AVAILABLE KNOWLEDGE AND EVIDENCE ON PROSTITUTION IN SCOTLAND VIA PRACTITIONER-BASED INTERVIEWS**

## **INTRODUCTION**

This is a summary of findings from research conducted by Justice Analytical Services (Scottish Government) into available knowledge and evidence on the scale and nature of prostitution in Scotland focussing predominantly, though not exclusively on women involved in prostitution. The project gathered evidence and views from professionals with knowledge and expertise on prostitution.

## **BACKGROUND**

The project was undertaken in tandem with research conducted by the Scottish Centre for Crime and Justice Research (SCCJR) reviewing published research and evidence on prostitution (with a particular focus on the extent and nature of the ‘sex industry’, impact on health and wellbeing, vulnerability and violence as well as access to resources). This is attached as an annex to this report and is intended to provide contextual background to the Justice Analytical Services report. These two connected pieces of work were designed to provide context and understanding to a further piece of work undertaken by the SCCJR which considered the evidence on the impact of the criminalisation of the purchase of sexual services in places where that has happened.

In this report ‘prostitution’ refers to the activity of buying and selling sex, including women and men, and from ‘on-street’ or indoor environments. The research focussed mainly on women, reflecting the mainstay of support provision and the majority of those police come into contact with. However, it does provide information on men in prostitution where available. Similarly the research found a lack of available information on those involved in prostitution (selling sex), who are transgender<sup>1</sup>. The research focuses on the sale and purchase of sex, but does not include wider aspects of the commercial sex industry (such as lap-dancing and pornography) although a degree of overlap was highlighted by a number of respondents.

People and organisations involved in this project sometimes used different language to refer to people who sell sex, to emphasise or avoid certain implications. Some terms may be perceived to associate the sale of sex as being inherently exploitative, while other terms might be perceived to present prostitution as a legitimate form of employment. In this report, in an attempt to use neutral language, and with reference to terminology used within the report of the 2004 expert group on prostitution in Scotland we have mainly used the term “women and men involved in prostitution” to refer to those who sell sex, apart from situations where the respondent is directly quoted, or where the context of the discussion depends on the use of specific language or terms.

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<sup>1</sup> We were therefore unable to investigate this issue within sufficient depth within the scope of this project.

## AIMS

The aim of this research was to understand more about the scale and nature of prostitution in Scotland, the support services currently available, the links to organised crime and trafficking, the impact on local communities and the demand for sexual services in order to help inform any future policy development in this area.

## METHODS

Semi-structured qualitative interviews (individual and small group) were conducted with a range of professionals who have knowledge and expertise in dealing with prostitution, to gather and assess evidence available to answer the key research questions. This included police, local authority, NHS and third sector contacts (providing support and key services to those involved in prostitution). In addition, a number of interviews were conducted with organisations which campaign for legislative change/raise awareness in relation to prostitution.

Interviews conducted with respondents from Police Scotland involved a range of specialisms, including prostitute liaison officers, as well as leads on human trafficking and violence against women. NHS interviews included strategic leads and clinicians who specialise in public/sexual health. Local Authority contacts included social workers and those involved in the provision of support services as well as those with a more strategic remit in terms of developing services to reduce violence against women. Interviews were also conducted with third sector support/charitable organisations involved in the provision of support to those involved in prostitution. Views and evidence were also sought from feminist voluntary organisation, the Women's Support Project<sup>2</sup>, as well as campaigning and networking organisations Scotpep<sup>3</sup>, Sex Worker Open University<sup>4</sup>, and Umbrella Lane<sup>5</sup>. The mainstay of the research was conducted between October 2015 and January 2016. In addition, updates were sought from key service providers and police in late 2016.

The focus on professional interviews/service providers who regularly engage with women and men involved in prostitution mean the findings are subject to a number of limitations. There were no interviews with women and men currently or previously involved in prostitution. The main focus of the project was understanding the scale and nature of prostitution in Scotland, with a particular focus on the four cities and research was therefore focussed on the main data sources for considering these

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<sup>2</sup> Which has a capacity building and development role in relation to Commercial Sexual Exploitation (CSE) and a remit to develop networks across specialist third sector specialist support providers. The project is a registered charity which more broadly works to raise awareness of the extent, causes and effect of male violence against women and for improved services for those affected.

<sup>3</sup> Scotpep is a registered charity dedicated to the promotion of sex workers' rights, safety and health. It's stated long term goals include: 'Actively campaigning for the full decriminalisation of sex work, sex workers, clients, management and others related to sex workers, within a human rights-based framework. Ensuring that services aimed at and relevant to sex workers meaningfully consult sex workers in the commissioning, design and delivery of their services'.

<sup>4</sup> As well as campaigning for rights and safety, SWOU aims to build the sex work community and organise workplaces, providing support, education and a social network for sex workers.

<sup>5</sup> A Scottish Charitable Incorporated Organisation described as a Glasgow-based sex worker community project which aims to develop networks, share information and resources as well as offer services based on the needs of those who sell sexual services.

questions, which was found to provide a partial picture, partly due to the inherent difficulties in researching prostitution but also due to variation in approaches to evidence gathering and record keeping across different service providers. In addition a number of service providers acknowledged that they may only deal with a small section of the overall population of those involved in prostitution in the local area. Challenging timescales and practical and ethical difficulties inherent in conducting research with those involved in prostitution meant that it was not possible to interview people involved in prostitution within the short space of time.

Accurate estimates of the nature and extent of prostitution are difficult. This is partly due to the hidden, quasi-legal and stigmatised nature of prostitution. However, the recent growth in off-street prostitution and the decrease in street based activity has made estimating numbers more difficult, as it is now less visible. While advertisements on the internet (i.e. through websites which are specifically for advertising the sale of sex or on escort agencies), provide some indication of scale, there are inherent difficulties with an open-source approach, due to duplication of profiles and accuracy of descriptions (i.e. nationalities may be different to those cited). Furthermore, many who sell sex and have moved off-street may not necessarily advertise online (often operating instead via mobile phone).

A further layer of difficulty is encountered in providing estimates of the numbers of people trafficked for the purposes of Commercial Sexual Exploitation (CSE), due to its illicit and hidden nature.

Bearing in mind these limitations and the challenges involved in researching prostitution, the following section provides a summary of key findings from the analysis and collation of existing evidence and views, based on interviews with professionals/service providers who regularly engage with women and men involved in prostitution. It also identifies a number of gaps in knowledge.

### **QUESTION 1. Scale and nature of prostitution**

- How many women and men are currently estimated to be involved in prostitution Scotland-wide (and broken down by the 4 largest cities, Aberdeen, Dundee, Edinburgh and Glasgow).
- What is the current composition of the 'sex industry' in terms of the proportion of people involved in selling sex within indoor and outdoor (street-based) prostitution and information on location.
- An assessment of how robust the intelligence is regarding the indoor and outdoor markets.
- Any assessment of change over time in terms of an increase or decrease in prostitution/demand for prostitution (and perceived reasons for any change).
- Any information available on the profile of those involved in prostitution in terms of age, country of origin and personal circumstances and the pathways and circumstances of those who enter prostitution
- The impact of involvement in prostitution on risk and health and wellbeing
- Current priorities for policing/local authorities and community partners regarding prostitution.

## **Main findings**

### **Estimated numbers of women and men involved in prostitution Scotland-wide and broken down by the largest 4 cities**

- There are no available robust data sources to tell us definitively about the women and men involved in prostitution, their backgrounds, different prostitution markets or the impact on health and wellbeing. There are however some limited data sources and reflections of professional support organisations and groups that provided us with views on our questions, and perceived changes in trends and evidence gaps. This is based on observations and reflections from professional practice.

### **Composition of the 'sex industry' in terms of indoor and outdoor prostitution**

- Police data has shown a reduction in prostitution related crimes and public complaints about prostitution in the 4 main cities over the last ten years. Police interviewees also confirmed that these statistical changes reflected their experiences of policing prostitution. They said prostitution in public settings had reduced considerably in the last 10-15 years. This may have been because of a growth in off-street prostitution driven by the internet, and smartphone apps, that have enabled more discreet methods for arranging the purchase of sex, with less risk of police contact and possible prosecution. The people who used to work 'on-street' therefore may now be working 'off-street' and setting up meetings online or via mobile phone.
- It was also suggested by specialist support services in Aberdeen that there is strong evidence that the reduction in on-street prostitution may also be partly attributed to improved access to drug treatment services, reducing many women's need to engage in street prostitution on a daily basis to finance a drug dependency<sup>6</sup>.
- Research in 4 main city locations has shown that police, local authority, health, third sector and campaigning organisations also recognised this general trend in the reduction in on-street prostitution. However, some fluctuation in on-street numbers was also highlighted ( e.g. in Dundee there had been a recent slight increase involving women who had previously reduced involvement, or had exited prostitution and were impelled to engage in street prostitution again due to hardship caused by benefits sanctions<sup>7</sup>). Further complexity was recognised in Edinburgh and Aberdeen where limited evidence suggested that there may have been a degree of dispersal or shift in the location of on-street prostitution activity resulting in lower visibility.
- While there were some differences in the nature of the policy or service response to dealing with prostitution, developed in line with local priorities and to meet local needs and problems, there was a lot of similarity among the various local profiles of prostitution. Similarities were observed in relation to overall trends and changes over time, the pathways and personal circumstances of people involved and the impacts.
- The police also recognised that as well as this, there is a large group of people involved in prostitution, possibly with different backgrounds, who work

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<sup>6</sup> While this may not necessarily mean that women have exited, the frequency of involvement was seen to have reduced for many women.

<sup>7</sup> In the last 6 months, prior to October 2016.

indoors (i.e. within private flats, saunas or hotels - currently estimated to constitute approximately 90% of the market) and may have never been involved in on-street prostitution.

- A number of respondents identified the importance of developing better knowledge and understanding of the scale of the indoor prostitution market and the support needs of those within it, given the lack of robust and reliable information.

### **Profiles, pathways and circumstances of those who enter prostitution**

- People who continue to sell sex 'on-street' were perceived by organisations to have a range of vulnerabilities and complex needs, commonly including alcohol and substance misuse problems, lack of secure accommodation, mental health problems and often backgrounds of deprivation and abuse. Some organisations referred to on-street prostitution as 'survival behaviour'.
- Research participants had less information about people involved in prostitution in 'indoor' settings. However, there were some indications that a higher proportion of foreign nationals are involved<sup>8</sup>. Some respondents said they believed there were fewer alcohol and drug problems within this group, although others noted that drug use is still concerning, but is less likely to involve intravenous use than within the on-street market. It was also suggested by some participants that people involved are drawn from a wider range of socio-economic backgrounds. However, other research participants contested the distinction between two distinct and homogenous profiles of 'chaotic' on-street and 'more stable' off-street workers, and said there was a diverse, shifting and overlapping continuum of reasons and vulnerabilities explaining why people might have been involved in different settings. Indeed a few respondents highlighted how women may move to off-street work as their lives become more stable, and depending on personal circumstances (i.e. receiving treatment for addiction, having secure accommodation, access to a phone/internet access, all factors which may circumvent the need to engage in on-street prostitution).
- Overall, there was concern from police and health workers that health and safety support services are less available for those involved in indoor prostitution, because they do not often use 'drop-in' services and are less easy to identify and promote/offer services to.
- Views on the pathways, reasons and circumstances cited by key agencies for women's involvement in prostitution are by no means comprehensive or definitive. Reflections are necessarily limited in that they are based on women who have contacted agencies for support and have disclosed some of the reasons behind their involvement. However, they do echo many of the key processes cited within the wider literature which lead to involvement in prostitution<sup>9</sup>. Overall, financial pressure for a range of reasons, and inadequate income<sup>10</sup>, commonly combined with having a history of

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<sup>8</sup> i.e. through analysis of online advertising and police and agency encounters. However, caution should be attached to this finding as no comprehensive study of the indoor prostitution market has yet been done.

<sup>9</sup> Balfour, R, Allen, J (2014) 'A review of the literature on sex workers and social exclusion' UCL Institute of Health Equity for Inclusion Health, Department of Health.

<sup>10</sup> either due to low pay or benefits issues (highlighted as having been recently exacerbated by welfare reform for a number of women)

vulnerabilities (with a range of causes including substance and/or alcohol misuse, mental health problems and a past history of trauma/abuse/gender-based violence) were cited by a range of third sector and NHS respondents as key in understanding why many seek to generate an income through involvement in prostitution.

### **Impact of involvement in prostitution on health and wellbeing**

- Information about personal health and wellbeing impact was based on the professional insights of those that come into contact with people involved in prostitution through the criminal justice system (police and social work) or through the provision of support and key services (third sector specialist and NHS). This may therefore only present a partial picture of those who require or have sought particular kinds of support or assistance.
- There were perceptions among police respondents that experiences of violence and sexual victimisation were common for this group of people, but also that rates of reported crime were low compared with the real risk of victimisation. This was perceived to be pronounced for reported crime in relation to the off-street industry. Police Scotland therefore recognises the need to work collaboratively with health and other partners to encourage reporting, particularly among harder to reach groups.
- A number of reasons for under-reporting were cited including the stigma of being involved in prostitution, fears of complaints not being investigated seriously, fear of being criminalised and the suggestion that some may be inured to the risk of violence and abuse.
- Less 'visibility' of off-street workers was also highlighted in relation to male prostitution, where it has become more challenging to reach those involved and get safe sex messages across. It was suggested that those involved in prostitution may therefore be at increased risk of mental and physical harm.
- Sexual health risks are identified as an area of concern affecting those involved in prostitution. There was evidence raised of perceived vulnerabilities within certain groups of sellers and the possible financial and physical exploitation of people involved in prostitution who sell sex<sup>11</sup>. For example, there may be perceived opportunities among some buyers to manipulate and sexually exploit people where there are perceived vulnerabilities, for example those with addictions, those who have poorer language skills (i.e. among migrant populations), and with people who have less experience or understanding of the risks. In situations like these it may not be as possible for people involved in prostitution who sell sex to negotiate their consent for types of sexual activity and condom use, leading to increased risk of unintended pregnancy, STIs, blood borne viruses and HIV.
- A number of respondents raised longer-term risks to mental health, including stress, anxiety and depression from being involved in prostitution. In relation to the perceived link between involvement in prostitution and mental health a few respondents highlighted how this is complex and that many women who sell sex have problems and vulnerabilities which precede involvement in

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<sup>11</sup> However in relation to risk a number of respondents from both campaigning organisations and the third sector raised the issue of how the context in which sex is sold increases or decreases levels of risk (i.e. some highlighted how current legislation around brothel keeping criminalises women who are working together for safety).

prostitution (i.e. mental health problems and/or drug/alcohol misuse), which may be exacerbated by the experience of selling sex and further compounded by trauma experienced.

- One health practitioner with experience of supporting high numbers of women involved in prostitution over a number of years said that in her experience, although the majority of women they provide services to experience mental health problems and/or have other vulnerabilities, there are a few women who prefer not to be described as vulnerable and feel they have made choices they are comfortable with. These women were described as taking assertive action to manage risks. In this practitioner's view this was a small minority of the women currently seen and accessing services (although caution should be attached to this estimate being based on the experience of one practitioner). While there is uncertainty regarding the wider proportion who are similarly able to manage risk in this way, there are a range of views on the nature of the vulnerabilities of people involved in prostitution and the extent to which risks are inherent within it.
- On the whole however, most respondents who provide services and support to those involved in prostitution emphasised a range of risks and adverse impacts associated with prostitution in the short and longer term in relation to general and mental health, safety and wellbeing and sexual health.

#### **Current priorities for policing/local authorities and community partners regarding prostitution**

- A new national policing policy document sets out the current priorities of the police which include focusing on protecting communities and individuals from threat, risk and harm including exploitation, investigating the people who abuse, exploit or coerce, working in partnership with harm-reduction practitioners and supporting research and debate with policymakers.
- Across all areas investigated there was a strong recognition of the importance of partnership working between relevant agencies (including drug and alcohol support and sexual health services) to reduce harm to those involved by improving health, safety and wellbeing and providing assistance to exit. Commonly held priorities are therefore to continue to work in partnership to provide an holistic service to meet the (often complex) needs of women.
- The shift from on-street to indoor prostitution has posed challenges for service delivery and precipitated recent changes in approach to better engage with those involved in prostitution. Reaching those not currently accessing support services within the indoor market was identified as a key priority for a number of respondents.

#### **QUESTION 2 Support for women and men involved in prostitution and help to exit**

- Scale and nature of existing support services and perceptions of gaps and additional services needed as well as any assessment of programmes and services that support people in exiting.

## Main findings

### Scale and nature of support services

- In the 4 cities there are a range of specialist support services working in partnership with other key agencies including health, social work, housing advice, employability services etc. to assist people involved in prostitution.
- The majority of services are aimed at supporting women, with the exception of Roam in Edinburgh and the Steve Retson project in Glasgow, which provide support and assistance to men involved in prostitution (who sell sex).
- The approach of specialist support providers includes a 'harm reduction' aspect, providing health and safety support for people at immediate risk as well as services to help people exit prostitution. There was some variation on the degree of emphasis on pro-active 'exit' focused element across locations.
- Some services shared information about individuals with other agencies to provide more tailored support. Other research participants emphasised how women may access services with different aims (i.e. primarily to address housing or other identified needs) and how reducing involvement is also an important measure of success, given the difficulties that some experience when attempting to exit and their dependence on the income. The majority of respondents emphasised the importance of developing trust with those involved and the reassurance of confidentiality given the commonly cited fear of wider disclosure.
- The shift from outdoor to indoor prostitution has posed a number of challenges for service delivery. In some locations this has led to the reduction or closure of night time 'drop-in' services, and new ways of working. This has also led to the need for promotion of services to a potentially new group of service users, for example through pro-active engagement with the people who advertise sexual services online.
- To improve engagement with people involved in indoor settings, Police Scotland have developed a new approach in close partnership with health services and other key agencies in Glasgow and Edinburgh where they visit people involved in indoor prostitution to offer support and assess the safety and wellbeing of those involved. Termed SHaW<sup>12</sup> visits, this involves situations where police have received intelligence and/or concerns relating to a particular individual. This initiative is at an early stage and is currently being evaluated. There is therefore limited information available regarding numbers visited and how this has been received.
- Many respondents identified the importance of developing better knowledge and understanding of those involved in indoor prostitution and their support needs.
- While the provision of support was identified as key in helping many to exit from prostitution, for some, specific life events were highlighted as a particular catalyst for exiting. These were said to include things like relationship changes, pregnancy and/or child protection issues, seeing peers move on, general poor health and exhaustion, or victimisation or another traumatic event.

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<sup>12</sup> The Women's clinic refer to these as 'Social, Health and Welfare' visits while police term them 'Support, Health and Wellbeing' visits.

- A range of barriers to exit for people who wanted to leave were identified including poverty, few alternatives for making money, prolonged involvement in prostitution, continued alcohol and/or drug misuse to manage or block out painful emotions due to the impact of trauma, having a criminal record and informal coercion (from a partner or family member).

### **Perceptions of gaps and additional services needed**

- In terms of perceptions of the sufficiency of current support to women involved in prostitution, this varied by area (i.e. one area respondent identified a gap in terms of employability services while another identified a gap in mental health services<sup>13</sup>). In general terms however, a number of respondents felt that more could be done with regards to prevention to stop women becoming involved in prostitution in the first instance, as well as to halt the escalation of problems. Other gaps identified were in terms of mainstream services and flexibility of support available as well as a general lack of understanding of the issues (among some professionals and practitioners) faced by those in prostitution. Further gaps identified included the involvement of women and men involved in prostitution as key partners in the delivery of key services affecting them. There was also a common consensus among respondents that listening to those involved is crucial in understanding gaps in support and how to address them.

### **Assessment of programmes and services that assist women to exit**

- Given complexities in measuring success in the provision of support (i.e. that the process of exiting for some women can be lengthy, and it is often difficult to ascertain whether or not women have fully ceased involvement in prostitution), formal assessment of programmes aimed at assisting women to exit was generally considered difficult. Therefore there seems to be limited evaluation of service delivery available. However, some support agencies cited degrees of success and benefits, including giving women the opportunity to make informed choices, improvements in safety, and quality of life more generally, and to increase options available, to enable them to eventually move out of prostitution. A longer-term approach is therefore adopted by many support services, in the recognition that many women may exit and return to involvement at times of financial hardship and/or relapses into drug dependency.

### **QUESTION 3 Human trafficking and organised crime**

- Evidence on women who have been trafficked (number and profile of victims of trafficking for sexual exploitation).
- Links to organised crime – i.e. police intelligence or information about organised crime related to prostitution markets and the number and nature of these.

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<sup>13</sup> Indeed one respondent with specialist knowledge in alcohol and drug addiction services highlighted that there is emerging evidence that trauma and substance use problems need to be addressed simultaneously to enable a person to maintain recovery.

## **Main findings**

- As with other aspects of prostitution there is little reliable evidence on trafficking for sexual exploitation.
- National figures from the 'National Referral Mechanism' showed 40 referrals for adult sexual exploitation in 2015. For a number of reasons these statistics are thought to only reflect a small proportion of the trafficking markets.
- TARA (the Trafficking Awareness Raising Alliance) in Glasgow supports trafficking survivors, including people exploited and working in lap-dancing and pornography as well as prostitution. It provides accommodation and subsistence, legal advice, and other health, and wellbeing support to people who have been trafficked. From 01.04.2011 until 24.10.2016 a total of 175 women have been supported. These figures are likely to under-estimate the number of people who have been trafficked.
- Trafficked women were seen to be found mainly in off-street prostitution markets.
- In Scotland there is evidence of links between prostitution and serious organised crime, and trafficking for the purposes of sexual exploitation (National Strategic Assessment of Serious and Organised Crime 2015). In 2009 the Scottish Crime and Drugs Enforcement Agency reported 19 serious organised crime groups (5% of all the crime groups known at the time) to have been involved in prostitution.
- The National Human Trafficking Unit of Police Scotland have responsibility for the development of intelligence in relation to prostitution linked with Human Trafficking and Exploitation and the involvement of Organised Crime Groups. This has led to the creation of Joint Investigation Teams with other EU states targeting crime groups in Romania, Slovakia and other areas of Europe. The structure allows the National Unit to support local policing who are encountering prostitution in different areas by continuing to develop the links between separate premises being used for prostitution.
- There were some differences at a local level in the police interviewees' perception of the availability of evidence on any links with organised crime, with 2 of the areas reporting either definite or 'suspected' links to organised crime (although the more definite links were seen to be at a national level), while for other areas no known links were reported, or intelligence gaps were identified around the area. This issue was followed up with Police Scotland Executive at a later stage in the research, and they reported they were aware of intelligence around local links with organised crime. There may be operational reasons for this, for example in situations where police have contact with people involved in prostitution through dealing with incidents that have prevalent antisocial behaviour elements, and they may not always be immediately aware of the links to organised crime.

## **QUESTION 4 Impact of prostitution on local communities**

- What is the social impact on communities where prostitution takes place?

## **Main findings**

- The main source of information about the impact of prostitution on communities was from the police about public complaints. There have been reductions in the number of public complaints that might reflect the fact that a

greater proportion of prostitution now takes place in indoor settings, and tends to be less focussed in a particular local area<sup>14</sup>. Therefore it has become less visible to the public and the police and there may be fewer complaints related to noise, litter, and violence.

- The change from outdoor to indoor prostitution was perceived by some to have introduced prostitution activities into a wider number of communities – away from the traditional ‘red light’ areas of the past. This might have raised concern for residents in some areas, for example where prostitution takes place in short-term rented accommodation or ‘party flats’.
- Some support services noted perceptions about prostitution-associated risks, including the customers and the people involved in selling sex, that might not be accurate reflections of the real situation.
- Some areas reported continuing community concerns about prostitution in their locations.

### **QUESTION 5 Demand**

- What is the scale and nature of the demand for prostitution services? (With a specific focus on the number of people who pay for sexual services, the demographics of clients and the reasons for paying for sex).
- How do clients access prostitution (adverts web, newspapers or otherwise)?

### **Main findings**

- There was little consistent or reliable information about men who purchase sex – their backgrounds and reasons for buying it.
- Police data is limited to information about ‘kerb crawling’ and other prostitution related offending and is therefore a limited and partial picture of the numbers of men who come into contact with the criminal justice system.
- This evidence gap was particularly notable within the selling of indoor prostitution. In previous times support services might come into contact with the buyers, but the change to indoor prostitution has led to a greater amount of personal discretion and buyers can arrange meetings from smartphone apps and the internet, without needing to go into red light areas.
- The police have made estimates, from ‘open source’ research based on online advertisement websites to provide general estimates of the numbers of people who may be involved in prostitution, who sell sex. These may include duplication, or fake accounts but recent investigation<sup>15</sup> showed there were around 1800 adverts for sexual services across 4 main websites in Scotland in a single day, the majority of whom involved women. An earlier (2014) figure based on more extensive scoping work conducted by the National Human Trafficking Unit, with support from Police Scotland’s Prostitution Working Group and associated partners into Commercial Sexual Exploitation in Scotland identified approximately 3000 adverts for escorts across 10 websites. Although estimates of supply may in theory provide indications of demand, these numbers are very rough approximations and may not include

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<sup>14</sup> Although it was also suggested that street-based prostitution activity may have dispersed to different areas beyond traditional ‘red light’ areas such as parks/car parks etc. with technology having enabled more discreet methods for arranging the purchase of sex.

<sup>15</sup> January 2016

all of the methods people use for advertising services nor estimations of the number of people who may use these services.

- Apart from the immediate demand for prostitution, some people spoke about the possibility of this being increased or enabled by longer-term social causes such as the normalisation of prostitution within certain parts of culture, such as stag parties, pornography and the sexualisation of women in the mainstream media.
- Questions about the scale and nature of demand therefore require more detailed research.

# **EXPLORING AVAILABLE KNOWLEDGE AND EVIDENCE ON PROSTITUTION IN SCOTLAND VIA PRACTITIONER-BASED INTERVIEWS**

## **INTRODUCTION**

This report sets out findings from research conducted by Justice Analytical Services within the Scottish Government to explore and collate existing evidence and knowledge on the scale and nature of prostitution in Scotland, focussing predominantly, though not exclusively, on women involved in prostitution. The scope of the project was to gather evidence and informed views from a range of professionals who have knowledge and expertise in dealing with prostitution.

## **BACKGROUND**

The project was undertaken in tandem with research conducted by the Scottish Centre for Crime and Justice Research (SCCJR) which involved a desk-based review of published research and evidence on prostitution (with a particular focus on the extent and nature of the ‘sex industry’, impact on health and wellbeing, vulnerability and violence as well as access to resources). This is attached as an annex to this report and is intended to provide a contextual background to the Justice Analytical Services report.

The aim was to provide a summary of findings from work already conducted in Scotland, together with a view from people with current knowledge about this subject. It also aimed to identify key gaps in knowledge.

These two connected pieces of work were designed to provide context and understanding to another piece of work considering the evidence on the impact of the criminalisation of the purchase of sex in places where that has happened, also undertaken by the SCCJR.

### **Definitions, scope, language and terminology**

For the purpose of this work ‘prostitution’ refers to the activity of buying and selling sex, including women and men, and from ‘on-street’ or indoor environments. The research focuses on the sale and purchase of sex, but does not include wider aspects of the commercial sex industry (such as lap-dancing and pornography) although a degree of overlap was highlighted by a number of respondents.

For terminology, people and organisations involved in this project used different language to refer to the people who sell sex, to emphasise or avoid certain implications. Some terms may be perceived to associate the sale of sex as being inherently exploitative, while other terms might be perceived to present prostitution as a legitimate form of employment. Different respondents therefore used some of the following language to describe the people who sell sex: “women and men involved in prostitution”, “involved in selling sex”, or “sex workers”. Some respondents providing support and services adopted a pragmatic approach, in different situations using the language preferred by those involved, to maximise

engagement and inclusion and avoid possible offence. In this report, in an attempt to use neutral language, and with reference to the terminology used within the report of the 2004 expert group on prostitution in Scotland, we have mainly used the term “women and men involved in prostitution” to refer to those who sell sex, apart from situations where the respondent is directly quoted, or where the context of the discussion depends on the use of specific language or terms.

## **Aims and Objectives**

The aim of this research was to understand more about the scale and nature of prostitution in Scotland, support services currently available, links to organised crime and trafficking, the impact on local communities and the demand for prostitution. The purpose of which was to help inform any future policy development in this area. The specific questions considered by the research are detailed below:

### **1. Scale and nature of prostitution**

- How many women and men are currently estimated to be involved in prostitution Scotland-wide (and broken down by the 4 largest cities, Aberdeen, Dundee, Edinburgh and Glasgow).
- What is the current composition of the ‘sex industry’ in terms of the proportion of people involved in indoor and outdoor (street-based) prostitution and information on location?
- Any information available on the profile of those involved in prostitution in terms of age, country of origin and personal circumstances and the pathways and circumstances of those who enter prostitution
- An assessment of how robust the intelligence is regarding the indoor and outdoor markets.
- Any assessment of change over time in terms of an increase or decrease in prostitution/demand for prostitution (and perceived reasons for any change).
- Current priorities for policing/local authorities and community partners regarding prostitution.
- The impact of involvement in prostitution on risk, health and wellbeing.

### **2. Support for women and men involved in prostitution and helping people to exit**

- Scale and nature of existing support services for those involved in prostitution and perceptions of gaps and additional services needed as well as any assessment of programmes and services that support people in exiting.

### **3. Organised Crime and trafficking**

- Evidence on women who have been trafficked (number and profile of victims of trafficking for sexual exploitation).
- Links to organised crime – i.e. police intelligence or information about organised crime related to prostitution markets and the number and nature of these.

#### **4. Impact of prostitution on local communities**

- What is the social impact on communities where prostitution takes place?

#### **5. Demand**

- What is the scale and nature of the demand for prostitution services? (With a specific focus on the number of people who pay for sexual services, the demographics of clients and the reasons for paying for sex).
- How do clients access prostitution (adverts web, newspapers or otherwise)?

### **METHODS**

#### **Key Stakeholder Interviews**

Semi-structured qualitative interviews (individual and small group) were conducted with a range of professionals who have knowledge and expertise in dealing with prostitution, to gather and assess evidence available to answer the key research questions. This included police, local authority, NHS and third sector contacts (providing support and key services to those involved in prostitution). In addition, a number of interviews were conducted with organisations which campaign for legislative change/raise awareness in relation to prostitution.

Due to timescales, a pragmatic approach was taken to identifying key interviewees, with a 'snowball' approach adopted (whereby initial interviewees were asked to identify other 'experts' or those working in the area).

Knowledge and information from interviewees may only present a partial picture, i.e. based on the operational approach within the police (with official crime statistics only shedding light on illegal aspects which have been picked up), or the particular service support design in the local area. Services may therefore only deal with a small section of the overall population of those involved in prostitution who have accessed particular types of services or sought support. However, a wide range of interviews were conducted (as outlined below), with broadly similar themes and gaps in knowledge identified across different areas.

#### **Overview of interviews conducted:**

The mainstay of the fieldwork was conducted between October 2015 and January 2016. In addition, updates were sought from key service providers and police in late 2016. A number of interviews were conducted with respondents from Police Scotland. Informants involved a range of specialisms, including prostitute liaison officers, as well as leads on human trafficking and violence against women:

- Police Scotland – national leads on prostitution (2 interviewees)
- Police Scotland Aberdeen - violence against women, prostitution leads (2 interviewees)
- Police Scotland Glasgow – domestic abuse, trafficking, prostitution leads (3 interviewees)
- Police Scotland Dundee – prostitution leads; prevention and interventions (3 interviews)
- Police Scotland Edinburgh – prostitution, serious organised crime leads; one street liaison officer (3 interviews)
- Crown Office, Policy division, COPFS.

NHS interviews included strategic leads and clinicians who specialise in public/sexual health:

- NHS – gender based violence lead - National
- NHS – sexual health clinicians– Glasgow (4 interviewees)
- NHS – sexual health clinicians/practitioners – Lothian (2 interviews)
- NHS – public health practitioner – Lothian.

Local Authority contacts included:

- Glasgow Community Safety Services– (Routes Out) (2 interviewees)
- Glasgow Council Social Work
- Aberdeen city council criminal justice social work
- Dundee City Council/ Violence Against Women
- Edinburgh Willow project (partnership between Edinburgh City Council, NHS Lothian and Sacro to address the needs of women in the criminal justice system).

Third sector support/charitable organisations involved in the provision of support to those involved in prostitution are as follows:

- Alcohol and Drugs Action (2 interviewees)
- Vice Versa
- Cyrenians
- Sacro – Another Way
- Streetwork women’s project
- Salvation Army
- Trafficking Awareness Raising Alliance (TARA)

Views and evidence were also sought from feminist voluntary organisation:

- The Women’s Support Project<sup>16</sup>

As well as campaigning and advocacy organisations:

- Scotpep<sup>17</sup> and Sex Workers Open University<sup>18</sup>

And new Glasgow-based organisation ‘Umbrella Lane’<sup>19</sup> described as a ‘sex worker community project’ which aims to develop networks, share information and

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<sup>16</sup> Which has a capacity building and development role in relation to Commercial Sexual Exploitation and a remit to develop networks across third sector specialist support providers. The project is a registered charity which more broadly works to raise awareness of the extent, causes and effect of male violence against women and for improved services for those affected by violence.

<sup>17</sup> Scotpep is a registered charity dedicated to the promotion of sex workers’ rights, safety and health. Its stated long term goals include: ‘Actively campaigning for the full decriminalisation of sex work, sex workers, clients, management and others related to sex workers, within a human rights-based framework. Ensuring that services aimed at and relevant to sex workers meaningfully consult sex workers in the commissioning, design and delivery of their services’.

<sup>18</sup> As well as campaigning for rights and safety, SWOU aims to build the sex work community and organise workplaces, providing support, education, and a social network for sex workers

<sup>19</sup> Scottish Charitable Incorporated Organisation

resources as well as offer services based on the needs of those who sell sexual services.

Semi-structured topic guides were used, with questions tailored to cover police, local authority and third sector/NHS interviewees<sup>20</sup>. These were used flexibly to allow key questions to be covered within interviews and to allow exploration of salient issues as they arose. Interview material was broadly analysed under the key policy question headings (as identified above) with key topics and issues identified, as well as any exceptions/caveats noted, to provide nuanced findings. These were organised into key themes and sub-themes with different respondent perspectives highlighted as relevant (i.e. police, local authority, third sector). The qualitative nature of the research means that it is impossible to attribute comparative weight to findings or views that are expressed, however, where relevant and where views and evidence were expressed by a number of interviewees this is highlighted. Interviewees responses were analysed as 'key informant'<sup>21</sup> content, where the authority of information is derived from the respondent's professional position and their expertise and experience.

### **Limitations of the research and key challenges involved in researching prostitution**

A key gap recognised within the research at this stage is the lack of inclusion of interviews with women and men currently or previously involved in prostitution. This was highlighted by a number of interviewees who cited the importance of hearing the testimony and voices of those involved. However the main focus of the project was understanding the scale and nature of prostitution in Scotland, with a particular focus on the four cities. Research was therefore focussed on the main data sources for these geographies, which was found to provide a partial picture, partly due to the inherent difficulties in researching prostitution but also due to variation in approaches to evidence gathering and record keeping across different service providers. In addition, challenging timescales for conducting the research, as well as some of the practical and ethical difficulties inherent in conducting research with those involved in prostitution meant that it was considered inadvisable to attempt to do this within a short space of time. It was therefore considered that the research should focus on investigating up to date expert knowledge and evidence available around the key research questions, to identify key issues, and gaps in knowledge.

It is widely acknowledged that providing accurate estimates of the nature and extent of prostitution is difficult. This is partly due to the hidden, quasi-legal and stigmatised nature of prostitution. However, the recent growth in off-street prostitution and the decrease in street based activity has made estimating numbers more difficult, as it is now less visible. While advertisements on the internet (e.g. through websites which are specifically for advertising the sale of sex or on escort agencies), provide some indication of scale, there are inherent difficulties with an open-source approach, due to duplication of profiles and accuracy of descriptions (i.e. nationalities may be

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<sup>20</sup> Key topics covered with police were: scale and nature of prostitution, crime and trafficking; impact on local communities; demand for prostitution and support available. Local authority covered: available support for those involved in prostitution, social impacts of prostitution and priorities and challenges. Support and service providers from the third sector and NHS covered: the nature of support, profiles and circumstances of the target support group and challenges and benefits of the service.

<sup>21</sup> <http://fampra.oxfordjournals.org/content/13/1/92.full.pdf>

different to those cited). Furthermore, it was often highlighted that many who sell sex and have moved off-street may not necessarily advertise online (often operating instead via mobile phone).

A further layer of difficulty is encountered in providing estimates of the numbers of people trafficked for the purposes of Commercial Sexual Exploitation (CSE), due to its illicit and hidden nature.

### **Geographical focus**

The research focussed on the key cities of Glasgow, Edinburgh, Dundee and Aberdeen, as these are recognised as the key 'hubs' for prostitution activity. This is reflected in the official crime statistics which show that the vast majority of crimes associated with prostitution (97%) are recorded in the city based local authority areas (with considerable levels of variation across the 4 cities)<sup>22</sup>. Prostitution also takes place in smaller towns and more remote areas, albeit at a lower level. Indeed, Police Scotland said that online and mobile phone technology had enabled arrangements for the sale and purchase of sex to take place in a more geographically dispersed way than ever before.

### **Area based approach and common themes**

While each area is distinctive in terms of service provision and how these have developed in line with local priorities and to meet local needs and problems, there are also common themes across all areas. In addition, a number of 'strategic' interviews were undertaken with individuals whose professional remit is Scotland-wide (i.e. police strategy and policy lead on prostitution, as well the Women's Support Project whose role involves development and capacity building across Scotland).

### **Structure of the report**

To reflect the distinctiveness of local areas an overview of the particular dimensions/characteristics in each of the four cities is first provided (i.e. estimated numbers involved in indoor and outdoor prostitution, change over time, structure of service provision and key profiles of those involved). This is followed by discussion and identification of common themes across all areas in general terms and specifically in relation to pathways and personal circumstances of those involved, the impacts of involvement in prostitution, support provision, trafficking and organised crime, community impact, and demand.

### **Police recorded crime, criminal convictions, prosecutions data and data collected by support services to those involved in prostitution**

While police recorded crime, convictions and prosecutions data is useful in providing a sense of the scale of criminal-related prostitution activity in different local authorities and across Scotland as a whole, there are limitations as to how far this data provides a true picture. Differences in operational approaches, prosecutions and sentencing across different areas influence numbers. Furthermore, it cannot be used as an estimate of the scale of prostitution in Scotland as police commonly

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<sup>22</sup> Scottish Government (2015) Recorded Crime in Scotland  
<http://www.gov.scot/Publications/2015/09/5338/318201>

acknowledged that intelligence shows a much wider scale in terms of prostitution activity than is captured in recorded crime data.

NHS and third sector service user data provides a useful insight into numbers of people accessing services, their particular support needs and circumstances, as well as insights into key demographic factors. However, this provides only part of the picture as not all those involved in prostitution may currently be accessing services. In addition the numbers and types of people accessing services are strongly influenced by the overall approach, organisation and design of services (i.e. support services for those involved in on-street prostitution with their focus on tackling substance misuse are tailored to meet the needs of particularly vulnerable women, often with chaotic lifestyles).

## **1. SCALE OF PROSTITUTION – ESTIMATING THE NUMBERS INVOLVED – SCOTLAND WIDE AND THE FOUR LARGEST CITIES**

There are no available data sources to provide definitive estimates of the numbers of people involved in prostitution in Scotland, or the four cities considered. This report therefore attempts to provide more general information about its scale and changes in its prevalence and nature. It includes reference to trend data from the police about the number of prostitution-related crimes that they have recorded, information from ‘open source’ prostitution and sex work websites on the numbers of adverts, and perceptions of people involved in support services, to provide a general sense of the levels of activity, and compared to previous years. It also provides an overview of some of the information and evidence gaps that exist.

### **Police recorded crime – crimes associated with prostitution**

This section sets out trends over the last ten years in terms of police recorded crime, criminal prosecutions and convictions data. While this data may be thought to be useful in providing a sense of the scale of criminal-related prostitution activity in different local authorities and across Scotland as a whole, there are limitations as to how far this data provides a true picture, and it cannot be used as an estimate of the scale of prostitution in Scotland. Indeed, differences in operational approach, prosecution and sentencing across different areas influence numbers. The statistics are highly influenced by police operational practice and proactivity and record only the information that comes to police attention, which is not all of the prostitution related crime in Scotland. Moreover, there has been some notable variation in approaches across the different cities over the last ten years or so, for example, with Aberdeen and Edinburgh having adopted ‘management’ or ‘discretionary’ zones for periods of time which were eventually discontinued<sup>23</sup>, with a resulting increase in convictions for prostitution offences in the subsequent period.

Crimes recorded by the police associated with prostitution are recorded as a key category within sexual crime overall<sup>24</sup> and account for less than 4% of sexual crimes. In the last ten years (between 2005-06 and 2014-15) there has been a substantial

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<sup>23</sup> In Edinburgh discontinued in 2002, while in Aberdeen discontinued in 2007.

<sup>24</sup> The other three categories are Rape and Attempted Rape, Sexual assault, and Other sexual crimes.

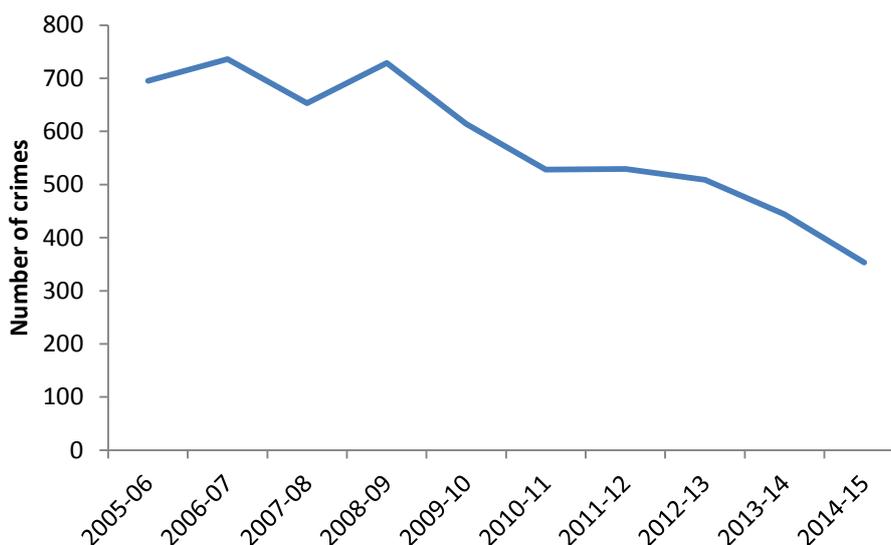
decrease in these crimes, by 49%. Between 2013-14 and 2014-15 there was a 24% decrease from 490 to 374.

The vast majority of crimes within this category (97%) are recorded in Edinburgh, Dundee, Glasgow and Aberdeen, with all four cities recording a decrease over the ten year period. While Glasgow, Aberdeen and Edinburgh saw this trend continue between 2013-4 and 2014-5, Dundee saw an increase of 127%, from 15 in 2013 to 34 in 2014-15<sup>25</sup>.

The majority of prostitution-related crimes comprise of brothel keeping, soliciting services of a person engaged in prostitution and offences related to prostitution<sup>26</sup>. Although there are a further 3 crimes aggregated in the 'Crimes associated with prostitution' category<sup>27</sup>, in the last two years these only accounted for 5-10% of the category total.

In terms of the three most commonly recorded crimes related to prostitution, in 2014-15, these comprised a total of 353 offences. This was a 20% decrease from 2013-14 and continued the overall downward trend observed across the 10 year period (Chart 1):

**Chart 1: Prostitution crimes: 3 key main crimes recorded by the police**



Other than a limited few exceptions, the majority of crimes related to prostitution are recorded in Scotland's four main cities (Chart 2). Other than in 2008-09, Glasgow recorded the largest number of crimes each year. Both Glasgow and Aberdeen have seen large decreases in the number of crimes recorded during the 10 year

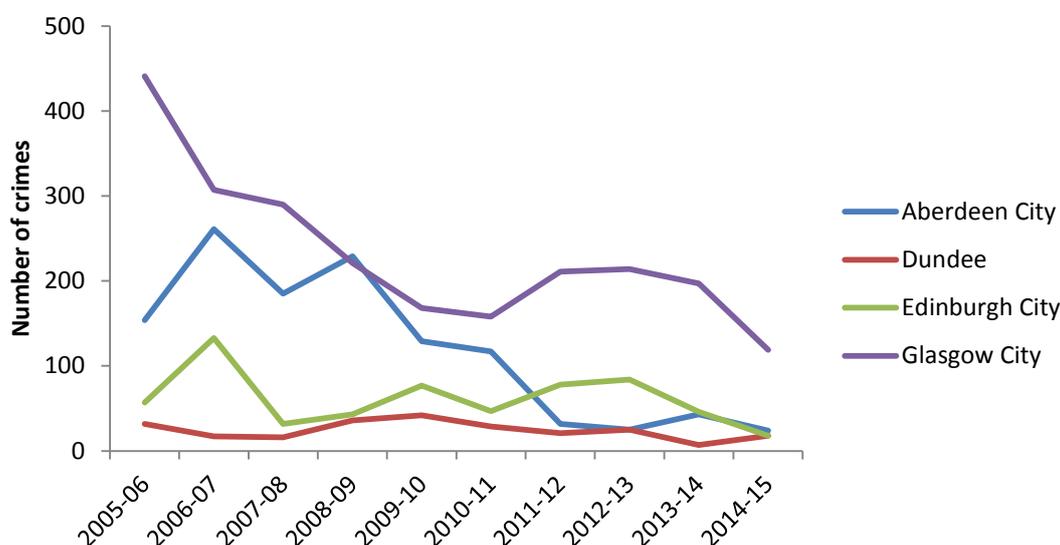
<sup>25</sup> This was attributed by Police in the local area to a particular focus on intelligence led enforcement during this time.

<sup>26</sup> Crimecode definition: 'A prostitute (whether male or female) who for the purposes of prostitution loiters in a public place, solicits in a public place or in any other place so as to be seen from a public place, or importunes any person who is in a public place. Scottish Crime Recording Standard

<sup>27</sup> Immoral traffic, procurement, excluding homosexual acts and procurement of homosexual acts

period with slightly more fluctuation in Edinburgh and Dundee. Dundee has consistently recorded the lowest number of crimes related to prostitution<sup>28</sup>.

**Chart 2: Prostitution crimes recorded by the police in Scottish cities**



Consideration of the three main prostitution related crimes broken down by local authority areas since 2004-05 (Tables 1, 2 and 3 below) shows that the most commonly recorded crime in relation to prostitution is ‘offences related to prostitution’. The number of these crimes have decreased considerably, in Glasgow and Aberdeen, while figures for Edinburgh and Dundee have shown more fluctuation over the period (Table 1 below).

**Table 1: Offences related to prostitution**

Local Authority	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Aberdeen	159	154	261	185	229	129	117	32	25	43	24
Dundee	19	32	17	16	36	42	29	21	25	7	18
Edinburgh	44	57	133	32	43	77	47	78	84	46	18
Glasgow	1168	441	307	290	221	168	158	211	214	197	119

The number of crimes recorded by the police associated with brothel keeping are relatively low compared to other offences (the highest recorded being 17 in Aberdeen in 2014-15). The figures also show considerable fluctuation year upon year over the period, with no discernible overall trends (Table 2 below).

<sup>28</sup> This may partly be attributed to population size, although the 2004 report ‘Being outside: constructing a response to street prostitution’ suggested a number of hypothetical reasons as to why numbers have historically been low in terms of street prostitution, despite high levels of injected opiate use overall, including prompt police intervention, the possibility that off-street prostitution is more characteristic in Dundee and the suggestion that women may be travelling to Aberdeen and Edinburgh to work in prostitution,

Table 2: Crime Brothel Keeping

Local Authority	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Aberdeen	10	4	9	8	0	6	8	7	7	9	17
Dundee	1	5	1	10	8	5	1	0	2	1	5
Edinburgh	0	0	6	3	3	4	3	11	0	11	1
Glasgow	0	1	0	0	4	6	7	14	12	9	9

Crimes of soliciting services of a person engaged in prostitution show considerable variation across cities, with numbers in Aberdeen, Dundee and Edinburgh having decreased between 2011-12 and 2014-15. In Glasgow however, there has been an increase in these crimes between 2011-12 and 2014-15 (from 86 to 108).

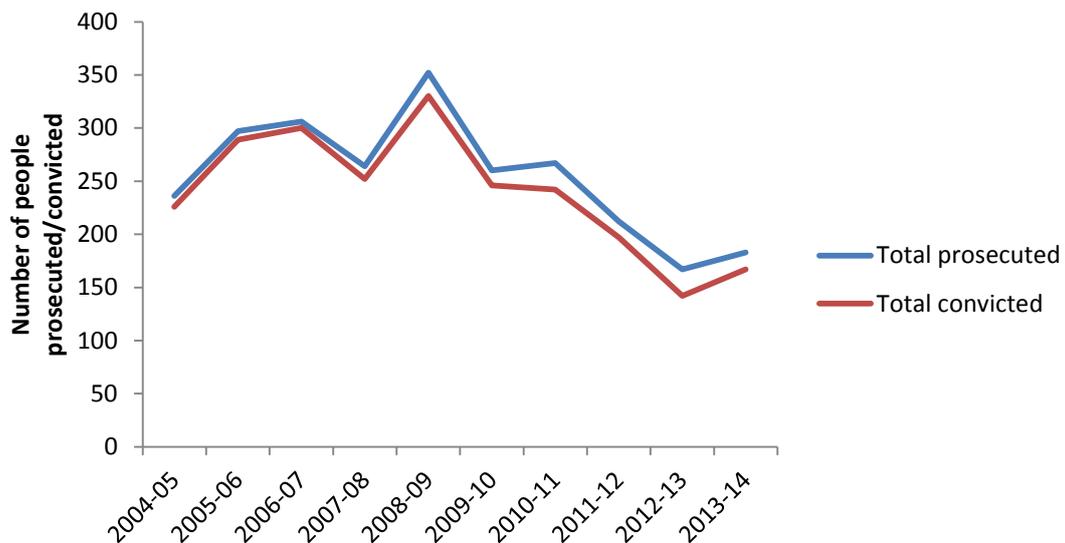
Table 3: Soliciting services of a person engaged in prostitution

Local Authority	2007-08 <sup>29</sup>	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Aberdeen	23	64	37	48	22	8	7	7
Dundee	7	27	28	26	20	11	6	11
Edinburgh	19	13	32	33	21	18	30	12
Glasgow	52	68	64	47	86	96	72	108

### Number of people prosecuted and convicted for offences related to prostitution<sup>30</sup>

In 2013-14, there were 183 people proceeded against in Scottish courts for crimes related to prostitution. This was a 9% increase from 2012-13 but is still the second lowest figure in the 10 year period.

Chart 3: People prosecuted and convicted for offences related to prostitution



<sup>29</sup> The Prostitution (Public places) (Scotland) Act 2007 came into force in 2007. This Act contains specific statutory offences which criminalise behaviour associated with the purchase of sex in public places.

<sup>30</sup> Criminal proceedings data – statistics based on the main charge involved in a case.

The trend for convictions, unsurprisingly, very closely mirrors the trend for prosecutions. In 2013-14, there were 167 people convicted for offences related to prostitution, a 15% increase from the previous year.

In summary, this data suggests that from a policing point of view, prostitution related crime is on a decreasing trend and relatively few people have been prosecuted or convicted for this offending. As previously discussed, this data only provides insight into the levels of criminal activity related to prostitution, and do not provide an indication of the number of people who are involved in the sale of sex or who buy it.

To consider this question, as part of overall intelligence gathering, the police have used an 'open source' research approach to provide general estimates of the numbers of people who may be involved in prostitution, who sell sex. This involves assessment of some of the main websites where sex/escorts are advertised. These may include duplication, or fake accounts, but recent internal investigation<sup>31</sup> showed that there were around 1,800 adverts for sexual services across 4 main websites<sup>32</sup> in Scotland in a single day, the majority of whom involved women. An earlier (2014) figure based on more extensive scoping work conducted by the National Human Trafficking Unit, with support from Police Scotland's Prostitution Working Group and associated partners into Commercial Sexual Exploitation within Scotland identified approximately 3000 adverts for escorts across 10 websites, featuring over 20 separate nationalities, the majority of whom were assessed as young adults. Again, these estimates are limited in providing an assessment of the true scale because although some of these represent the most well-known websites, they are not the only ways of arranging transactions. The number of adverts for sexual services/escorts on websites therefore constitute a limited and potentially misleading information source. Furthermore these estimates only provide rough numbers, of those involved and do not enable estimations of the number of people who may use these services.

### **Police Scotland Current Policy and Approach to Prostitution**

The advent of Police Scotland has led to an approach which aims to provide more co-ordinated and consistent policing in relation to prostitution with the overarching aim of robustly policing 'those who control, abuse, exploit or coerce others for the purposes of prostitution'. This is formalised in the new national policy document<sup>33</sup> which was developed with the overall aim of ensuring that all operational activity is aligned to this policy, whilst taking into account the diverse needs and circumstances of those involved. In dealing with prostitution and sexual exploitation the overarching principles underpinning this are: the safety and wellbeing of individuals; the safety and wellbeing of communities; and the investigation and prosecution of those who abuse, coerce or exploit or purchase sex in contravention of current legislation.

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<sup>31</sup> January 2016

<sup>32</sup> i.e. based on Escort Scotland, Adult works, Viva St and Backpage.com. It was also noted that there are other, less popular websites.

<sup>33</sup> Police Scotland Prostitution Policy 2016

The overarching aims of the policy involve a focus on the:

- Protection of individuals and communities from threat, risk and harm, including exploitation caused by prostitution.
- Investigation of those who abuse, exploit or coerce and the investigation and disruption of organised criminal activity associated with prostitution through effective and innovative use of current legislation.
- Support or creation of effective partnerships with other agencies, organisations or individuals which will help minimise or eliminate the harm that can be caused through prostitution to individuals or communities.
- Support research and promote debate with policymakers with a view to creating policy and law which makes it safer for those involved in on/off street prostitution, easier to investigate and successfully prosecute those who abuse, exploit or coerce victims through prostitution and which support the diversion from prosecution or exit from prostitution by individual victims.

In accordance with supporting and creating partnerships, and in an effort to minimise the impact of prostitution by reducing the risk of harm experienced by individuals, Police Scotland and key partners have introduced SHaW<sup>34</sup> visits to respond to 'off-street' prostitution. These adopt a victim-centred approach as opposed to having enforcement as a priority, and are based on a methodology which has been developed through collaboration between Police Scotland and key partner agencies. Visits are undertaken by Police Scotland and the partner considered most appropriate (within Divisions at addresses where persons involved in prostitution are believed to be operating from). The visits are intended to allow an assessment of vulnerability and to provide advice, where required in terms of available intervention and support services. The key aims are as follows:

- Improve the multi-agency response to prostitution.
- Ensure the safety and wellbeing of persons involved in prostitution.
- Provide advice and guidance, where required, to those wishing to exit prostitution.
- Provide details of support services available.
- Utilise the outcomes of these visits to inform and enhance policies and procedures.
- Provide an accurate picture of the scale of prostitution across Scotland.

In addition officers aim to be receptive to ancillary information and to take appropriate action in relation to any other criminality identified, the identification of victims of trafficking and/or sexual exploitation and information in respect of organised crime groups involved in criminality.

A crucial part of achieving this policy is highlighted as building trust and confidence by improving relationships with women and men involved in prostitution (who sell sex). It is anticipated that this approach will help encourage individuals to report criminality either directly to Police Scotland or through other channels (i.e. third party

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<sup>34</sup> Police Scotland refer to these as Support, Health and Wellbeing visits while the Women's Clinic term them Social, Health and Welfare visits.

reporting mechanisms) with the reassurance that the police will respond appropriately and consistently. In relation to those selling sexual services, Police Scotland: 'will adopt a proportionate and measured response when considering enforcement legislation towards the 'seller' of the sexual activity.'<sup>35</sup>

## **SUMMARY OF LOCAL AREA CONTEXT**

The following section provides an overview of the key issues in each of the local areas, it addresses current knowledge on the scale and nature of prostitution as well as identifies key gaps alongside consideration of any change over time, the structure of specialist service provision and current priorities for support. This is followed by consideration of common themes across all areas.

### **ABERDEEN**

#### **Structure of service provision**

In Aberdeen, a partnership approach titled 'Operation Begonia' between the police and key partner agencies has been in place since 2010 to tackle prostitution. At its root, Operation Begonia was created to tackle on-street issues and identify vulnerable women who require additional assistance, to help break the cycle of prostitution<sup>36</sup>. Through the partnership women can receive immediate referrals to key services and have access to agencies which will offer support, as opposed to being reported to the Procurator Fiscal<sup>37</sup>. The Begonia partnership is valued by the police in assisting with sharing knowledge and information (without betraying confidences). The police often use partners as a conduit to share general information as well as specific concerns regarding individuals whilst investigating crimes.

In terms of operational practice, Begonia consists of officers carrying out weekly patrols in key areas to gain intelligence and submit regular updates regarding those involved<sup>38</sup>, and who are currently engaging with the initiative. Officers' initial engagement with women involves explaining the objectives of the operation and offering them the opportunity to fill out a questionnaire and consent form to allow them to be supported by the key partner agencies which include: 1)Aberdeen City Council – Criminal Justice Social work 2)Alcohol and Drugs Action – Quay Services and 3) Aberdeen Cyrenians.

The operation is currently focussed on street-based prostitution but has the potential to be extended to engage more effectively with off-street prostitution. It aims to gain a better understanding of the needs and difficulties experienced by women involved

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<sup>35</sup> Prostitution Strategic Directive 2016

<sup>36</sup> Police also noted that Begonia was developed in response to a number of complaints about the harbour area – in relation to the volume of crime related to prostitution (drug abuse, discarded needles, muggings, robberies etc.) as well as the murder of a woman involved in prostitution. This had precipitated a more holistic approach.

<sup>37</sup> Key partners within Begonia hold regular meetings to discuss whether women have reduced or exited from prostitution using a 'red, amber or green' code to assess progress. Women who haven't been seen working and have engaged positively are omitted from further Begonia discussions.

<sup>38</sup> If there is evidence that the individual is there for the purposes of prostitution, then the police approach is to provide 2 cautions/warnings (within a 2 year period) before they are eventually charged for whatever offence is most appropriate, and their crimefile checked.

and to provide support and assistance for women to help them move out of prostitution. The overall aims of the project are to: 1) improve the safety, health and wellbeing of women involved; 2) provide opportunities to support them and make lifestyle changes 3) improve access to all relevant voluntary and statutory services.

### **Current knowledge re the scale and nature of prostitution and the identification of gaps**

Police and key agencies said that giving accurate estimates of the numbers of those involved is complicated by the fact that numbers tend to fluctuate, with increases in people working on the streets, and advertising online, at certain times of the year (such as Christmas with its increased financial pressure). The oil industry in Aberdeen, and large events and conferences such as 'Offshore Europe' were also associated with an increase in numbers, due to increased demand during those times.

Bearing in mind these caveats, according to police intelligence, in November 2015 an estimated 165 women were documented to be working in prostitution in Aberdeen City and Aberdeenshire and Moray. Alcohol and Drugs Action (ADA) had direct contact with 110 women between April 2015 and June 2016, many of whom had reduced or stopped their street involvement by this point and were engaging with ADA and wider substance use treatment services. Partly as a result of this improved engagement and stability of many women, only 12 of those women were requiring to engage with services via operation Begonia.

Police data for November 2015 showed that 156 intelligence submissions were made in relation to off street brothels – private premises being used for the purpose of prostitution<sup>39</sup>. In terms of data for 2014 however, police highlighted that the intelligence picture in relation to the off-street industry and the number of brothels was larger than the number of offences would suggest.

In terms of key locations for on-street activity, the majority of those involved have traditionally operated from the Aberdeen harbour area (with the streets around the harbour being particularly affected). Anecdotally though, there was some evidence of a dispersal of prostitution activity to wider areas of the city, with more discreet methods of meeting regular purchasers enabled by the use of mobile phones, making it less visible to the public. In terms of those working on street that the police had contact with, these were usually local women, with the majority being white and Scottish. Other common characteristics were being unemployed and having a drug addiction, with involvement primarily to fund drug misuse. While the ages of those involved ranged from 21-49, police identified the average age as 33, with on-street offenders often having past criminal histories.

It was suggested that, based on observational anecdote (and not the systematic analysis of evidence) there has been a decline in the on-street market. The move off-street was identified as having been facilitated by the use of mobile phone technology as well as online apps and websites. As well as the use of mobile phones, Alcohol and Drugs Action identified another key factor in the decline as

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<sup>39</sup> This figure relates not to the estimated number of indoor street workers, but the number of premises.

being due to significant improvements in access to drug treatment services in Aberdeen which enabled some women to stop involvement in prostitution, while others had managed to reduce the frequency of their involvement<sup>40</sup>. Treatment services delivered by Alcohol and Drugs Action within an integrated service model offers one to one support, a women's group and SMART recovery groups which have been an important part of recovery for many women.

The reduction in on-street activity was illustrated by estimates provided by Criminal Justice Social work who noted that when Begonia started in 2010 there were approximately 129 women signed up, whereas in October 2015 numbers of women engaging were said to be around 13<sup>41</sup>. It is important to note however, that the two main third sector support organisations receive referrals from key agencies as well as self-referrals. Therefore the numbers of women receiving support through the Begonia partnership are not reflective of the much higher numbers of women currently accessing specialist support<sup>42</sup>.

As a key partner within Operation Begonia, the third sector support organisation Alcohol and Drugs Action also identified a definite decrease in on-street prostitution over the last 8 years or so. The organisation previously saw an estimated 200<sup>43</sup> women per year who were actively involved in prostitution out of necessity and for basic survival, with the main driver being drug addiction. However, between April 2013 and June 2016 the organisation estimated that they had contact with 110 women<sup>44</sup> working on-street (via their outreach work, which entails driving around the traditional red light area in the harbour to identify and engage with women).

Police highlighted how the visibility of the on-street market and the ability to patrol the areas provides the opportunity to make an immediate impact, by stopping and speaking with customers and engaging with the women involved in prostitution. However, with social media and changes in technology leading to lower on-street activity, police suggested that it is more time consuming to build intelligence (i.e. to regularly trawl the key websites) and more challenging to have an impact with those involved in the indoor market in the same way.

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<sup>40</sup> i.e. in 2010 there were long waiting lists for access to drug treatment, now due to increased service capacity all people referred to treatment will be seen within 3 weeks, with women involved in prostitution prioritised even within the 3 week target.

<sup>41</sup> While this was partly attributed to the process of catching up with information sharing protocols, the drop in street prostitution was identified as the main factor.

<sup>42</sup> i.e. although it is difficult to provide accurate figures, Drugs Action Aberdeen, as part of its gender-based support in terms of tackling Violence Against Women (VAW), estimated in October 2015 that they worked with an estimated 65 women involved in on-street work as well as an additional 30+ women (some of whom may be involved in prostitution) who access a range of other services. Providing definite numbers is complicated by the transient nature of prostitution, with people moving in and out of selling sex and the difficulty in distinguishing between those who have historical and current involvement.

<sup>43</sup> A figure of approximately 200-250 women operating on the streets of Aberdeen was given by Aberdeen City Council Community Safety Partnership in their 2011 Strategic Assessment. It also estimated that approximately 12% of street-workers travel from the Aberdeenshire area.

<sup>44</sup> Although this was slightly higher than the numbers seen at the time the drop-in centre (offering services to women involved in prostitution) was closed, it was considered that this was due to the more proactive approach currently being taken, with workers actually going out to the area itself.

The majority of indoor prostitution is conducted from private flats using various methods to advertise services, from newspapers to online websites, with mobile phones numbers used to facilitate meetings. The indoor market is more geographically dispersed than the on-street industry, although there is a concentration in the City Centre and the West End (affluent and relatively central), there are also instances of the off-street industry elsewhere in the suburbs. Many of the brothels tend to be in rented accommodation (either privately or in the form of serviced apartments).

The majority of those charged with prostitution offences are female, reflecting the fact that the majority of those selling sex are female (with only one male documented as working in prostitution). However, men were more commonly seen in relation to offences in the off-street market than on-street (in terms of in a controlling/organisational position rather than in terms of offering sexual services). Support services were therefore geared towards the assistance of women.

Information summarised from police crime files showed that in terms of the demographics of those working off-street, the majority were foreign workers (with many identified as being Eastern European, often Romanian), with a minority of UK nationals. Ages ranged from 18 years to 48, while the average age was 28. The majority described themselves as unemployed and did not appear to live in Aberdeen, which may suggest a degree of transience and mobility. This is supported by intelligence which suggests that many workers travel to Aberdeen for a specific period of time with the possibility of extending their stay if it is considered profitable to do so.

The particular economic and social circumstances in Aberdeen, with the wealth generated from the oil industry and the high number of men who work within it (often working away from home for several weeks at a time) are suggested to be a lure for involvement in prostitution. Although the off-street market is complex and much of it is hidden, the women that the police and services had engaged with cited a range of reasons for involvement. For some who had come to the UK from other countries, difficulties in finding alternative employment meant they had 'accidentally' become involved in the off-street sex industry. Some had appeared to make a deliberate choice to become involved, seeing it as a potentially profitable line of work (based on information from friends/acquaintances). Others involved cases of suspected trafficking, although many maintained that this was not the case.<sup>45</sup>

It was suggested by Alcohol and Drugs Action that large numbers of women were advertising in the North-east and Aberdeen area. While the organisation highlighted that this data was not based on up-to-date police intelligence<sup>46</sup>, their own work scoping this issue suggested that there were over 450 people (the majority women) advertising sexual services in the Aberdeen area<sup>47</sup>. Reaching women who are working off-street and advertising through websites, was considered more challenging.

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<sup>45</sup> Offender information taken from crime files

<sup>46</sup> However, they highlighted that the police focus was mainly from a criminal angle – and that women advertising or working on their own wouldn't necessarily appear in police statistics.

<sup>47</sup> Estimate based on research circa October 2015

In addition, looking solely at the numbers of those advertising, could underestimate the actual numbers of women involved. Some women were identified as having previously been on the street and had built up regular clients which allowed them to then work from flats or hotels, via the use of mobile phones or different technologies.

Alcohol and Drugs Action had recently made contact with an estimated 348 women advertising sexual services online via adult websites and advertising sexual services in the local area<sup>48</sup>. These women were contacted directly via email to inform them of the support services available locally. It had been noted that while women usually didn't access services immediately, there would often be a gradual effect with women coming a few weeks or months later. However, only six women advertising on adult websites took up the offer of face to face support, highlighting the challenge in achieving direct engagement with women who are involved off street, who may not be from the local area/have any prior contact with support services.

The organisation suggested that it was important to distinguish between the traditional street workers with drug problems and women who tend to work in the indoor market. In line with police intelligence, the organisation confirmed that a higher proportion of the latter group are not local women, with many working in Aberdeen on a temporary basis. This group was identified as being harder to engage with, because traditionally they tend not to be the type of people who would use drug and alcohol and other support services. While many do not have a drink or drugs problem, others may not see themselves as requiring this type of support (despite often using alcohol or drugs whilst working). Police also suggested that drug addiction seems less prevalent among this group. The organisation therefore emphasise the wider support they are able to provide via 'Quay services' (a dedicated support service for women involved in prostitution), as distinct from the other core alcohol and drugs action services.

Overall it was acknowledged that while there was a high level of understanding in terms of those involved in street prostitution in terms of their key characteristics, circumstances and support needs (with particular vulnerabilities cited as drug dependency, poor mental and physical health, experiences of domestic violence and trauma) much less was known about the indoor workers. Similarly men involved in prostitution, who sell sex, hadn't been identified as a priority among respondents, because they tended to be involved in lower numbers. Scottish Government Violence Against Women funding for support services meant that other organisations (such as Gay Men's Health) had taken on this mantle.

## **DUNDEE**

### **Structure of service provision**

In Dundee, Vice Versa is the only third sector specialist support service dedicated to supporting women involved in prostitution in terms of harm reduction and assistance to exit. The organisation works in close partnership with WRASAC – Dundee and Angus (the Women's Rape and Sexual Abuse centre) and CAIR Scotland (which currently offers support programmes and harm reduction services, including blood

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<sup>48</sup> Between 1<sup>st</sup> April 2015 and 30<sup>th</sup> June 2016

borne virus infections, sexual health, relationship programmes and drug and alcohol interventions). The organisation also work closely with criminal justice social work through the provision of services and the police, who regularly refer women to their services. At local authority level there is a similar recognition of the importance of dealing with the issue at a partnership level. The Community Planning Partnership issued a statement (in 2013) which set out the overall approach which involves taking a lead role along with other voluntary and statutory organisations in tackling the causes of street prostitution. This set out the context in terms of understanding the wider issues of social marginalisation and gender inequality and recognition of the 'harm caused through prostitution to women, their families and communities.'<sup>49</sup>

### **Current knowledge re the scale and nature of prostitution and the identification of gaps**

In Dundee, as in Aberdeen, similar gaps in knowledge relating to the current scale and nature of prostitution were highlighted by police, the local authority and specialist third sector support organisation Vice Versa. Whereas five to six years ago on-street activity was described as being highly visible, with a correspondingly high level of community interest<sup>50</sup> and police response, now street-workers were described as fewer in number. The shift from on street to indoor prostitution was said to have happened gradually over this period with increased internet and mobile phone usage to arrange meetings more discreetly (i.e. in a house or designated back street), having resulted in less visible activity.

Previously, policing around this issue was characterised by pro-active intelligence gathering and targeting (via community analysts) combined with very close partnership working with the third-sector specialist support organisation. However, police broadly characterised their current approach as being more reactive in nature than before.

Based on police knowledge and close partnership working with the specialist third sector organisation, five to six years ago, street workers' involvement in prostitution was identified as through necessity rather than choice, due to addiction issues. Those engaged in street work in Dundee tended to be local women. Indeed, basic demographic figures for women who were supported by Vice Versa between 2011-15, based on the records of 83 women showed that the vast majority were white/Scottish<sup>51</sup>, with the highest proportion aged between 25-34<sup>52</sup>.

Of the women supported by the specialist service, the majority were identified as being street-based in earlier years and then later off-street, organised by mobile phone. In terms of personal circumstances, most were identified as coming from

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<sup>49</sup>Dundee Community Planning Partnership – Street Prostitution Policy Statement

<sup>50</sup> Street prostitution was identified as causing concern and alarm within the community, often generating numerous calls (i.e. at least 5-6 in a 24 hour period), but calls were now described as much less frequent.

<sup>51</sup> A small minority recorded a different nationality: British (8%), Polish (3%) and Lithuanian (1%).

<sup>52</sup> 38% were aged between 30 and 34, 26% were aged 25-29, 19% were aged 35-39, 10% were aged 20-24 and 7% aged 40+. Due to a lack of robust data on the age profiles of women involved it is impossible to say whether the age composition of the women supported is broadly representative or whether certain age groups may be more likely to seek support than others. However, the organisation emphasised that (in terms of the women they had supported), these tended to be women who, for whatever reason, were accessing support after having been involved for a period of time.

backgrounds of deprivation and drug misuse, with involvement primarily to fund drug addiction. Other key vulnerabilities highlighted by Vice Versa were the high prevalence of experiences of abuse (physical, sexual and verbal) and trauma, homelessness and mental health issues.

While the most significant additional support need was identified as substance misuse<sup>53</sup>, this may be due to how the specialist service was originally set up, to target women involved in street prostitution who were vulnerable, with chaotic lifestyles, and to address concerns among the wider community within the affected residential area. Crucially though, there is uncertainty as to how far this picture still pertains due to less robust/developed intelligence.

Without detailed intelligence Vice Versa highlighted the difficulty of how best to target resources. Information received was identified as often sporadic (if an agency had picked up on a particular issue, such as women being regularly picked up from a homeless hostel), with no systematic collection or sharing. The importance of having a risk management strategy in place for women involved in prostitution who were identified as vulnerable to violence and sexual violence was highlighted.

While the general trend in relation to street prostitution, over the last few years, has been a decline in visible numbers on street, it was suggested that there are a few women, who are identified and then referred by the police onto the specialist support organisation. Vice Versa suggested that these tended to be women who (often had recently been released from prison), were working on the street for a short period, to develop a number of clients to then allow them to work off-street again. Overall street-work is now described as much more transient, with women identified as generally being well known to key agencies. However, with no evidence of decreased demand, it was generally felt that the dynamics had shifted indoor.

However, fluctuations in on-street numbers were also highlighted and it was noted by Vice Versa that in the last 6 months (pre-October 2016) there had been a slight increase in numbers involved in street prostitution. These included women who had previously reduced involvement, or had exited prostitution. It was reported that women often stated that benefits sanctions and the resulting hardship had impelled them to engage in street prostitution again.

As a result, service providers explained that assisting women with access to basic needs, like food has become an increasing part of their work. Indeed, Vice Versa recorded 56 contacts with women to access food banks and 186 contacts to assist women with welfare rights between April 2015 and April 2016<sup>54</sup>.

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<sup>53</sup> Although it was not possible to say if substance misuse problems preceded involvement in prostitution or the other way round.

<sup>54</sup> It should be noted that these figures also include multiple contacts for some women. However, the organisation highlighted that providing this service has become an increasingly important part of the work they do. In October 2016 the organisation estimated that they provide longer-term support to 34 women, crisis support to 9 women, and assistance via the weekly drop-in service to 3 women. In 2015 the organisation worked with approximately 60 women, 41 of whom received intensive one-to-one support.

After a period of diminished demand for the evening outreach service (which comprised of providing condoms and offering other kinds of essential assistance), and a scoping exercise with service users, a more open access service in partnership with other organisations (including criminal justice, CAIR Scotland substance misuse service and Tayside substance misuse service) was developed. This constitutes a daytime drop-in run twice a week, covering the development of independent living skills and offering opportunities for getting involved in creative arts projects. It ultimately offers an opportunity to 'take time out from the world'. This group is targeted at more vulnerable groups generally, rather than being specifically about women involved in prostitution. This broader focus was identified as important in terms of reducing stigma, as many women did not want to attend services that would identify them as being involved in prostitution.

However, given the transient nature of street prostitution and recent developments, including intelligence from Community Safety Wardens and a spate of sexual assaults on women involved in prostitution, the organisation had recently (September 2016) responded by introducing an early evening (5.30 – 7.30 pm) weekly<sup>55</sup> outreach programme to make contact with women and offer support and assistance. Vice Versa noted that although it had only been operating for a few weeks, they have met with women each time they have gone out, approximately 3 on a weekly basis including one 'new' woman, unknown to the organisation each week.

In terms of the current picture and estimates of the numbers involved in indoor prostitution, it was said to be impossible to provide figures. The difficulty of obtaining accurate estimates on the numbers of people involved in indoor prostitution (who were described as harder to reach) was highlighted. While recent<sup>56</sup> press figures quoted estimates of 200 women working within indoor prostitution, based partly on open-source advertising<sup>57</sup>, police identified that any figures based on this type of analysis is problematic and highlighted that although there may be a certain number of profiles of (mainly) women selling sex within Dundee, there is likely to be a degree of duplication, with the same person operating under more than one profile.

While on-street workers were predominantly all local women, off-street incidents dealt with by the police through more sporadic and specific intelligence (i.e. that there is a brothel at a certain address), tended to involve non-local women, including Brazilian, Portuguese and Eastern European nationalities. This was highlighted as anecdotal evidence, with robust numbers and estimates currently unavailable. However a recent scoping exercise conducted by the specialist support service also found that those advertising online were less likely to be local women, and were often operating in Dundee on a transient basis<sup>58</sup> (with profiles citing a range of other nationalities).

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<sup>55</sup> The outreach takes place on a weekly basis on one night each week. This is due to capacity issues.

<sup>56</sup> February 2015

<sup>57</sup> i.e. the police commented on a recent estimate within a news article that 200 sex workers are currently working in Dundee <https://www.eveningtelegraph.co.uk/2015/02/20/dundee-project-helps-highlight-the-problem-of-prostitution/> (2015) was that this was **not** an official Police Scotland estimate.

<sup>58</sup> With adverts citing that a woman would be in town for a temporary period, although a core were based in Dundee.

Vice Versa highlighted that the range of ethnicities of women advertising online suggests that there is a more diverse group involved in prostitution than are currently seeking support. It was suggested therefore that there may be cultural barriers to accessing services. Consequently there is a lack of understanding around whether there are similar vulnerabilities as those previously involved in on-street work (i.e. drug addictions and deprivation). Indeed, it was suggested by police that it's more challenging to understand off-street incidents they have dealt with in terms of drivers for women's involvement in prostitution, personal circumstances and vulnerabilities or support needs.

Prostitution involving male and transgender groups was identified as less prevalent, and therefore hadn't to date been a particular priority for police attention. Subsequently, specialist support service in Dundee is targeted specifically at women.

Overall, work is on-going to improve multi-agency approaches and there was optimism around the SHaW visits<sup>59</sup>, in place in Glasgow and Edinburgh (currently being evaluated), in terms of its potential for improving the safety and understanding of current support needs and reducing risk among those involved in off-street prostitution.

## **EDINBURGH<sup>60</sup>**

### **Structure of service provision**

Edinburgh has been seen as traditionally adopting what has been described as a 'pragmatic' approach to prostitution. In particular, a unique feature had been the licensing of saunas and massage parlours used by sex workers. However following a police operation around saunas in 2013, the Council's Regulatory Committee approved a period of consultation on a proposal to remove licensing arrangements for saunas and massage parlours from the Council's Public Entertainment Resolution, the rationale being that while: 'The Council has historically licensed these premises as a risk reduction approach to minimise harm...recent police reports have indicated that this approach is no longer proving effective<sup>61</sup>.' A decision not to license saunas was approved by the Regulatory Committee on 3 February 2014.

At the 15 November 2013 meeting, a motion was also approved to develop a harm reduction approach at saunas and massage parlours, and for the Director of Health and Social Care to provide a further report on progress in January 2014 to the Corporate Policy and Strategy Committee. Following intensive partner engagement, in 2014 the Committee approved a 'Harm Reduction Framework for Sex Work' in the city. Saunas and massage parlours (no longer licensed) were a focus of the

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<sup>59</sup> An initiative, initially termed 'Operation Lingle' in Glasgow, aimed to provide support and assess the safety and wellbeing of those involved in indoor prostitution involving close partnership between police, sexual health services and key agencies. After Lingle was discontinued a new approach was introduced in Edinburgh and Glasgow, with an emphasis on addressing health needs as a priority. These are termed 'Social, Health And Welfare (SHaW) visits' by the Women's clinic, whereas Police Scotland refer to them as Support, Health and Wellbeing visits. Similar approaches are planned for Dundee and Aberdeen, once an appropriate evaluation has been conducted.

<sup>60</sup> Information presented is a combination of interview content and information contained in the 2015 Harm Reduction Report

<sup>61</sup> Edinburgh Council Public Entertainment Consultation (December 2013) NHS Lothian Comments

Framework, however engagement with partners had indicated that a more holistic approach was required, which would also include work to address issues arising from both 'street' and 'on line' prostitution.

Further development and implementation of the Framework was remitted to a multi-agency group, which involved a range of public and third sector partners delivering key services to sex workers, who were to secure the engagement and involvement of sex workers in the development and implementation of the Framework.

The Principles of the Framework include that effective engagement with those who buy or sell sex has to be based on a 'pragmatic approach, which does not align itself with any particular ideological or sociological perspective or value judgements'. Other key features include harm reduction involving a holistic approach which takes into account the different environments in which sex is bought and sold, attempts to find common ground between different organisations with differing views, multi-agency working and a person centred approach. The multi-agency group has subsequently coordinated a wide variety of improvements in service interventions, information sharing, and monitoring and evaluation systems.

Edinburgh interviewees all conveyed a strong ethos of partnership working, and support is offered on a multi-agency basis, with a strong focus on harm reduction. This multi-agency approach was regarded as a key strength by those interviewed.

In terms of on-street support provision, there is close partnership working between Police Scotland, the NHS, SACRO, Streetwork (through the Streetwork Women's Project), and the Salvation Army. In addition, the Crown Office and Procurator Fiscal service meet regularly with the key partners. Information exchange between the partners was seen as key. Support to on street workers was shared and coordinated between the Police Scotland Street Liaison Officers, SACRO, the Streetwork Women's Project, the NHS, and the Salvation Army, with a variety of outreach support provided from various agencies 5 nights a week from a van situated in the area where the women work. A system of confidential exchange of information about the women is seen as a vital aspect of this joined up service provision. Needle exchange, condom supplies and signposting to other services are some of the services provided by all these agencies.

The indoor market, which is less visible, was viewed as presenting difficulties around service provision in terms of identifying and accessing women and offering available support. This situation was viewed as having been exacerbated by the shift away from saunas and into private flats, with increased use of the internet and developing technologies (such as apps) as a means of advertising and arranging meetings. However, Edinburgh has recently adopted the approach initially rolled out in Glasgow in terms of engaging with those identified as selling sex within the indoor sector. SHaW<sup>62</sup> visits, are led by the NHS (based on police intelligence or from further assessment following overt complaints such as anti-social behaviour etc.), and aim to establish whether women working in flats visited are safe and aware of the range of support they can access.

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<sup>62</sup> These are referred to by the Women's clinic as 'Social Health and Welfare' visits while the police term them 'Support, Health and Wellbeing' visits.

The Women's clinic provide confidential support and services for women involved in prostitution and/or who use substances. It is a joint initiative between NHS Lothian's harm reduction team, Chalmers Centre and Sacro's 'Another Way' service. It offers holistic support and a range of services including sexual health screening (testing for blood borne viruses including HIV, Hepatitis B and Hepatitis C) and immunisation against Hepatitis B. Family planning services and the provision of contraception, harm reduction services (including the provision of condoms and safety alarms), emotional, practical and social support and referrals to other health-related services as well as the Sacro 'Another way service'<sup>63</sup>. It is a unique service in Scotland and the only one specifically for those involved in prostitution.

In addition, weekly visits to the saunas are undertaken with the SACRO Another Way Service. Women are met and encouraged to attend services, and if necessary, can be supported one-to-one within the sauna. These tend to be short support interventions due to the working environment and women are encouraged to attend the Women's clinic (offering specialist sexual health support for drug users and those women who sell sex) or the SACRO office for a more appropriate setting. The Another Way Service project worker also has a weekly presence at the Women's clinic and offer support within the Willow project, a partnership between NHS Lothian, City of Edinburgh Council and SACRO to address the social, health and welfare needs of women in the criminal justice system (some of whom may have been involved in prostitution, may currently be involved or are at risk of being involved). As part of a holistic approach to addressing the health needs of women who access the service, the Willow project also aims to help women take control of their sexual health.

Further support within this framework is provided by ROAM outreach, launched in 1994, and the first established project in Scotland to respond to the needs of men involved in prostitution, who sell sex and cruising men in Edinburgh. They undertake outreach sessions in Public Sex Environments, on-line outreach, sexual health check-ups, and free condoms and lubricant.

In line with the findings from the other case study areas, respondents from Police Scotland and support agencies highlighted the difficulties in estimating the numbers involved in prostitution, and this held true for women, and men.

### **Current knowledge re the scale and nature of prostitution and the identification of gaps**

The hidden nature of the population was seen to make estimates difficult police explained that they reacted to intelligence received, and were clear that, in relation to indoor work, the reactive nature of their response meant that there were large gaps in knowledge. Shifts in the way those involved in prostitution are working, in particular the use of new types of technology, were typically regarded by respondents as making both estimating numbers of, and offering support to, those involved in prostitution increasingly problematic.

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<sup>63</sup> The team is multi-disciplinary consisting of consultants, doctors, nurses (including specialist mental health nurses) as well as support from an employability specialist, clinical support worker and community health advice initiative.

Compounding this hidden nature, some highlighted the stigmatisation of involvement in prostitution, which led to many women feeling unwilling to disclose their involvement during contacts with key services. Some expressed concerns that using service contacts as estimates would be inaccurate, because of the stigma and the shame felt by some women, which would mean that they would not disclose involvement in prostitution. The lack of disclosure of whether an individual sold sex was also identified in terms of male service users.

However, the Women's clinic for women involved in prostitution reported seeing around 400 women in 2013, with numbers increasing steadily since 2007, with the exception of 2014 which saw a slight reduction in attendance.

A number of respondents perceived a significant reduction in the number of women working on street in the past few years. This was reported across the range of interviewees.

In terms of street activity amongst women, this tends to be concentrated in the Leith/docks area. Police Scotland reported seeing 4 women on a night working on the street, compared to around 12 a number of years ago. This marked decline in numbers was echoed by other agencies. In Edinburgh the Salvation Army, SACRO; Streetwork Women's Project, and the NHS who provide street outreach from a van on different nights reported a similar decline in the number of women working on the street accessing this service. Indeed one respondent suggested that on some nights they may not even see one woman. A fluctuation in numbers was also reported with variation in terms of the season, with a number of respondents reporting an increase in women involved in prostitution around Christmas (due to financial pressure).

However, overall this decline in numbers on-street was seen by most interviewees as being more about reduced visibility, owing to a change in the way in which on street working is organised. Increased use of mobile phones, and the internet/e-mailing, as a way of contacting clients and arranging on street pickups was suggested by several interviewees as contributing to lower visibility of prostitution activity. This led interviewees to suggest that there may well be more women working than they were currently aware of. Whether some of the decrease has been by way of displacement indoors was unknown. However Police Scotland suggested that movement to certain types of indoor venues (such as saunas) would be too difficult for many women on the street, owing to chaotic lifestyles, which would preclude them from becoming involved in indoor work requiring shift-work.

A recent scoping exercise on street-work has also revealed that women in Leith are now working from an area some distance where the mobile units park. It is therefore suggested that women don't access the units as they are too far away, and in an isolated area. Unfortunately, support providers are unable to park closer to the women due to the objections of local residents. A review of services and their locations is currently underway, but it may be the case that there are more women on the streets than previously thought, now that areas most commonly used have been identified.

Estimates for numbers involved in the indoor market were seen as even more problematic. Police Scotland reported that they generally reacted to intelligence

received, and therefore would be unaware of activities where no intelligence was provided. However, the indoor market was generally regarded as being far in excess of the on street market. One NHS interviewee estimated that there were approximately 130 women involved in prostitution within the sauna environment in an average week<sup>64</sup>. In addition, large numbers of women advertise online, with an estimated 300-400 online adverts every week. Many of these women are often transiently in the location, making it difficult to make contact with them and offer available services.

Within the indoor market itself, interviewees reported a significant shift in ways of working. There has been a move away from saunas in recent years leading to more women working in private flats, using the internet to advertise themselves and social media. This shift was seen as challenging in terms of service provision and being able to offer support and raise awareness of services available. However, the Women's clinic regularly text numbers from adverts selling sexual services to highlight available services and encourage women to self-refer.

Overall these changes in arranging the sale of sex through the use of technological developments were seen as increasing difficulties both in terms of identifying and reaching women involved in prostitution to offer services and support, and providing accurate estimates of numbers. One respondent also highlighted how the expansion of the use of apps to organise the sale of sex had made it more difficult even than online advertising on certain websites.

A key issue to emerge from the interviews was the different profiles of women working on the street, compared to those working indoors. Street workers were typically seen to be older, the vast majority Scottish, and also the vast majority (Police Scotland estimated 90%) were characterised as having serious drug addictions – in particular intravenous drugs. Their lives were typically seen as chaotic, and were identified as an extremely vulnerable and 'desperate' group.

Indoor workers were viewed as being a significantly more mixed group, indeed a common view was that there was a much lower proportion of Scottish women, with many being Eastern European. Women's clinic data from 2014-15 show that 43% of women attending are non-UK (majority Romanian) and 56% are from the UK<sup>65</sup>. Those from outside of the UK were also generally younger. This combination of factors was highlighted as making them more vulnerable, as they often had no established support networks in place. In terms of drug addiction, there were mixed views. While some thought that drug addiction was not such an issue in the indoor market, others believed that it was still prevalent. However in terms of those involved in prostitution in the indoor market, substance misuse was generally described as involving non-intravenous drugs, with a higher consumption of 'party' drugs, or alcohol. The indoor market was seen as significantly more diverse, with women from a wide variety of backgrounds. This group was also seen by some

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<sup>64</sup> This is an informed estimate based on information gleaned from regular NHS harm reduction visits to saunas.

<sup>65</sup> However, women attending the Women's clinic may not be representative generally of those involved in prostitution. In addition many women are moved every few weeks or months so it can be difficult to contact them to raise awareness of services available and also try to engage and build regular relationships with.

interviewees to be more transient, with some women moving from place to place frequently. Indeed women involved in prostitution were identified as often moving around Scotland and elsewhere in the UK with some identified as having entered Scotland via other European countries. Across both the indoor and street-work sector mental health issues and vulnerability among women involved were identified as being a significant issue in terms of support needs.

In relation to men involved in prostitution, who sell sex, the age group involved was reported to have changed over time, with a shift from the under 20's, to 20-40 year olds, with a move away from the sector being predominantly made up of what were described as 'rent boys', to an older group who often have stable jobs and accommodation. It was also suggested that for many men, involvement in prostitution is described as short-term and transitional. However, overall it was also highlighted that there are a number of gaps in understanding regarding this population in terms of numbers involved, personal circumstances, drivers and support needs.

## **GLASGOW**

### **Structure of service provision**

The approach to support services for women and men involved in prostitution in Glasgow has changed over the last 5-10 years. Glasgow used to have a centralised model of support services where health checks, methadone clinics, addictions' support, social work, psychological support and housing were accessed from within a centralised location. Health and addictions services are now accessed through non-specialised mainstream provision in community settings and the centralised service focused on helping people to exit prostitution through the development of individual care plans. This means that there is no consistent service-user trend data over the time period, and although there are perceptions of a reduction in street based prostitution, it is not possible to compare the number of people using services. Because services have historically been focused towards prostitution in street-based settings, it is also not possible to provide estimates of the numbers and trends in people involved in indoor prostitution.

### **Current knowledge re the scale and nature of prostitution and the identification of gaps**

Police officers, and support services perceived a reduction in the amount of street-based prostitution in the last 10-15 years. Some research participants suggested that these perceptions may have been affected by changes the ways in which sex is sought, advertised and arranged and also by the design of support services, rather than an actual reduction in the scale of the activity.

For example, some respondents advised caution when relying on observational data because there may have been a displacement of prostitution from visible 'street' settings to less visible 'indoor' settings. This move away from outdoor settings may have been prompted by the growing use of smartphone apps to set up meetings, which means there is possibly less need for buyers and sellers to travel to specific red light areas to buy and sell sex.

As well as an effect from street-based workers moving away from traditional 'red light' areas, there were perceptions that of a growth in off-street prostitution and, possibly prompted by new technology that makes the marketing of indoor prostitution services easier, people from different backgrounds and personal circumstances were now involved in it. Research participants observed that this new group of people seem to be involved for different reasons, with fewer problems with drug addiction and homelessness and possibly had more 'stable' lives, owning properties, having jobs, and families, or had come from other countries or other parts of the UK to work in Glasgow, sometimes temporarily.

'Routes Out' does not have 24 hour staffing resources to capture comprehensive information equally across all times of the day but its service statistics help to build a picture of when prostitution happens in Glasgow.

This information showed a reduction in the number of attendances at their drop-in service. In 2013/14 there were 608 presentations at the drop-in which reduced to 286 presentations in 2014/15 and further reduced to 114 presentations 2015/16. The individual women presenting reduced from 119 to 80 to 55 over the same period. There was also a reduction in the number of outreach sightings. In 2013/14 there were 233 outreach sightings which reduced to 103 in 2014/15 and further reduced to 52 in 2015/16. The individual women sighted reduced from 66 to 46 to 26 over the same period. Most of these women were in their thirties and forties.

There was a reduction in the volume of prostitution information from Police Scotland. In 2013/14 Routes Out received 167 pieces of prostitution related information which reduced to 108 in 2014/15 and further reduced to 80 in 2015/16. The individual women reduced from 109 to 91 to 53 over the same period.

In response to this Routes Out identified the peak times to be between 9pm and 11pm with activity post-midnight. On 6th January 2016 it launched new operating nights and times, Wednesday, Thursday, Friday and Saturday 9pm – 1am and offers a drop in service at 75 Robertson Street as well as an outreach service between these hours. From 1<sup>st</sup> April 2016 to 31<sup>st</sup> August 2016 they have had 251 presentations at the drop-in, (74 individual women) 242 outreach sightings (59 individual women), 75 pieces of prostitution information from Police Scotland (52 individual women) and identified 56 new women involved in prostitution.

Perceptions of police and support workers are also possibly influenced by changes in the design of support services. Changes to these in the last 5 years were prompted by a review of services in 2010 that suggested the existing approach was passive rather than active in nature and focused on minimising the harm but not necessarily focusing on enabling people to leave. Since then, the Routes Out service has included a 'case management' approach, where service users' data is shared among agencies and where people are more formally encouraged to exit prostitution through the development of action plans (although the support services still work on minimising the harms to people who are not ready to leave prostitution.). Some research participants from sexual health and addictions support services suggested that a consequence of perceptions of this more formal 'exit' focus may

have been a greater reluctance to use services among people who felt that they were not in a position to consider exiting prostitution at that time.

The mainstream delivery of health and social work services, as opposed to previously specialised services, was also suggested to be a barrier for some people. Some interviewees suggested that this might have led to fewer people disclosing their involvement in prostitution to service providers, because of a perceived stigma associated with it.

For example the Sandyford service sees approximately 60,000 people at Sandyford a year, but only 300 women (out of 40,000) women self-reported being involved in prostitution. Staff believe this is an under-estimation of the real number, and there may be a hesitancy for people to say that they are involved, even in anonymous settings.

Some people, including health workers, social work professionals and other support organisations said that they viewed Glasgow as having more of a 'zero tolerance' approach to prostitution, compared to previous times. This was referring to the active 'exit' focus that is perceived as the focus of services' design, rather than 'harm reduction' that has been more of a focus in the past. Some support organisations said they were frustrated about how difficult it now is to meet people involved in prostitution to provide services, or undertake research in Glasgow because they perceive that this has caused a reluctance among some of the people involved in prostitution, particularly people involved in indoor prostitution.

Despite the perceived reduction in street-prostitution, participants said the locations where it did take place were often the same locations where prostitution had been prevalent historically. In Glasgow, the popular areas for women involved in street prostitution included the business district area directly west of Central station, up to Anderston train station, Glasgow Green and areas of the East End. For men involved in prostitution, Kelvingrove Park remains the main location. The greater use of mobile phones and smartphone apps was claimed to have led to less need for red light areas and locations for meetings can now be more fluid and flexible and located in places that are more convenient for buyers and sellers, for example nearer to buyers' and sellers' accommodation.

Interview participants felt much less informed about the nature and scale of indoor prostitution in Glasgow and Scotland, and had much less experience of providing support services within these settings, and fewer perceptions of its nature and changes over time.

'Outreach' services within the redesigned approach in Glasgow, include on-street support, 4 nights a week Weds-Saturday between 9pm-1am including pro-active contact with, and visits to women and men selling sex in 'indoor settings' (via 'police operation Lingle'), this policing led approach was discontinued with a move towards a more multi-agency support approach embodied within the SHaW<sup>66</sup> visits. Because people involved in indoor prostitution may not necessarily want to be contacted by

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<sup>66</sup> These are referred to by Police Scotland as 'Support, Health and Wellbeing' visits, whereas the Women's Clinic term them 'Social, Health and Welfare' visits.

support services, it is a complicated and sensitive area of work that is perceived to be an important priority for future services. A consequence of this is that it is not possible to use data from past work of this sort as a means of calculating the numbers of people who are involved in off-street prostitution.

Research participants were generally wary of making estimates based on official police data or observational data of their own, and they said they were even less confident than they might have been in the past about making estimations of the scale and nature of prostitution in Glasgow.

Although this research is therefore unable to provide accurate estimates of the levels of activity, it has found perceptions changes in the environments where prostitution happens. Concerns were frequently expressed about this gap in information about the scale and nature of indoor prostitution and the consequences this evidence gap has for the appropriate delivery of support services to the people involved in it.

There is little available data on the number and profile of men involved in prostitution in Glasgow, but police officers and support workers recognised some of the same patterns in changes in visible activity. In previous times there were certain locations within the city where male prostitution was prevalent. The number of people who are involved in selling sex in 'on-street' settings has however much reduced, although there is still some activity in the traditional locations, and the phenomenon is increasingly 'indoors'. This has meant that it is difficult for workers to estimate the number of people involved, their backgrounds, needs and to offer support services to them.

## **COMMON ISSUES IDENTIFIED ACROSS ALL FOUR AREAS:**

While each city has different features in terms of rates of offences related to prostitution as well as the structure of service provision developed in response to the particular characteristics of the local area, a number of cross-cutting issues were identified in relation to estimating the scale of prostitution, change over time and understanding the profiles and characteristics of those involved. The remainder of the report therefore discusses key cross-cutting themes that were identified across areas.

### **Methodological difficulties in estimating prevalence of prostitution**

It is difficult to attach estimates of prevalence in prostitution (for women and men involved both on-street and off-street) partly due to the stigmatised and largely 'hidden' nature of prostitution and for a number of related methodological reasons, including that individuals involvement may be intermittent and transient, with women and men dipping into and out of involvement depending on personal circumstances. In addition involvement may fluctuate depending on the time of year and in response to perceived increased demand (i.e. attached to events which involve a large influx of visitors to a city) or at times of increased financial pressure<sup>67</sup>.

### **Decline in on-street prostitution**

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<sup>67</sup> Christmas was commonly identified as a time when some women become involved due to the financial stress of this period.

While it is difficult to attach firm figures to the scale of street prostitution, the numbers are widely reported to have declined in the traditional red light districts across the four cities over the last few years. Mobile phone and online technologies are generally identified as the key driver behind this shift from on-street to off-street prostitution, having enabled more discreet methods of arranging the sale and purchase of sex, with less risk of police contact and possible prosecution. However, Alcohol and Drugs Action also highlighted the importance of better access to drug treatment, recovery and other key services to address underlying reasons for working as being important. For some women this meant a reduction in involvement rather than complete cessation<sup>68</sup>.

Some fluctuation in on-street numbers was also highlighted (i.e. in Dundee there had been a recent slight increase involving women who had previously reduced involvement or had exited prostitution and were impelled to engage in street prostitution again due to hardship caused by benefits sanctions). Further complexity was recognised in Edinburgh and Aberdeen where limited evidence suggested that there may have been a degree of dispersal or shift in the location of on-street prostitution activity resulting in lower visibility.

Women who continue to sell sex on-street (or were street-based in earlier years and had moved to off-street work organised by mobile phone) were identified as having a range of vulnerabilities and complex needs. Common issues faced were alcohol and serious substance misuse problems, lack of secure accommodation, mental health problems and often backgrounds of deprivation and abuse. This is encapsulated in the description of the expert group on prostitution in 2004 that on-street prostitution should be seen as ‘...a means of survival by people with accumulated personal difficulties’<sup>69</sup>.

### **Estimating the scale of indoor prostitution**

The scale of indoor prostitution, which is now thought to comprise the vast majority of the market (Police Scotland estimated this to be 90% of all sex sold in 2014), is much less visible than on-street activity and therefore commonly acknowledged as even more difficult to estimate. One method which gives a sense of the numbers involved is via the analysis of online open-source advertising (i.e. via the main escort sites). However, attached to these figures are a number of important caveats: there is likely to be a degree of duplication<sup>70</sup> and they do not include those advertising via other means, or not advertising at all but nonetheless operating indoors (i.e. with arrangements made via mobile phone or working within saunas or brothels). In addition the picture often changes rapidly, with websites constantly being updated with new profiles, and new websites emerging. It can therefore only provide a ‘snapshot’ in time of one particular, aspect of the market (which could be described as more formal or structured).

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<sup>68</sup> Also noted as important was that some continued to work on-street, with the reasons identified as complex.

<sup>69</sup> Scottish Executive (2004) *Being Outside: Constructing a Response to Street Prostitution*, report of the expert group on prostitution in Scotland.

<sup>70</sup> i.e. with the possibility that women may be advertising under a number of different profiles.

## **Provision of support to those involved in indoor prostitution**

The shift from on-street to indoor prostitution has precipitated recent changes in approach to engaging with those involved in prostitution. For specialist support services this has, in a few cases, resulted in the reduction or closure of night-time drop in services (due to decreased demand), and more targeted outreach (i.e. to saunas as well as red light areas). Attempts were also being made to promote available support services across key agencies, to increase the number of referrals, as well as to reach those involved in indoor prostitution who advertise online, to promote available support and services<sup>71</sup>. In addition, a recent initiative to provide support and assess the safety and wellbeing of those involved in indoor prostitution, involving close partnership between police, sexual health services and key agencies, is currently operating in Glasgow and Edinburgh (with evaluation on-going to inform a planned wider roll out in Aberdeen and Dundee)<sup>72</sup>. The SHaW<sup>73</sup> initiative, involves health professionals and police visiting flats where police intelligence has been provided<sup>74</sup>, to ensure safety, offer welfare support (of varying kinds including substance and alcohol use, sexual health, mental health and social support) and help women link in with available services.

## **Understanding the profiles and key characteristics of those involved in indoor prostitution**

Although based on limited evidence across the four cities<sup>75</sup> indoor prostitution is widely understood to involve a higher proportion of foreign nationals than on-street prostitution. This is supported by information from the Women's clinic, whose service users are mainly indoor workers, a high proportion of whom are from outwith the UK<sup>76</sup> (with the caveat that women attending the clinic may not be representative generally of those involved in prostitution). It is currently not possible to say what proportion of those involved are not from Scotland or the wider UK, or indeed how this compares with the past due to a lack of measurement or previous baseline. Furthermore while on-street workers were broadly characterised as a particularly vulnerable group, often coming from backgrounds of accumulated disadvantage and deprivation, some suggested that the indoor market involves a more diverse group, with women coming from a wider range of socio-economic backgrounds.

In terms of other key characteristics, again based on limited evidence (of those police, health and third sector support services have come into contact with), it is suggested that drug and alcohol misuse problems among those working indoors, although prevalent and often concerning<sup>77</sup>, is less likely to involve intravenous drug use (although this broad characterisation of 'indoor' does not necessarily include

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<sup>71</sup> The NHS and some third sector organisations had adopted an email/text approach to contact those advertising online.

<sup>72</sup> The initiative is in early stages of development and implementation and therefore monitoring and evaluation data is currently unavailable.

<sup>73</sup> The Women's Clinic refer to these as 'Social, Health and Welfare' visits whereas police Scotland refer to 'Support, Health and Wellbeing' visits.

<sup>74</sup> Usually via neighbours who may have reported activity and expressed concerns

<sup>75</sup> i.e. police incident and intelligence data, initial scoping work and contact between third sector support and specialist sexual health service data

<sup>76</sup> Women's clinic data from 2014-15 show that 43% of women attending are non-UK (mainly Romanian) and that 56% are from the UK.

<sup>77</sup> Noted as often escalating due to involvement in prostitution according to sexual health and specialist drugs support respondents.

those who previously operated on-street and had moved to indoor prostitution organised online or by mobile phone).

However, a number of research participants contested the distinction between two distinct and homogenous profiles of 'chaotic' on-street and 'more stable' off-street workers, and said there was a diverse, shifting and overlapping continuum of reasons and vulnerabilities behind why people become involved in different settings. A few respondents highlighted how women may move to off-street work as their lives become more stable, and depending on personal circumstances (i.e. receiving treatment for addiction, receiving secure accommodation, access to a phone/internet access, all factors which may circumvent the need to engage in on-street prostitution).

### **Current gaps in knowledge and challenges in the provision of support**

Thus there was a general consensus among a number of respondents that there are a number of gaps in terms of knowledge of indoor prostitution, in relation to the numbers and profiles of those involved, and the nature and extent of their support needs<sup>78</sup>.

In terms of off-street workers, a number of respondents expressed concerns regarding their welfare, particularly as a high proportion are currently not accessing support or assistance despite the risks associated with prostitution (i.e. in terms of violence/sexual violence and sexual health risks). This was highlighted as a particular concern for those from outside the UK, who may face a number of barriers including language difficulties or cultural barriers in accessing assistance. In addition, there is also recognised to be a high degree of mobility among some of those working in the indoor market, who may work in different locations across Scotland, the wider UK, or Europe for short periods of time, with implications for consistency of support and the provision of services. Overall a number of respondents expressed concerns that a lack of awareness of key services and support available meant increased risk and vulnerability for those involved.

### **Pathways and personal circumstances**

Based on knowledge of those (mainly women) that agencies and key services had supported, and acknowledging that there may be a large proportion of those involved in prostitution who are currently not accessing support, a number of key pathways/reasons for involvement were cited with the need for money being the key overall driver. Although the range of factors cannot be considered representative or indeed comprehensive<sup>79</sup>, they do provide an indication of some of the circumstances which might lead to involvement, based on the professional experience and insight of those who provide support services. An important caveat to highlight is the recognition that a key part of the picture (the first-hand experience of those involved) is missing from this account. Furthermore, although certain factors were highlighted within the context of on-street or indoor prostitution, it is reasonable to infer that many aspects may be relevant across both, to varying degrees.

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<sup>78</sup> A specific gap was highlighted by one local authority respondent in relation to black and minority ethnic communities where prostitution was highlighted as also being an issue, although less commonly discussed, and more hidden than within the general population.

<sup>79</sup> i.e. they are not based on systematic monitoring data, but rather informed reflections based on professional experience.

First of all in relation to street prostitution which is broadly characterised as survival behaviour among women from local areas of deprivation (usually to fund serious addictions), the following pathways or circumstances leading to involvement in prostitution were cited as important by respondents:

- Insecure accommodation and particularly the hostel environment was identified as significant, with other women encouraging involvement, or alternatively women being groomed by a partner to feed a drug habit. In terms of the latter, some men were said to be keen to become involved with women selling sex as they were known as an 'earner'. (Third sector support). Indeed homelessness was identified as a common risk factor 'with women looking for a place to stay having to...exchange sexual favours to have a bed over them.' (Third sector support)
- A more gradual and subtle grooming process through gifts and alcohol was also highlighted, a common scenario described as being 'they weren't pimped or pushed out on the street but they stayed at someone's house when they were 14 and the guy was really nice to them and said look you can stay here as long as you want and help yourself to drink and then it became – "but you have to have sex with me for that". (Third sector support).
- Also cited as important was the context of the family, with some women coming from backgrounds where there has been alcohol or substance misuse across different generations, and who may have had a drug or alcohol problem since their teens. In some cases 'normalisation' of prostitution through family members i.e. through mothers or siblings involvement was identified. (Third sector support and Local authority).
- Experience of local authority care was noted as a key factor in increasing the risk of sexual exploitation, and young women and men (over the age of consent) in 'transitions' from care services, who were targeted by purchasers of sex, because of their vulnerabilities. (Third sector support and NHS)

In terms of indoor prostitution, those involved are identified as a more diverse group in terms of backgrounds, nationality and socio-economic status. Although key gaps were identified in terms of an in-depth understanding the circumstances of those involved, particularly in terms of their support needs, generally speaking women working indoors (in saunas, flats, escort agencies etc.) were characterised as having more stability in their lives. Indeed they are often required to turn up for shifts and participate in a rota (with failure to do so often resulting in a fine or dismissal). What follows is therefore a very limited illustrative outline of some of the key pathways/reasons for involvement in prostitution according to respondents who have regular contact with women:

- Some women arriving from outside the UK faced who faced difficulties upon arrival in terms of finding employment and secure accommodation ended up becoming involved in prostitution, while others had moved to Scotland with the specific purpose of working in prostitution as it was perceived to be lucrative. (Third sector and police)
- Although the level of involvement is hard to gauge, students involvement in prostitution for income or to fund their studies was highlighted, with 'sugar daddies' identified as a particular form of prostitution (i.e. whereby some

would receive a monthly allowance or gifts in exchange for dates and sex). (Third sector support and strategic organisations)

- Previous convictions (for often relatively minor offences such as shoplifting), were identified as a barrier to alternative employment, with some women unable to find a job and worried about disclosure. Common scenarios identified were someone who was previously working in the field of healthcare, education, childcare, social care background and had subsequently moved into prostitution. (NHS and third sector support)
- In terms of those who accessed specialist sexual health services<sup>80</sup>, many reported working to pay their mortgage. Some also have regular employment in addition to selling sex and are engaged in prostitution to achieve a financial target and then exit once they have achieved their goal (sometimes temporarily). (NHS)
- One agency reported having worked with women who are forced or coerced into prostitution by pimps or partners. The support worker described these cases as often challenging and complex because 'sometimes it's quite subtle so we might meet a woman and she might say I have a really good friend and actually when we get to the bottom of it that person's taking 50% of the money they're making and they're really the person who's taking them to work and picking them up at night or that kind of thing. So we tend to find that a lot of the women we work with don't just face abuse from a partner but they face abuse from a partner who's forcing them to work in prostitution.' (Third sector support).
- Anecdotal links were also highlighted in terms of lap-dancing and webcam work as an access point for men to make contact with women and for women to become involved in prostitution. (NHS and third sector support).

While these factors give an illustration of some of the pathways, reasons and circumstances cited by key agencies for women's involvement in prostitution they are by no means comprehensive or definitive. Some research participants contested the distinction between two distinct profiles of 'on-street' and 'indoor' workers, and said there was a diverse and overlapping continuum of reasons why people might have been involved in different settings. In addition, these reflections are necessarily limited in that they are based on women who have contacted agencies for support and have disclosed some of the reasons behind their involvement. However, they echo many of the key processes cited within the wider literature which lead to involvement in prostitution<sup>81</sup>. Overall, financial pressure for a range of reasons, and inadequate income, either due to low pay or benefits issues (highlighted as having been recently exacerbated by welfare reform for a number of women) were cited by a range of respondents as key in understanding why many seek to generate an income through involvement in prostitution in the absence of alternative options. In addition, a number of third sector and NHS respondents said that having a history of vulnerabilities is common among women they support (with a range of causes including substance use, alcohol, mental health, past history of trauma/abuse/gender-based violence).

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<sup>80</sup> Through the Women's Clinic

<sup>81</sup> Balfour, R, Allen, J (2014) 'A review of the literature on sex workers and social exclusion' UCL Institute of Health Equity for Inclusion Health, Department of Health.

## **Young adults and vulnerable people**

We heard evidence of the payment for sex from people from vulnerable backgrounds and settings (e.g. looked after and accommodated children, young adults and other vulnerable people). In Scotland 'vulnerable young people procedures' include support for young people up to 21 years' old and child protection and health workers were aware of the 'grooming' of people for sex from these backgrounds. Although some of the young people (young women and men) in this group may be above the age of consent, in workers' experience these interactions were exploitative and typically involved informal and manipulative arrangements for setting up situations - 'networking' through friends and acquaintances, arranging 'parties', gradually introducing people to alcohol, drugs and sex, 'peer abuse', and using gifts or payment in kind for sexual services.

These participants recognised threats of exploitation to 'looked after' young people, and vulnerable adults, and also that technology has created more opportunities for manipulation through phones, messaging, gaming software and the anonymity and control that they enable. There were also perceptions that this puts a far larger group of young people (over the age of consent), including those not necessarily previously considered to be in a vulnerable situation, at risk of being manipulated into prostitution.

## **IMPACT OF INVOLVEMENT IN PROSTITUTION: RISK AND HEALTH AND WELLBEING**

The following section considers the impact of involvement in prostitution on health and wellbeing, with a particular focus on the risks associated with violence and victimisation and sexual health. It also touches on some of the more general and longer-term health impacts highlighted by respondents. A key caveat at the outset is that these findings are based only on the professional insights of those that come into contact with people involved in prostitution through the criminal justice system (police and social work) or through the provision of support and key services (third sector specialist and NHS). It is therefore recognised that this may only present a partial picture of those who require or have sought particular kinds of support or assistance. Indeed, there may be some groups whose experiences are not reflected (this is particularly the case for the indoor market where a number of gaps in knowledge have been identified). However, the Women's clinic and related support organisations providing a wide range of services to high numbers of women annually, were able to offer useful insights into this area<sup>82</sup>. In addition, many of the respondents had an in-depth knowledge of these issues, often built up over a number of years.

## **Violence and criminal victimisation**

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<sup>82</sup> Again though with the recognition that those attending clinics and support services are not necessarily representative of all those involved in prostitution. In addition, the Women's clinic highlighted how many women are moved every few weeks or months so it can be very difficult to contact or raise awareness of services available and engage and build relationships.

The numbers of those working within prostitution who are victims of crime (i.e. in terms of physical or sexual assault) are not routinely analysed<sup>83</sup>. There were perceptions among police respondents that experiences of violence and sexual victimisation were common for this group of people, but also that rates of reported crime were low compared with the real risk of victimisation. This was perceived to be pronounced for reported crime in relation to the off-street industry.

Overall, a number of police respondents also noted that while reports of sexual and other violent crime were often reported by women in relation to men who purchase sex in the on-street industry when it was more prevalent (albeit at a low level), it was suggested that similar reports in relation to the off-street industry were even lower by comparison. Police in Aberdeen also mentioned the issue of clients being victimised which were also generally not reported in relation to the off-street market<sup>84</sup>. The lower frequency of reported crime in relation to this was generally identified as a concern and attributed to under-reporting for a range of reasons. To improve rates of reporting in relation to indoor prostitution, Police Scotland emphasise the importance of improving trust and better communication between police and those involved (Strategic policy).

A number of police officers who responded identified one of the key reasons for under-reporting as being related to the stigma associated with prostitution. One police street liaison officer who described street prostitution as dangerous and suggested that women face abuse on a daily basis, argued that this stigma led to women seeing themselves as unworthy, and a subsequent belief that they may not be believed and assisted by police if they do report an offence. This was echoed by a sexual health practitioner with experience of supporting women within the criminal justice system: 'I think the police at the moment are working really hard to get rid of that picture that a lot of females have that they wouldn't be helped, but they're ashamed of themselves and because they already have this picture of themselves as being the lowest of the low for selling their body and doing what everyone says is a horrible thing to do, they wouldn't speak to the police, they wouldn't go to the police' (NHS).

Similarly a third sector support worker in another area highlighted that there were significant levels of rape and violence experienced by women they have supported through their service. She noted that when she started: 'I was horrified at the levels of violence that these women were experiencing'. Despite the seriousness of the offences, she highlighted how often, women would not report incidents to the police, due to the fear of being criminalised.

In terms of levels of violence against women involved in street-work, it was suggested by a number of respondents that most have had experiences of some sort of violence ranging from verbal threats and abuse, through to sexual violence and

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<sup>83</sup> While this data is potentially retrievable, the process would be time consuming and further complicated by slight differences in systems approaches across the country.

<sup>84</sup> A practice note from 2012 in relation to Operation Begonia noted that 'It is suspected that 'on street' sex workers engage in other criminal activity, using violence or the threat of violence to rob their clients. These robberies are rarely reported as the males involved do not wish to reveal that they had been engaging in the services of a prostitute.' <http://www.safercommunitiesscotland.org/wp-content/uploads/operation-begonia.pdf>

assault. The experiences of those working within indoor prostitution were identified as more 'unknown' by a range of respondents. Indeed, a few third sector organisations and some NHS respondents with particular experience of supporting those involved in on-street prostitution noted that because of a lack of knowledge of those operating in the indoor market, it was currently difficult to comment on the prevalence of physical and sexual violence and to quantify risk among this group. However, a number of respondents including NHS specialist sexual health practitioners and third sector support workers who regularly provide support and assistance to those involved in indoor prostitution agreed that violence and abuse of women working within this context was also common.

All third sector specialist support organisations and NHS sexual health services therefore, as part of their core approach work closely with the police in this respect and encourage reporting whenever possible (also acting as a third party reporters where individuals do not wish to have contact with the police, often offering access to the Ugly Mugs scheme<sup>85</sup>). Despite this encouragement, a number of respondents highlighted the reluctance of women to report to the police with one suggesting that some women were almost inured to the risk of violence: 'I think it's very unreported because it's almost seen as part of the job, part of the hazards'. (Third sector support). This point was reiterated by a specialist health practitioner who suggested that often women think 'well he's paying for it, therefore I just have to put up with it'. She also suggested that, related to this, many do not identify incidents of assault as such until: 'often one of us points out that what happened to them wasn't acceptable that that **is** assault, but often they don't see it as assault and they don't have the self-esteem to value themselves enough.'

One third sector support organisation which provides outreach to women involved in on-street prostitution described street prostitution as risky, not just in terms of abuse from some men who purchase sex but also from members of the public (women were known to suffer frequent verbal abuse and some physical abuse, i.e. having things thrown at them whilst working etc.). In addition, the personal circumstances (typified by chaotic drug and alcohol use) of those who typically engage in street work, was commonly highlighted as making this group particularly vulnerable to assault and attack.

In terms of indoor prostitution, it was felt that there were still high levels of risk, but levels of knowledge were lower and information sharing more difficult. This was a commonly voiced concern, with a number of respondents highlighting how the lower visibility of prostitution now makes it more challenging to identify and engage with those involved.

This was also highlighted in relation to of male prostitution, where it was suggested that it has become more challenging to reach those involved and get safe sex messages across. It was suggested that men involved in prostitution who sell sex

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<sup>85</sup> Many organisations also operate the ugly mugs scheme whereby women and men can report experiences of inappropriate behaviour or harm without necessarily reporting directly to the police. This information is then made available for others to read and is also shared with Police Scotland. When individuals submit an Ugly Mugs report, if they wish for their details to be passed on to Police Scotland they can opt do to so, otherwise the information can be passed on anonymously.

may therefore be at increased risk of mental and physical harm. There is also an awareness of a proportion of unreported incidents of physical and sexual violence in relation to male prostitution, with work on-going to try encourage and support men to report such incidents.

One police respondent highlighted overall that, because a high proportion of those now working within the sex industry are migrants from outwith the UK, many face language difficulties and barriers to accessing assistance which may be compounded by a lack of awareness of key services and welfare benefits. These factors may therefore increase the risk for those involved. Indeed, it was suggested that in terms of off-street workers, the fact that many receive no assistance whatsoever leaves them vulnerable.

## **Sexual health**

Sexual health risks in terms of unintended pregnancy and sexually transmitted infections were also identified as an area of concern among a number of respondents. The ability to negotiate safe sex and deal with pressure from some purchasers to have unprotected sex (for which women could usually receive higher remuneration) was highlighted as particularly difficult for certain groups of women.

The Women's clinic reported seeing a recent slight increase in serious sexually transmitted infections between 2014 and 2015<sup>86</sup>. This was thought to be due to demand from some men for unsafe sex, as well as some women's lack of understanding of risk and lack of ability to negotiate condom use. Another possible factor highlighted was that some of the managers of off-street venues (i.e. saunas) are described as reluctant to keep condoms on site. While NHS Lothian regularly supplies condoms to women working within saunas on a weekly basis<sup>87</sup>, the managers may not retain the stock, which means that not all women may have access to them following the staff outreach visits. It was also suggested that fewer customers within the sauna environment<sup>88</sup> since the removal of licenses, may have increased pressure on women to engage in risky behaviour for money<sup>89</sup>.

The pressure to engage in unprotected sex was highlighted as being even more acute for women with addiction issues, as described by one sexual health practitioner: 'A lot of females report getting more money for unprotected sex and if they're desperate, if they have habits that often happens and when I speak to them once they're stable...they all recognise that it's risky behaviour, but they all say - I needed the money'.

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<sup>86</sup> Chlamydia increased by 2%, blood borne viruses hepatitis B increased by 0.7% and hepatitis C increased by 0.5%.

<sup>87</sup> To reinforce the message that they must have condoms available and encourage the use of them as well as other aspects of safety.

<sup>88</sup> It was suggested that the removal of licenses had led to men being worried about using saunas and being caught, therefore it was thought that demand was increasing elsewhere i.e. the respondent had heard of women in hostels being contacted directly by text from people they previously saw in the saunas.

<sup>89</sup> 'Sex work in Edinburgh – A harm reduction framework – Year one progress report' (April 2015) Health, Social Care and Housing Committee.

Another group who were identified as particularly vulnerable by the Women's clinic, are migrant women with poor or basic English, who may be subsequently unable to negotiate sexual terms and conditions such as condom use, and types of sexual activity. These women are then liable to manipulation and exploitation by the men who pay for sex. They are thus at risk of unintended pregnancy and sexually transmitted infections, blood borne viruses and HIV. Indeed comparative statistics from the Women's clinic based on a study of 100 women attendees showed that those involved in prostitution from outwith the UK are younger - a majority (76%) were aged under 25 compared with 22% of UK women. They also had higher rates of unintended pregnancy as well as rates of gonorrhoea, hepatitis B and syphilis in comparison with women from the UK<sup>90</sup>.

### **General and longer-term impacts**

In terms of the more general impact and longer-term involvement in prostitution, a number of respondents from the third sector and the NHS (providing a range of assistance to women involved in both indoor and on-street prostitution), highlighted risks to mental health, in terms of stress, anxiety and depression and the escalation of alcohol or substance misuse. However, in relation to the perceived link between involvement in prostitution and mental health a few respondents highlighted how this is complex and that many women who sell sex have problems and vulnerabilities which precede involvement in prostitution (i.e. mental health problems and/or drug/alcohol misuse), which may be exacerbated by the experience of selling sex.

One specialist sexual health practitioner with experience of supporting high numbers of women described how mental health could be adversely affected: 'In the longer term it can be very damaging because a lot of it is about appearance and being chosen.... And it doesn't do much for their self-esteem and that can press buttons for many of them with eating disorders' In addition, she emphasised how assault within indoor prostitution was also common, with resulting trauma, frequently exacerbating existing problems: 'often there's a background of gender based violence...and a lot of the way men treat them taps into these traumas and vulnerabilities, so...you can find an escalation in alcohol use because that's the only way they can get through their shift is to drink or to take some other illegal substance. So mental health problems are common.' Indeed this practitioner estimated that the majority of women who access services have mental health problems and other vulnerabilities. However a campaigning organisation highlighted the complexities around the link with mental health issues, suggesting that some may enter prostitution because of mental health problems, which prevented them from accessing other types of work, rather than necessarily developing them as a result of involvement.

Another third sector organisation who have supported women involved in on-street prostitution for many years highlighted that for women who have exited, the impact of their involvement can be significant. Key issues identified were fear (often of being recognised by a former client for women who have moved on), shame and how to reconcile this, and mental health problems:

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<sup>90</sup> Scott, A, Crossley, S (2013) Comparison of sexual ill health in UK and non-UK female sex workers based in Lothian.

'What we've seen recently is, I suppose a sign of the project being around (for a number of years), is that we've seen women who, life was okay, they've got out of prostitution, they've got their lives sorted, and they just want to stop. They don't want to engage any further. And a year or so later coming back because they're having flashbacks, they're having panic attacks. And really struggling to deal with the fact that they had contact with men who they didn't want to have sex with. So it was in their eyes, unwanted sexual contact, but there was not another option at that time. That while they consented to it, they didn't want to do it. So the long-term cost to women can be significant.' (Third sector support).

Two third sector support workers based in different cities identified how a lot of women currently or previously involved in street prostitution, because of chaotic lives (and alcohol and substance misuse) are often isolated from families and friends and have experienced relationship breakdown, with children having been removed and taken into care. However, it was also noted that these damaged relationships may not necessarily be because of prostitution (indeed often families and friends may be unaware of it), but around wider substance misuse and offending behaviour.

It was further highlighted by one respondent with specialist knowledge of addictions, that while the picture is complex, engagement in prostitution often compounded problems for those women who have drug and alcohol addictions. Therefore recovery could be made more difficult as alcohol and drugs are often used as coping mechanisms to deal with involvement in prostitution, with assault and trauma commonly experienced.

### **Less vulnerable people and managing risk**

While the majority of respondents acknowledged the risks and negative impacts of prostitution, it is important to note that one NHS sexual health practitioner with experience of providing services to high numbers of women over a number of years highlighted how there are a few women who would prefer not to be described as vulnerable: '....they feel they have made choices for whatever reason, and they are very comfortable with what they are doing, they are very safe, they've got layers of safety from a physical health point of view, to stop themselves getting infections, or getting assaulted or having an unintended pregnancy.' This worker also highlighted that some of the women they encounter have a job and are involved in prostitution as an additional source of income. However, these women were identified as being in the small minority of those seen, approximately constituting around 10-20% (although caution should be attached to this figure based on the informed estimation of one practitioner).

Thus it is suggested that there may be a proportion of those involved in prostitution who are less vulnerable to risk for a range of reasons. While it is unclear as to why this should be the case, one possible explanation for this was put forward by a respondent who suggested that that online methods of advertising and arranging meetings with purchasers had potentially improved safety due to the ability to 'vet' clients and request proof of identify<sup>91</sup>. In addition online innovations such as forums

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<sup>91</sup> Although it is unknown how common or widespread this practice is.

for sharing advice on safer working practices as well as Ugly Mugs alerts were also highlighted as positive.

It is not possible to say what proportion of the wider population of those involved in prostitution are similarly 'comfortable' and able to manage risk in this way, however it should be noted that the 10-20% estimate refers only to those women who attend specialist services (and therefore may not necessarily be representative of the wider group who are not currently accessing services).

In relation to risk, a number of respondents from both campaigning organisations and the third sector raised the issue of how the context in which sex work is undertaken increases or decreases levels of risk. Indeed several highlighted how current legislation around brothel keeping criminalises women who are working together for safety: 'they're getting criminalised for something, which is essentially a kind of survival tool'. (Third sector support). However, there were divergent views among some respondents in terms of whether (regardless of the mitigation of short-term risks of violence, assault and sexual health through certain working practices) there are inherent longer-term harms caused by involvement in prostitution. On the whole however, most respondents who provide services and support to those involved in prostitution emphasised a range of risks and adverse impacts associated with prostitution in the short and longer term, in relation to general and mental health, safety and wellbeing, and sexual health.

## **2. SUPPORT FOR THOSE INVOLVED IN PROSTITUTION**

Specialist support organisations are located in each of the four cities, providing a range of services to women involved in prostitution in terms of harm reduction (to minimise risk whilst working), and assistance to exit. Although each organisation is distinctive and has developed in response to the particular challenges of the local area, policy priorities and available resources, there are a number of commonalities across areas. Indeed, all organisations recognise the importance of partnership working with police, social work, health and other key agencies and the importance of providing an holistic support service to meet the (often complex) needs of women involved in prostitution. The majority of services are aimed at supporting women, with the exception of Roam in Edinburgh and the Steve Retson project in Glasgow which provides support and assistance to men involved in prostitution (who sell sex). The mainstay of support is provided to those currently involved in prostitution, although some organisations also aim to support those who are at risk of becoming involved, or have managed to move out of prostitution and require continued support. In addition, while all provide a harm reduction service and provide support to exit, there was some variation on the degree of emphasis placed on the latter across certain areas, with some organisations' support provided as part of a coordinated plan shared with other organisations, and some services' provision intentionally having less coordination than this<sup>92</sup>.

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<sup>92</sup> i.e. in terms of understanding women's needs and wishes and enabling people to make informed choices.

While they do not provide direct support services to those involved in prostitution, the Women's Support Project (WSP) is important to mention in this context as the role of national development lead is funded by the Scottish Government's Violence against Women (VAW) fund to focus on commercial sexual exploitation. The role of development lead has been in place since 2008 and involves capacity building and delivery of training via the VAW networks at local levels to improve knowledge and understanding of CSE within mainstream services<sup>93</sup>. As part of this work the Encompass Network, involving projects that either receive VAW money or use a VAW approach in relation to prostitution<sup>94</sup>, was established to enable better links and share learning across the specialist services offering support. Activities to date have involved capacity building exercises for staff and scoping exercises to assess the needs and concerns of service users.

The following section first sets out the overall context by highlighting some of the ways in which service providers are responding to the shift from on-street to indoor prostitution. It then considers some of the key issues raised in relation to supporting women involved in prostitution and barriers to exit/reasons why some women stay. Finally it touches on perceptions of gaps and additional services needed and challenges in providing services.

### **Reaching those involved in indoor prostitution**

The shift from on-street to indoor prostitution has posed a number of challenges for service delivery and precipitated recent changes in approach to engaging with those involved in prostitution. For specialist support services this has, in Aberdeen and Dundee involved re-assessment of service provision and resulted in the closure or reduction of night-time drop in services (due to decreased demand), and different ways of working. Alcohol and Drugs Action and Vice Versa previously ran night-time drop in services, which were closed due to reductions in the numbers of women accessing this support. Instead more targeted approaches were adopted, in the case of Aberdeen this involves support workers driving around the traditional harbour area to make contact with women alongside recent attempts to engage with the indoor market by contacting those advertising online. Alcohol and Drugs Action had also developed day time one to one support services and recovery groups and activities within integrated treatment services. In Dundee a more proactive approach to raise awareness of the service was being adopted with key agencies to improve referrals, as well as a widening of access to vulnerable women more generally via their daytime drop-in service. However Dundee had again recently (September 2016) introduced a weekly, early evening outreach service in response to recent developments.

Services in Glasgow were also recently changed after a review of trends and now includes extended opening hours. A standalone website to reach women involved indoors has also been introduced, as well as safety surgeries fortnightly at emergency accommodation projects for women across Glasgow and inputs to partner agencies.

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<sup>93</sup> There is also a public education/awareness raising element to the role in terms of the delivery of one off events and conferences.

<sup>94</sup> Agencies include: street work Edinburgh, Vice Versa in Dundee, Quay services in Aberdeen, the Cyrenians Aberdeen (VAW project), TARA and Routes Out Glasgow.

In Edinburgh Sacro are able to engage with women working indoors within the sauna environment through a harm reduction initiative in partnership with the NHS. This involves short interventions (due to the working environment), with women encouraged to attend the Women's clinic or the Sacro office for a more appropriate setting. Otherwise agencies generally highlighted the difficulty of identifying and engaging with those involved in indoor prostitution. To this end attempts were also being made to promote available support services across key agencies, to increase the number of referrals, as well as to reach those involved in indoor prostitution who advertise online, to promote available support and services<sup>95</sup>.

In line with current Police Scotland priorities, a recent initiative, established and co-ordinated by the National Human Trafficking Unit (NHTU), to provide support and assess the safety and wellbeing of those involved in indoor prostitution, involving close partnership between police, sexual health services and key agencies, is currently operating in Glasgow and Edinburgh with a view to wider roll out in Aberdeen and Dundee, once results of the on-going evaluation have been taken into account. The SHaW<sup>96</sup> initiative involves health professionals and police visiting flats where police intelligence has been provided<sup>97</sup> and has a range of objectives, including: to improve the multi-agency response to prostitution; ensure the safety and wellbeing of persons involved; provide advice and guidance where required to those wishing to exit; provide details of support services available, and utilise the outcomes of these visits to enhance policies and procedures and improve understanding of the scale of prostitution in Scotland. It also aims to help identify victims of trafficking and sexual exploitation as well as other criminality and information in respect of organised crime groups. The initiative is in the early stages of development and implementation and therefore monitoring and evaluation data is currently unavailable.

Crucially however, the majority of respondents identified the importance of developing better knowledge and understanding of the current scale of indoor prostitution and the support needs of those within it. Indeed because many working within the off-street environment receive no assistance, they are particularly vulnerable and at risk of harm. It was also suggested that the more hidden nature of prostitution currently made it more difficult to raise awareness of the support available and to encourage people to engage with services. This was encapsulated by one respondent who highlighted how: 'if you've got somebody that's physically in front of you, you can say look there's these services if you want them'. (Third sector support). The additional difficulty of engaging in those who may be isolated within flats, and particularly those where English is not a first language was also stressed.

### **Key issues in the provision of support**

All organisations recognise that the type and level of assistance required will vary from individual to individual, although an holistic approach is generally adopted in the provision of support. Assistance to move on from prostitution in the first instance

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<sup>95</sup> The NHS and Alcohol and Drugs Action had adopted an email/text approach to contact those advertising online.

<sup>96</sup> The Women's clinic refer to these as 'Social, Health and Welfare visits whereas Police Scotland term them as 'Support, Health and Wellbeing' visits.

<sup>97</sup> Usually via neighbours who may have reported activity and expressed concerns

usually involves a needs assessment, engaging with women to look at various aspects of their life, including housing, finance, physical health, mental health and sexual health and the subsequent identification of key support needs. Organisations provide direct assistance as well as support and advocacy to access a range of services as appropriate (i.e. in terms of housing, employability etc.).

A number of respondents highlighted that the level of support required could vary depending on a number of factors, including the length of involvement and the underlying reasons for becoming involved in prostitution. It was therefore suggested by several respondents who provide specialist support that exiting could be a lengthy process. Indeed one respondent suggested that 'exiting' prostitution at a fixed point does not reflect the reality that some women may stop selling sex and then recommence involvement at times of hardship/relapse into drug dependency (Third sector support).

In terms of support to move out of prostitution, the importance of building good relationships with women and engendering a high degree of trust was cited as key, alongside a non-judgemental approach to women who struggle to exit. Developing this trust was described by one respondent as sometimes difficult given some of the women's personal circumstances and backgrounds: 'the majority of their lives is about folk taking things from them for something, and survival. So for us to come along and say, we don't want anything from you, we just want to be here for you, that's very hard for women to believe so... It can take a long time to develop that trust.' (Third sector support).

This was echoed by another respondent who highlighted the process of building trust and relationships and raising awareness of the support available (developed through outreach work) as being key in encouraging women to seek support: 'A lot of these women don't engage with any services let alone a service that openly says we help women involved in sex work. So you really have to build those relationships and let women know we're here to help. We.....also bang the drum about confidentiality.... We're actually here because we want to help you and that's what we're going to deliver'. (Third sector support). In this respect word of mouth was also considered important, in terms of women who have been positively supported spreading the word about the service and encouraging others to access support.

It was frequently acknowledged by respondents that women may be reluctant to access services due to the stigma associated with prostitution and feelings of shame and guilt, and that many are concerned that seeking support may lead to disclosure. Therefore reassurance of confidentiality was also highlighted by a number of respondents as being crucial.

Many respondents highlighted how, key to providing support, is the understanding that there is no quick fix, that while immediate needs can often be addressed quite quickly (i.e. by assisting with benefits or a food parcel), helping to change women's situations and to get them to a safer, more stable base takes time. This may entail linking in with substance misuse services to address addiction issues, but also addressing harm that has happened as a result of their involvement in prostitution: 'how they feel about themselves, how they've been treated, how they've been... feel degraded...' (Third sector support). Overall it was suggested that the process of fully

exiting and being able to move on takes time. This was reiterated by another support provider with experience of assisting women with complex needs: 'It's not all about fixing people and suddenly their lives are going to be great, you know? It's a kind of a lifelong process' (Third sector support).

In terms of measuring success in the provision of support, it was highlighted by a few respondents that there are degrees of success and benefits. First and foremost this was highlighted as giving women the opportunity to make informed choices and increase their options. Key benefits in terms of harm reduction support are described as increased safety, the provision of sexual health services and personal safety equipment, as well as information and advice and having someone to talk to. Other indicators of positive change more generally were identified as improvements in quality of life, sense of belonging and having a sense of purpose.

Reflecting on women who have been assisted to exit, one support worker again highlighted how this can be a lengthy process, with women exiting at different times. The importance of understanding the different stages and levels of need women present with was therefore highlighted as key. Also it was suggested that some women access the service with different aims, for example some prioritised having a safe place to live, while others appreciated just having someone to talk to. Recognising the complexity of women's lives and the wishes of the individual was highlighted as key by one respondent: 'It's about what does that woman want? I might want her to get a job, go into training and see all this potential, but actually she might just want to feel safe, which means having her own house and access to some sort of income' (Third sector support).

A similar point was made by another support worker, who described an important measure of success as being the reduction of involvement in prostitution, given the difficulties some women experience when attempting to exit, and their dependence on the income. For example, assistance with finding part-time work could lead to decreases in hours worked in prostitution and was identified as a positive milestone in the process of exiting. However, it was also acknowledged by a few respondents that it can be difficult to ascertain whether or not women have exited. For example, while women with previous involvement in prostitution may not have been seen working on the street or in saunas, they may still be working from home<sup>98</sup>. Given complexities in measuring success in the provision of support (i.e. that the process of exiting for some women can be lengthy and it is often difficult to ascertain whether or not women have fully exited), formal assessment of programmes aimed at assisting women to exit was generally considered difficult. Therefore there seems to be limited evaluation of service delivery available. However, some support agencies cited degrees of success and benefits, including giving women the opportunity to make informed choices and increase options, to enable them to eventually move out of prostitution.

In terms of success in assisting women to move out of prostitution, the Women's Clinic working in partnership with the Another Way Project and other key agencies report that on average, of those women who engage in these services, one in four

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<sup>98</sup> Given these complexities, numbers of women who had been supported to exit weren't readily or easily available from existing organisational databases.

manage to move into volunteering training or other work. This estimate also includes some of the most vulnerable women, i.e. particularly those involved in street work<sup>99</sup>.

While for some women, the provision of support was identified as key in helping them to move out of involvement in prostitution, for others specific events were highlighted as a catalyst for exiting and ‘turning points’ in people’s lives. Indeed, a number of NHS and third sector support respondents described how either positive or negative life events could lead to women exiting (often after several unsuccessful attempts). Some of these were identified as:

- Rape or sexual assault or other traumatic event
- General poor health and exhaustion, for women with complex needs
- Seeing peers moving on and having a positive example
- Meeting a partner and settling in a relationship
- Pregnancy and/or child protection issues

### **Barriers to exit for those who want to leave/reasons why people stay working within prostitution**

In terms of the main reasons that people remain working within the sex industry, among the women that support services encounter, a lack of choice and financial reasons were cited as key, with poverty as a key driver. For many there are few alternatives which offer the earnings that prostitution can provide and it is therefore often difficult for women to break the cycle. This is particularly pronounced in relation to women with complex, multiple needs and often chaotic lives for who would find it difficult to hold down a job and require money to fund a drug addiction. For those off-street who are earning more, it was suggested that the pressure to maintain a certain lifestyle is key.

Prolonged involvement in prostitution over many years was highlighted by many as making it more difficult to exit, particularly because of leaving behind friendships/networks developed within it, with possible feelings of isolation and loneliness upon leaving. A few respondents also identified coercion as an issue, they often saw women with controlling partners who had made or encouraged them get involved in prostitution: ‘there’s 101 reasons why women won’t leave an abusive relationship in general but when there’s prostitution on top of that, you’re talking of a really difficult situation and even where we can provide all the support in the world, we’ll do whatever we can, it’s a really difficult one’ (Third sector support). It was also added that because many women have suffered trauma (often linked to gender-based abuse) and have past involvement in the criminal justice system: ‘actually they’ve had a life of this experience and it almost doesn’t seem that bad for them.’ Indeed another respondent with years of experience providing support to women on-street described how women were often ‘desensitised’ to the day to day reality of prostitution after prolonged involvement.

Mental health problems (often pre-existing) were also highlighted as being exacerbated by involvement in prostitution, leading many women to ‘self-medicate’

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<sup>99</sup> Sex work in Edinburgh – A harm reduction framework – Year one progress report’ (April 2015) Health, Social Care and Housing Committee.

with drugs or alcohol, often leading to higher levels of chaotic substance use and riskier sexual arrangements. This was identified as often resulting in more trauma and poorer mental wellbeing and a 'spiral of escalating problems which can be very difficult to exit/recover from' (Third sector support).

A few respondents also identified how previous convictions and a criminal record (for often relatively minor offences), could be a barrier to alternative employment, with some women unable to find a job and concerned about disclosure. Other reasons cited were fear of exposure and how to explain gaps employment as well as lack of knowledge of services in the area, or how to access them. However, even where services were made available, and women had been enabled to leave, one respondent described how crisis points in people's lives (i.e. in terms of financial strain) could lead to women recommencing involvement and re-enacting previous patterns of coping.

## **Perceptions of gaps and additional services needed**

### *Specialist services*

In terms of perceptions of the sufficiency of current support to women involved in prostitution, this varied by area. For example a few Local Authority contacts in different areas cited specific gaps in service provision including mental health services and having specialist psychological support for women who have experienced trauma, while another suggested that more could be done in terms of employability services to help overcome barriers to employability (i.e. by addressing gaps in education etc.). Another highlighted that more could be done in terms of the extension and greater use of diversionary criminal justice approaches. In general terms however a number of respondents also felt that more could be done with regards to prevention to stop women from becoming involved in prostitution in the first instance, as well as to halt the escalation of problems<sup>100</sup>.

Even where respondents perceived a comprehensive service, it was recognised that a higher staff ratio would enable a higher number of women to be supported: 'we can always do more, we can always do it better, we can always do more hours'. Although it was highlighted that providing a holistic service that addresses a range of needs is: 'a huge, huge piece of work for each woman who comes through the door' (NHS).

At a strategic level it was suggested by one respondent that while existing specialist support providers are providing valuable support to exit and developing good practice around this, a key overall gap was felt to be in terms of longer-term support that offers services over a longer period and assists in dealing with crisis points (i.e. financial crises such as Christmas, unexpected bills etc. as well as relapses in drug and alcohol addiction). The importance of having trauma-based, comprehensive services which engage with individual needs at different stages was highlighted as key.

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<sup>100</sup> Alcohol and Drugs Action provide a specific prevention service which has a focus on assisting young people at risk of sexual exploitation and SACRO also offer support to those at risk of involvement in prostitution.

### *Mainstream and wider services*

In terms of gaps identified within wider mainstream support services, it was often suggested that for women who are in crisis and have chaotic lifestyles the flexibility of support is crucial (i.e. in terms of the provision of after-hours services and weekend support), rather than expecting women to 'fit' with existing services. In addition, in relation to supporting women involved in prostitution, an important aspect of this was identified as having trauma informed services to provide an empathetic approach: 'so when you refer somebody to a service they need to understand that these women might be 5 minutes late for an appointment. They might find it difficult to open up or they might find it difficult to build a relationship so actually understanding that there's a lot of trauma and how best to approach that'. (Third sector support)

Indeed, a number of respondents suggested that in terms of the more mainstream services, there is a gap in terms of fully understanding the issues faced by women and the complexity of the issues and the circumstances that lead them to become involved in prostitution. It was felt that better partnership working and understanding of commercial sexual exploitation (CSE) would enable key services such as maternity and accident and emergency, as well as housing and homelessness services to work together to identify and address the specific needs of women involved. Although it was recognised that this is reliant on sufficient resources being available, in terms of services which are secure and sufficiently well-funded.

In relation to this, a few respondents highlighted that often women access other services first, presenting with other issues, such as domestic abuse and alcohol problems and involvement in prostitution only becomes apparent afterwards. It was therefore suggested that better opportunities could be made in terms of identifying women involved in prostitution who are accessing other key services. Indeed a commonly voiced concern is that women are not being offered the support they need, often because of non-disclosure (i.e. within social work and GP services). One respondent suggested that currently the question is not being asked of those accessing key mainstream services: 'it's almost like domestic abuse. People were scared to talk about it 10 years ago and people are kind of like the same....Are they actually asking about prostitution?'. (Third sector support).

The lack of enquiry and knowledge sharing it was suggested, also makes it difficult to get a true sense of the scale of the issue, and estimating the numbers of women and men involved in different areas particularly difficult. One respondent highlighted how information and knowledge tends to be found in pockets within various different services (drugs, mental health, GP practices).

An attempt to address this gap was supported by the Women's Support Project. This entailed a pilot in Glasgow linked with homelessness services and drugs and alcohol services around 'routine enquiry' into prostitution<sup>101</sup>. Indeed while this is often done in terms of other types of violence against women such as domestic abuse, the aim was to train staff in how to ask the question in relation to commercial sexual exploitation (and how to respond appropriately to ensure the right support is

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<sup>101</sup> A questionnaire was carried out within the West Community Addiction Team in 2008. While the questions predominantly related to women involved in prostitution, 2 questions were directly asked about men involved in prostitution.

provided). While some useful insights were gleaned from this exercise the results were not considered representative of the service user population (due to limitations in the recording system and the lack of consistency in recording of staff).

However, a few respondents felt that a more consistent approach to asking the question (where appropriate) across services and along these lines would allow better provision of support as well as a better understanding of the scale and nature of prostitution in Scotland. It was also suggested that, to deal appropriately with the response and service needs of those involved, appropriate support would have to be made available within all local areas (not just the cities).

In terms of wider gaps in service provision, another gap was highlighted as support for concerned parents of those involved in and affected by prostitution. One organisation raised this in relation to having received a number of calls from parents whose daughters had become involved in prostitution (some of whom were students who had become involved in escorting). In relation to the indoor market, it was also suggested that it would be useful to engage with landlords to inform them about what their responsibilities are in relation to this, and to raise awareness of key issues.

#### *Service user involvement in the design of services*

One organisation highlighted the importance of including women and men involved in prostitution as key partners in the design of services and around key decisions affecting them. In relation to this it was also suggested that services should be non-judgemental and non-ideologically based to reach as many people as possible.

#### *Societal attitudes towards prostitution*

More generally it was suggested by a few respondents that within society, more could be done to change societal attitudes around prostitution, in terms of better understanding of the inequalities in society, the circumstances that drive many women into prostitution and the vulnerabilities that they face, that for many women it is 'just a way to survive'.

#### *Women's voices*

There was a consensus among respondents that listening to women involved is crucial in understanding gaps in support and how to address them. It was highlighted that this is particularly important in relation to more vulnerable women 'giving women a voice and helping them share their experience of what they've been through, because of the stigma, and often their family don't know. Or they're trying to get a job and so it means that the real lived experiences are never known. Because women stay in the shadows a bit around this.' (Third sector support).

Another gap identified was in terms of speaking to those who have exited from prostitution. Crucially it was felt that this would provide a better understanding of the overall process of moving out, what support was required and overall perspectives looking back on involvement.

#### *Black and Minority ethnic communities*

Finally, one respondent suggested that commercial sexual exploitation within black and minority ethnic communities is also an issue, but that it's more hidden than

within the general population: 'It's very hidden, and not spoken about at all. But it's there'. (Local authority)

### **Challenges in providing services and support**

A number of organisations raised the issue of short-term funding cycles as being problematic as the (often lengthy) process of applying for funding and uncertainty around this could make it difficult to conduct longer-term planning to develop better services. In addition, due to the complex, often long-term issues involved, women involved in prostitution who have complex needs can require a great deal of time and support. Consequently, it was suggested by one service provider that while improvements/outcomes demonstrated may appear small, they are nonetheless hugely significant for those involved. It was suggested that this could make attracting funding difficult. For example, Alcohol and Drugs Action had recently received notification that the Violence Against Women funding which have received for over ten years had recently been stopped as the fund was over-subscribed, leaving a gap in support for some of the most vulnerable women in Aberdeen.

Insecure and short-term funding was also raised as an issue particularly in relation to developing strategies to support those advertising online and reaching those working off-street. In addition, short-term funding was highlighted as making it difficult to provide reassurance to women that they are going to be supported in the longer term. This uncertainty was highlighted as undermining organisations strong commitment to provide support and one to one assistance. Indeed, the security of providing resources was highlighted as being particularly crucial in this context with women who are vulnerable: 'because often they're not valued in any other part of their life. And so if you put something in place and then take it away, that's hugely damaging, because it goes back to this "I'm not important enough for them to value me". To continue that service.' (NHS). Uncertainty around resourcing was described by another respondent as also posing difficulties in staff retention, with often well trained, trauma informed staff looking for alternative employment because of job insecurity.

Finally, in general terms, one local authority respondent described how services were being stretched within the context of a constrained budget. However, close partnership working was identified as positive and helped to alleviate some of this pressure. Furthermore, in terms of funding it was suggested by one organisation that there is a need for specialist services that aren't just funded on a local level, so that referrals can extend outwith city council boundaries.

### **3. CRIME – HUMAN TRAFFICKING AND ORGANISED CRIME**

#### **Trafficking**

*Evidence on women who have been trafficked (number and profile of victims of trafficking for sexual exploitation)*

The research remit in relation to Trafficking was limited to an exploration of the numbers and profiles of victims of trafficking for the purposes of sexual exploitation held by interviewees. Given the more limited focus, findings have been included as a separate section in the report.

The research explored the evidence held by interviewees around numbers and the profile of victims trafficked for sexual exploitation. Human trafficking is, by its nature, a hidden crime and its drivers are complex and international. Identification of victims is a complex and problematic issue. Victims of human trafficking are seen to be in the main already extremely vulnerable people, and will in many cases be concealed by physical isolation, or language or cultural barriers. In many cases, for many reasons, they are unable to make themselves known to the authorities or agencies which provide support to victims. These factors make it extremely difficult to estimate the actual number of individuals who may be victims, and to identify potential victims.

#### **Numbers trafficked for the purposes of sexual exploitation**

As with other aspects of the sex work market, there is a dearth of evidence around trafficking for sexual exploitation, although the gap is particularly pronounced in relation to this issue. In particular, the true scale of trafficking into Scotland for the purposes of commercial sexual exploitation was widely described by interviews as unknown, given the hidden nature, and the problems around identifying victims and potential victims.

National figures are available through the National Referral Mechanism reports (NRM). During 2015 there were 40 referrals for adult sexual exploitation from Scotland, comprising of 36 women and 4 men. Sexual exploitation is the most common ground of referral for females. The NRM does not provide a measure of the picture of human trafficking across the UK. Rather it provides figures relating to the number of potential victims that have been referred in to the NRM process. The NRM figures tended to be heavily caveated by interviewees - referral to the NRM is voluntary for adults, and interviewees described a number of reasons why someone would choose not to be referred on, including a lack of recognition that they were trafficked, and a mistrust of authorities. In addition, front line agencies were seen as lacking the necessary experience to identify victims of trafficking and refer them on. As such, NRM figures for Scotland were not seen by interviewees as representing the true picture. As one agency commented in relation to these figures ‘... we are seeing the tiniest tip of the market’.

## *Police Scotland Intelligence*

More police intelligence is held on trafficking for sexual exploitation, than for other types of trafficking, due to the fact that individuals are more likely to have been observed during law enforcement activities. Across the different case study areas, the majority of police interviewed described *reported* incidence as low, however all were explicit in recognising a lack of reliable evidence on true scale, and the very hidden nature of human trafficking. In Edinburgh there was a sense that the number of reports was increasing, and this was due to a new campaign to increase the identification of trafficking launched in Edinburgh in October 2015.

Police Scotland commented that the more common profile that they saw was internal, or domestic trafficking.

**TARA** (the Trafficking Awareness Raising Alliance) was interviewed as part of the research. In 2004 Community Safety Glasgow established TARA, a support service for trafficking survivors, to help identify and support women who may have been trafficked for the purpose of commercial sexual exploitation. This includes areas such as lapdancing, and pornography as well as prostitution.

## *Numbers supported*

TARA supplied figures for women who have agreed to and received support from the service (short and long term) when there have been concerns that they have been trafficked for CSE (either through TARA's own assessment or via an NRM first responder) - from 01.04.2011 until 24.10.2016 a total of 175 women have been supported. However, again these figures were seen as representing a very small proportion of women trafficked for sexual exploitation and in need of support: '...I think there are possibly 10x that needing us'. It was recognised that women may not access TARA's services for a variety of reasons, including not identifying themselves as having been exploited, and the levels of physical and psychological control experienced by victims of trafficking.

## *Profiles and Experiences*

TARA's service user records showed that women supported by the organisation came from a wide variety of countries. Nigeria was the most common country of origin. The majority of women supported were in the 20-30s age bracket.

Trafficked women were generally seen amongst interviewees to be found mainly in indoor settings, with on-street workers seen by most interviewees to be predominantly working without this element of control. Those supported by TARA were seen to be extremely vulnerable, with the added layer of complexity that the physical/psychological control issues of trafficking add. Psychological control of the women was seen to be a major issue, presenting major barriers to exiting, however the importance of opportunity was highlighted: 'it's about giving them the opportunity to get out...if the opportunity is provided to get out, they will'.

However a key difference in terms of profiles of trafficked women was reported to be around the issue of drink or drug addiction. This was seen to be rare with this group.

Pathways in depended upon the country of origin, so for example Asian women were more likely to be coerced through a family debt bond, whereas European women were often promised 'a better life'.

TARA referred to research carried out on behalf of The Equality and Human Rights Commission (EHRC), which examined the views and experiences of victims trafficked into commercial sexual exploitation (CSE) in Scotland. This research was part of the evidence-gathering activities to inform the EHRC's Inquiry into Human Trafficking in Scotland. Patterns of trafficking, routes into Scotland, the levels of organisation and the nature and location of exploitation were all seen to vary according to the country of origin of the victim. The vulnerability of those who are trafficked into CSE and the impact of trafficking of victims does, however, remain constant among all women.

### **Links between prostitution and organised crime**

At a national level there is evidence of links between prostitution and serious organised crime, and trafficking for the purposes of sexual exploitation (National Strategic Assessment of Serious and Organised Crime 2015). In 2009 the Scottish Crime and Drugs Enforcement Agency reported 19 serious organised crime groups (5% of all the crime groups known at the time) to have been involved in prostitution.

The National Human Trafficking Unit of Police Scotland have responsibility for the development of intelligence in relation to prostitution linked with Human Trafficking and Exploitation and the involvement of organised crime groups. This has led to the creation of Joint Investigation Teams with other EU states targeting crime groups in Romania, Slovakia and other areas of Europe. The structure allows the National Unit to support local police who are encountering prostitution in different areas by continuing to develop the links between separate premises being used for prostitution. In April 2016, a Romanian organised crime group was dismantled in Glasgow where they were operating brothels with victims trafficked from Romania over a period of months.

There was some divergence at a local level in the police interviewees' perception of the availability of evidence on any links with organised crime, with 2 of the areas reporting either definite or suspected links to organised crime (although the more definite links were seen to be at a national level), while for other areas no current known links were reported or intelligence gaps were identified around the area. This issue was raised with the Police Scotland Executive at a later stage of the research, who reported that they were aware of intelligence around local links with organised crime. There may be operational reasons for this, for example in situations where police have contact with people involved in prostitution through dealing with incidents that may involve antisocial behaviour, and they may not always be immediately aware of the links to organised crime.

#### 4. IMPACT ON LOCAL COMMUNITIES

This section includes information from research participants from their data, observations or perceptions of different types of negative 'community impact', arising from prostitution activity.

This includes information about the harm that prostitution may cause to individuals and communities. This might be for example, an increased fear or worry about crime arising from the presence or perceived presence of prostitution activities, environmental damage such as condoms or drugs' litter in public locations where sex takes place, people or cars 'hanging around', noise nuisance, and people 'coming and going' into common entrances to premises where prostitution takes place.

##### *Police crime and complaint data*

The main source of information for community impact is from the information recorded by the police about crimes, or when they come across disturbances or expressions of antisocial behaviour when they are on patrol, or else when members of the public make contact with them to complain about a perceived crime or antisocial behaviour problem. This may not capture the true scale of complaints however, as not all may have been recorded consistently in these databases, and other complaints may have been made to local authorities, noise teams or community wardens. Other sources of information on this question included the support organisations who were familiar with prostitution and its effects.

Police crime statistics can provide a partial, though limited, indicator of community impact. In the four case study locations, there are relatively few charges related to prostitution compared to previous time periods and there has been a 49% decline in prostitution charges in Scotland, in 2014-15 compared to 2004-05. Although this report notes that prostitution increasingly takes place in less visible and public settings, these statistics are equivalent to approximately one charge per day for the whole of Scotland and may suggest that prostitution has a lower impact on communities in Scotland than it has ever had historically. Police statistics are limited to information that the police have become aware of, and recorded, and may therefore be skewed by other factors.

As well as statistics about crimes, the police also keep statistics on the number of calls received from the public on complaints, or incidents that they have noticed whilst they have been on patrol, that may provide insight into disturbances from indoor prostitution at residential locations, as well as on-street settings. These calls are not always consistently recorded across all locations, and calls about incidents related to indoor prostitution are usually not isolated in recording databases from general complaint calls, and therefore the numbers may under-state the level of complaints related to prostitution.

Information from Glasgow illustrates an example of the levels of complaint. In Glasgow, comparisons between 2010 and 2015 show that there are a small and declining number of public complaints about prostitution. In 2010, there were 79 complaints about people selling prostitution services, compared to 49 complaints in 2015. There is a slightly different trend in complaints about the purchasers of sex.

In 2010, there were 19 complaints about this, which rose to 45 complaints in 2015. It is possible that there are public complaints in different locations, or within different communities but it is not possible to establish these local trends within the statistics.

The same trend was found in Edinburgh where the police in 2010 recorded over 300 incidents in 2010, to just 53 in 2015. The police said that these overwhelmingly related to a single area of the city, and available information suggests that these were mainly connected to incidents in public areas.

Police spoke about how prostitution used to have a higher profile as a subject of public concern and there were greater expectations that they would run operations to address the disturbances to the community caused by it. Because of changes in the nature of prostitution, and reductions in on-street markets, public concerns are perceived to have reduced, and policing approaches now tend to be more reactive and lower profile.

The police in some locations however noted an effect from the growth in indoor prostitution outside the traditional locations, towards many more communities and potential antisocial behaviour attached with it. They also mentioned continued problems with 'footfall' in some of the more traditional and established 'indoor' locations, or with cars driving around, and there was an awareness among some police that prostitution was perceived to be connected to community problems, and considerable disturbance in some places. Others spoke about problems with 'party flats' – where for example, somebody rents out a flat for a week or 2 weeks and then there is a steady stream of people going back and forward constantly and complaints from members of the public. These might be used for prostitution but complaints may not be recorded in that way.

### *Perceptions of support services*

From the perspective of other support service organisations, community impact is not a main focus. Their work is much more often concerned with providing support to the people involved in the sale of sex.

Some research participants however spoke in more general terms about the idea of 'community impact' related to prostitution and how this concept might be understood and discussed.

Community anxieties about prostitution happening within communities may be connected to perceptions that clients may be potentially dangerous or risky people, or that prostitution markets are associated with crime and antisocial behaviour. One organisation however suggested that the concerns of 'community harm' may be overstated and an example of a 'moral panic' – a phenomenon that receives levels of social concern out of proportion to its actual risk. In this organisation's experience, people involved in indoor prostitution typically operate discreetly, for their safety and to avoid interactions with the police. Also, people involved in prostitution often work in or near the areas where they live, and there is therefore no reason to expect that they would have any less respect for their neighbours and communities than anyone else.

This organisation spoke about occasions when it had received requests from elected representatives for advice on how to deal with prostitution related activity within their communities, and perceptions of prostitution as a potential threat to other people within the community. Within requests like this, this organisation perceives a stigma attached to prostitution that might not reflect a very detailed understanding of the reality of it, the people involved, or its risk of harm to other people in the locations where it takes place.

Although evidence suggests that there is possibly a reduced impact on communities, related to the reduction in prostitution in public settings, it is a limitation of existing data that there are no available indications of the strength of community feeling and reference to crimes and complaints data does not indicate the scale of distress that might have been caused within each incident. Also, changes in the nature of prostitution, from off-street to greater numbers of people working indoor settings may have increased the number of communities that have been affected. Evidence from all locations suggested that, although they may be fewer than in the past, there are still examples of public concern about the impact of prostitution in certain locations.

## **5. DEMAND**

One of the aims of this report was to provide a better understanding of data and perceptions of the scale and nature of demand for prostitution services, the volume of transactions, the number of people who pay for sex, their personal backgrounds and their reasons for doing this.

The organisations we spoke to had little information of this subject, and were not able to provide definitive information on these main questions.

Police data does not help to provide an account of demand. In the view of some of the police officers we spoke to, the focus of previous 'kerb crawling' legislation is predominantly on aspects of demand that may have antisocial behaviour consequences, rather than the aspects of demand (for example online customers) who are simply wanting to pay for sex from and in private settings – where there is in theory less antisocial behaviour. Analysis of the profiles and backgrounds of offenders therefore potentially introduces a skewed element and does not tell us about the wider group of people who pay for sex.

This evidence gap was particularly notable within the setting of indoor prostitution. In previous times the police, health and support services would come into more regular contact with 'kerb crawlers' and the buyers of street prostitution, and had some knowledge and perceptions based on these encounters. The move to prostitution in indoor settings has however led to less visibility of the purchasers of sex, and potentially a new profile of consumers, who no longer necessarily have to go to red-light areas, and can arrange meetings in more private and discreet settings, from smartphone apps, and the internet. Some police recognised that this may have expanded the customer base, because technology may have made purchasing sex much more accessible and available for people outwith the traditional areas: 'everybody knew where the on-street activity took place and it was largely in cities

and even within those cities well everybody knew where to go. It's a completely different profile now. You could pretty much locate somebody working within either your own community; your own town or the neighbouring town pretty readily.'

Information on the scale of demand may potentially be implied from estimates of the number of people involved in supply and the police estimates of around 1800 people advertising the sale of sex online in Scotland<sup>102</sup>. As already discussed however, these estimates are based solely on the business activity on certain websites. Although some of these represent the most well-known websites, they are not the only ways for arranging transactions and therefore it is a limited information source and potentially misleading. These estimates also provide only rough numbers, and they do not enable estimations of the number of people who may use these services, or establish any more information about their backgrounds or their reasons for purchasing sex. These questions would require further research.

Some of the people who were interviewed in the course of this research had come into contact with consumers of sex through their work. Although there were some perceptions of the group – its diversity (regular customers versus one-offs, stag parties, transient demand in certain areas like Aberdeen oil conferences), different possible reasons for paying for sex, harmful aspects including a subset of buyers who are drawn to vulnerabilities and abuse – there was no information provided to draw satisfactory conclusions or make generalisations on these questions.

Apart from the evidence on the nature of the immediate demand for prostitution in Scotland, there were perceptions among some interviewees about the longer-term social causes of the demand. These included the perceived normalisation of prostitution in certain parts of culture (e.g. 'lad culture', stag parties, pornography), the sexualisation of women in the mainstream media. Some interviewees also highlighted perceived structural gender inequality in society that creates the conditions that lead to the economic and sexual exploitation of women and vulnerable and disempowered members of society, including young people, people from 'looked after' backgrounds, and people from deprived economic backgrounds and immigrant communities.

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<sup>102</sup> This is based on advertisements in 4 main escort websites, and reflects the range in number of live adverts.

## SUMMARY/CONCLUSIONS

This research project explored the scale and nature of prostitution, focussing predominantly though not exclusively on women. It gathered evidence and views from professionals with knowledge of prostitution. The focus on interviews with professionals/service providers who regularly engage with women and men involved in prostitution, while useful in providing an overview of current knowledge regarding the scale and nature and identifying a number of gaps, means the findings are subject to a number of limitations. Service providers may only deal with a small section of the overall population involved in prostitution in a particular area and there is a lack of systematic and consistent data sharing and analysis across areas. In addition, there are inherent difficulties in estimating the nature and extent of prostitution, partly due to its hidden, quasi-legal and stigmatised nature. Furthermore, the decline in on-street prostitution and growth in indoor prostitution organised by mobile phone and online technology has made estimating numbers more difficult as it is now less visible.

Bearing in mind these limitations and the challenges involved in researching prostitution, summarised key findings from the analysis and collation of existing evidence and views are set out below. A number of key gaps in knowledge are highlighted.

### **Estimated numbers of women and men involved in prostitution Scotland-wide and broken down by the largest 4 cities**

- There is a lack of robust data on women and men involved in prostitution, who sell sex, in terms of their backgrounds, different prostitution markets and the impact on health and wellbeing. There are however some limited data sources and reflections of professional support organisations and groups that provided us with views on our questions and perceived changes in trends, and evidence gaps.

### **Composition of the 'sex industry' in terms of indoor and outdoor prostitution**

- Police data has shown a reduction in prostitution related crimes and public complaints about prostitution, in the 4 main cities over the last ten years. Police interviewees also confirmed that these statistical changes reflected their experiences of policing prostitution. They said prostitution in public settings had reduced considerably in the last 10-15 years. This may have been because of a growth in off-street prostitution driven by the internet, and smartphone apps, that have enabled more discreet methods for arranging the purchase of sex, with less risk of police contact and possible prosecution. The people who used to work 'on-street' therefore may now be working 'off-street' and setting up meetings online or via mobile phone.
- It was also suggested by specialist support services in Aberdeen that there is strong evidence that the reduction in on-street prostitution there may also partly be attributed to improved access to drug treatment services, reducing many women's need to engage in street prostitution on a daily basis to finance a drug dependency<sup>103</sup>.

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<sup>103</sup> While this may not necessarily mean that women have exited, the frequency of involvement was seen to have reduced for many women.

- Research in 4 main city locations has shown that police, local authority, health, third sector and campaigning organisations also recognised this general trend in the reduction in on-street prostitution. However, some fluctuation in on-street numbers was also highlighted (i.e. in Dundee there had been a recent slight increase involving women who had previously reduced involvement, or had exited prostitution and were impelled to engage in street prostitution again due to hardship caused by benefits sanctions<sup>104</sup>). Further complexity was recognised in Edinburgh and Aberdeen where limited evidence suggested that there may have been a degree of dispersal or shift in the location on-street prostitution activity resulting in lower visibility. The police also recognised that as well as this, there is a large group of people involved in prostitution, possibly with different backgrounds, who work indoors (i.e. within private flats, saunas or hotels - currently estimated to constitute approximately 90% of the market) and may have never been involved in on-street prostitution.
- A number of respondents identified the importance of developing better knowledge and understanding of the scale of the indoor prostitution market and the support needs of those within it, given the lack of robust and reliable information.

### **Profiles, pathways and circumstances of those who enter prostitution**

- People who continue to sell sex 'on-street' were perceived by organisations to have a range of vulnerabilities and complex needs, commonly including alcohol and substance misuse problems, lack of secure accommodation, mental health problems and often backgrounds of deprivation and abuse. Some organisations referred to on-street prostitution as 'survival behaviour'.
- Research participants had less information about people involved in prostitution in 'indoor' settings. However, there was some evidence that a higher proportion of foreign nationals are involved. Some respondents said they believed there were fewer alcohol and drug problems within this group, while others suggested that drug use, although prevalent and often concerning, is less likely to involve intravenous use. It was also suggested that people involved are drawn from a wider range of socio-economic backgrounds. However, other research participants contested the distinction between two distinct profiles of 'chaotic' on-street and 'more stable' off-street workers, and said there was a diverse, shifting and overlapping continuum of reasons and vulnerabilities explaining why people might have been involved in different settings. Indeed a few respondents highlighted how women may move to indoor prostitution as their lives become more stable, and depending on personal circumstances (i.e. receiving treatment for addiction, having secure accommodation, access to a phone/internet access, all factors which may reduce the need to engage in on-street prostitution).
- Overall, there was concern from police and health workers that health and safety support services are less available for those involved in indoor prostitution, because they do not often use 'drop-in' services and are less easy to identify and promote/offer services to.
- Views on the pathways, reasons and circumstances cited by key agencies for women's involvement in prostitution are by no means comprehensive or

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<sup>104</sup> In the last 6 months, prior to October 2016.

definitive. Reflections are necessarily limited in that they are based on women who have contacted agencies for support and have disclosed some of the reasons behind their involvement. However, they do echo many of the key processes cited within the wider literature which lead to involvement in prostitution<sup>105</sup>. Overall, financial pressure for a range of reasons, and inadequate income<sup>106</sup>, commonly combined with having a history of vulnerabilities (with a range of causes including substance and/or alcohol misuse, mental health problems and a past history of trauma/abuse/gender-based violence) were cited by a range of third sector and NHS respondents as key in understanding why many seek to generate an income through involvement in prostitution.

### **Impact of involvement in prostitution on risk and wellbeing**

- Information about personal health and wellbeing impact was based on the professional insights of those that come into contact with people involved in prostitution through the criminal justice system (police and social work) or through the provision of support and key services (third sector specialist and NHS). This may therefore only present a partial picture of those who require or have sought particular kinds of support or assistance.
- On the whole however, most respondents who provide services and support to those involved in prostitution emphasised a range of risks and adverse impacts associated with prostitution in the short and longer term in relation to general and mental health, safety and wellbeing and sexual health.

### **Support for women and men involved in prostitution and help to exit**

- In the 4 cities there are a range of specialist support services working in partnership with other key agencies including health, social work, housing advice, employability services etc. to assist people involved in prostitution.
- The majority of services contacted are aimed at supporting women, with the exceptions of Roam in Edinburgh and the Steve Retson project in Glasgow which provide support and assistance to men involved in prostitution (who sell sex).
- The approach of specialist support providers includes a 'harm reduction' aspect, providing health and safety support for people at immediate risk as well as services to help people exit prostitution. There was some variation on the degree of emphasis on pro-active 'exit' focused element across locations.
- The shift from outdoor to indoor prostitution has posed a number of challenges for service delivery. In some locations this has led to the reduction or closure of night time 'drop-in' services, and new ways of working. This has also led to the need for promotion of services to a potentially new group of service users, for example through pro-active engagement with the people who advertise services online.
- Many respondents identified the importance of developing better knowledge and understanding of the people involved in indoor prostitution and their support needs.

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<sup>105</sup> Balfour, R, Allen, J (2014) 'A review of the literature on sex workers and social exclusion' UCL Institute of Health Equity for Inclusion Health, Department of Health.

<sup>106</sup> Either due to low pay or benefits issues (highlighted as having been recently exacerbated by welfare reform for a number of women)

## **Organised crime and trafficking**

- National figures from the 'National Referral Mechanism' showed 40 referrals for adult sexual exploitation in 2015. For a number of reasons these statistics are thought to only reflect a small proportion of the trafficking markets.
- TARA (the Trafficking Awareness Raising Alliance) in Glasgow supports trafficking survivors, including people exploited and working in lap-dancing and pornography as well as prostitution. From 01.04.2011 until 24.10.2016 a total of 175 women have been supported . These figures are likely to underestimate the number of people who have been trafficked. Trafficked women were seen to be found mainly in off-street prostitution markets, and the most common country of origin was Nigeria.
- In Scotland there is evidence of links between prostitution and serious organised crime, and trafficking for the purposes of sexual exploitation (National Strategic Assessment of Serious and Organised Crime 2015). In 2009 the Scottish Crime and Drugs Enforcement Agency reported 19 serious organised crime groups (5% of all the crime groups known at the time) to have been involved in prostitution.
- The National Human Trafficking Unit of Police Scotland have responsibility for the development of intelligence in relation to prostitution linked with Human Trafficking and Exploitation and the involvement of Organised Crime Groups. This has led to the creation of Joint Investigation Teams with other EU states targeting crime groups in Romania, Slovakia and other areas of Europe. The structure allows the National Unit to support local police who are encountering prostitution in different areas by continuing to develop the links between separate premises being used for prostitution.
- There were some differences at a local level in the police interviewees' perception of the availability of evidence on any links with organised crime, with 2 of the areas reporting either definite or 'suspected' links to organised crime (although the more definite links were seen to be at a national level), while for other areas no known links were reported, or intelligence gaps were identified around the area. This issue was followed up with Police Scotland Executive at a later stage in the research, and they reported they were aware of intelligence around local links with organised crime. There may be operational reasons for this, for example in situations where police have contact with people involved in prostitution through dealing with incidents that have prevalent antisocial behaviour elements, and they may not always be immediately aware of the links to organised crime.

## **Impact of prostitution on local communities**

- The main source of information about the impact of prostitution on communities was from the police about public complaints. There have been reductions in the number of public complaints that might reflect the fact that a greater proportion of it now takes place in indoor settings and tends to be less focussed on a particular local area<sup>107</sup>. and therefore it has become less visible to the public and the police and there may be fewer complaints related to noise, litter, and violence.

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<sup>107</sup> Although it was also suggested that street-based prostitution activity may have dispersed to different areas beyond traditional 'red light' areas such as parks/car parks etc. with technology having enabled more discreet methods for arranging the purchase of sex.

- The change from outdoor to indoor prostitution was perceived by some to have introduced prostitution activities into a wider number of communities – away from the traditional ‘red light areas’ of the past. This might have raised concern for residents in some areas, for example where prostitution takes place in short-term rented accommodation or ‘party flats’.
- Some support services noted perceptions about prostitution-associated risks, the customers and the people involved in selling sex, that might not be accurate reflections of real risks.
- Some areas reported continuing community concerns about prostitution in their locations.

### **Demand**

- There was little consistent or reliable information about men who purchase sex – their backgrounds and reasons for buying it.
- Police data is limited to information about ‘kerb crawling’ and other prostitution related offending and is therefore a limited and partial picture of the numbers of men who come into contact with the criminal justice system.
- This evidence gap was particularly notable within the selling of indoor prostitution. In previous times support services might come into contact with the buyers, but the change to indoor prostitution has led to a greater amount of personal discretion and buyers can arrange meetings from smartphone apps and the internet, without needing to go into red light areas.
- The police have made recent estimates (January 2016), from online advertisement websites of around 1,800 adverts for sexual services across 4 main websites, the majority of whom involved women. Although estimates of supply may in theory provide indications of demand, these numbers are very rough approximations and may not include all of the methods people use for advertising services.
- Questions about the scale and nature of demand therefore require more detailed research.

Overall then, available evidence on prostitution is patchy and characterised by a number of gaps in knowledge, particularly in terms of the scale and nature of the indoor market and the support needs of those within it. Information on profiles, pathways and circumstances as well as personal health and wellbeing impact is based on the professional insights of those that come into contact with people involved in prostitution through the criminal justice system (police and social work) or through the provision of support and key services (third sector specialist and NHS). This presents a partial picture of those who require or have sought particular kinds of support or assistance. Information on men involved in prostitution, who sell sex, as well as those who are transgender was less readily available. Further gaps were identified in terms of evidence on links to organised crime and trafficking. There was also little consistent or reliable evidence in terms of demand for the purchase of sex and the (mainly) men who do so.

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## **ANNEX**

### **A REVIEW OF PROSTITUTION IN SCOTLAND**

Scottish Centre for Crime and Justice Research

## **INTRODUCTION<sup>108</sup>**

This report constitutes a desk-based review of published research and evidence on prostitution in Scotland. It should be read alongside the report from researchers within the Scottish Government's Justice Analytical Services (JAS) who were tasked with exploring and summarising existing evidence on the nature and scale of prostitution in Scotland. This report is intended to provide a contextual background to the JAS study, which is based on interviews and intelligence gathering from key informants including police, local authorities and the third sector. It is important to note that this review does not purport to provide a comprehensive and definitive account of the evidence on prostitution, but rather, constitutes a collation of the material which could be identified and accessed within a relatively short space of time. Furthermore, due to the limited focus on considering existing evidence from research carried out in Scotland, international comparative analysis was not undertaken.

### **Note on use of language**

This report examines existing evidence on prostitution in Scotland but acknowledges the challenges of conducting research in this area, given the 'hidden' nature of this phenomenon and the ideological positions that often determine methodological priorities as well as dissemination and publication opportunities. Data produced are frequently subject to challenge or viewed as partial and subjective.

This report adopts a working definition which is focused on the sale and purchase of sex rather than sex-related activities (such as lap-dancing, pornography etc.). Terminology in this area is contested; however the Scottish Government has used the term 'prostitution' in other contexts and this report does the same. While 'sex work' is used by some academics and support organisations, the sale of sex is subject to dispute as a form of employment. The contested nature of words is significant and the report is premised on an acknowledgement that it is not possible to find a 'neutral' language on this subject. Accordingly, the term 'individuals involved in prostitution' is used throughout the review. When reporting studies which have adopted the terminology of 'sex work', this is used where appropriate.

## **RESEARCH AND EVIDENCE IN SCOTLAND**

While the exact numbers of people involved in prostitution in Scotland, as elsewhere, is unknown, evidence suggests that women account for the majority of those involved (English Collective of Individuals cited in All-Party Parliamentary Group, 2014). Accurate figures are impossible to obtain due to the hidden nature of much of prostitution and the stigma attached to it. Attention is often given to the more visible forms such as on-street prostitution with limited knowledge surrounding indoor/off-street prostitution<sup>109</sup>. However, distinctions between 'on-street' and 'off-street' prostitution are unclear as individuals may move between different forms of prostitution at different points in time.

Existing estimates often draw upon evidence provided by organisations offering support services. In 1999, Kinnell estimated that around 80,000 people were

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<sup>108</sup> Report produced by Margaret Malloch, SCCJR, University of Stirling.

<sup>109</sup> Despite any accurate figures, Police Scotland estimated in 2014 that 90% of all prostitution in Scotland was located indoors.

involved in prostitution (on and off-street); a figure that she notes was an estimate and as such open to considerable inaccuracy. Nevertheless this figure was subsequently used in the Home Office document *Paying the Price: a consultation paper on prostitution* (2004). Cusick et al (2009), noting the limitations of this data, attempted to provide their own estimates in 2009, leading them to conclude that the number of individuals involved in prostitution did not appear to have risen substantially in the intervening period. However, they describe research in this area as being “fraught with theoretical and methodological difficulties” (2009: 709). Much of the research conducted in this area has focused on street-based prostitution resulting in criticism that this has (problematically) been used as a basis to inform and develop policy.

Estimates of involvement in prostitution in Scotland during the 1990’s indicated that Glasgow had one of the highest levels of street prostitution in the UK (around 1100 in 1992, see McKeganey, 2005), compared to approximately 250 in 2010 (Matthews et al. 2014:1). In 2004, the Expert Group on Prostitution<sup>110</sup> noted that approximately 1400 women were involved in street prostitution in Scotland. This number was recognised as an estimate and it was acknowledged that attempts to calculate the number of individuals involved in indoor prostitution was even more challenging. The Expert Group agreed to review prostitution in Scotland in three phases and to focus first on women’s involvement in street prostitution. The expectation was that subsequent attention would be given to indoor prostitution and male prostitution. However the Group was not reconvened after its’ first report *Being Outside: Constructing a Response to Street Prostitution* was published in December 2004 and the remaining areas (indoor prostitution and male prostitution) were never addressed.

Figures on indoor prostitution in Scotland, as elsewhere, are difficult to obtain however an internal report for Glasgow Community Safety Services (GCSS) in 2010 (cited in Matthews and Easton, 2010: 38) was produced from an examination of field reports from the *PunterNet UK* website relating to indoor prostitution in Glasgow and detailed examination of escort websites and advertisements in *The Sport* newspaper. This indicated that different clubs, saunas and massage parlours were providing ‘sexual services’ in Glasgow with women from 18 different non-UK nationalities advertised within these establishments. A total of 350 women were identified from *PunterNet UK* as involved in indoor prostitution in Glasgow although location changed across the years. The majority (from 2005 onwards) appeared to be involved in prostitution from their own house or flat. A further 315 women were identified in February 2010 as ‘escorts’ with 37 escort ‘link sites’ identified.

Pitcher (2015) drawing on her own work in this area attempted to provide estimates of the number of individuals involved in prostitution across Britain, taking account of male, female, and transgender individuals in both the indoor and outdoor sectors. Drawing on data and local knowledge provided by services she noted that although women appear to account for the majority of street-based workers there is greater

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<sup>110</sup> The Expert Group on Prostitution (the Expert Group) was established in 2003 by the (then) Scottish Executive following the suggestion of the Local Government and Transport Committee during consideration of ‘tolerance zones’. The Expert Group’s task was to consider the legal, policing, health and social justice issues surrounding prostitution in Scotland.

diversity in the indoor sector (although women still accounted for between 80-89% of indoor individuals involved in prostitution). Pitcher noted that street-based workers accounted for only a quarter of all individuals involved in prostitution in Britain. Other studies have highlighted that many individuals will commute to larger cities through involvement in prostitution and there is a notable expansion in the use of new technology (i.e. webcam work) (Connell, 2010).

## **LOCAL RESPONSES**

National attention to prostitution in Scotland in the 2000s highlighted the different circumstances that predominated in different parts of the country and the different models of response that were in place. The Expert Group, while calling for a national strategic framework, also noted the relevance of local implementation plans based on a multi-agency approach. The Scottish Executive supported the recommendation that local authorities should take the lead in developing approaches tailored to local need, in partnership with police, health boards and local community and voluntary agencies; acknowledging differences between situations across the country and particularly in relation to the four major Scottish cities (Glasgow, Edinburgh, Dundee and Aberdeen). The Expert Group report recognised that prostitution was an issue in three major Scottish cities (Glasgow, Edinburgh and Aberdeen) with some involvement in prostitution in Dundee. There is evidence to show distinctive practices in each of the cities where prostitution was identified. The following section therefore provides a recent historical overview of different approaches in each of the different areas and how these have developed in response to local issues. This should be read alongside the accompanying Justice Analytical Services report based on interviews with police, health professionals and third sector support staff which provides a more up to date description of key issues in each of the local areas as well as consideration of the structure of specialist service provision in the four cities.

### ***Glasgow***

In Glasgow, a number of deaths<sup>111</sup> and violent assaults on women involved in prostitution highlighted the need to address this issue and particular attention was focused on exiting and preventative work supported by increased inter-agency work. This (and leadership from Glasgow City Council) shaped an approach where prostitution was identified as 'violence against women' and 'intrinsically harmful' to the individuals involved. The aim of policy interventions in Glasgow was that prostitution should be reduced and ultimately eliminated, and women involved in prostitution should be seen as 'victims' in need of care and support, via an holistic, integrated inter-agency approach. The main objective of intervention was to be the demand for prostitution with women helped and encouraged to exit prostitution wherever possible.

In the Glasgow area, it was estimated that at one time, 1,400 individuals were involved in (street) prostitution, of whom 97% were intravenous drug users (Payne et al, 2004: 11). Although Strathclyde Police claimed that there was no unofficial 'tolerance zone' operating in Glasgow (Strathclyde Police evidence to Local

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<sup>111</sup>Between 1991 and 1998, six murders and one suspicious death of women involved in prostitution in Glasgow occurred.

Government Committee), the Committee nevertheless concluded that there was in practice (Payne et al, 2004: 11).

The *Routes Out: Supporting Women to Leave Prostitution Social Inclusion Partnership* (Routes Out SIP) was established to prevent women, particularly 'vulnerable' young women, becoming involved in prostitution; and to support women to leave prostitution. Established in 1999, the SIP was one of several themed SIPs and its evaluation (by McKay et al, 2004) was part of a wider programme of SIP evaluations. The Routes Out SIP consisted of a strategic inter-agency approach to service delivery and organisational practice, and the establishment of a dedicated Intervention Team to assist individual women to leave prostitution.

Acknowledging the complexity of evaluating a structurally complex initiative, McKay et al (2004) found that the contested nature of prostitution presented challenges for the partnership. The SIP's attempt to highlight prostitution as an issue of social exclusion, gender inequality, abuse and harm was controversial and led to some internal and external resistance. As well as learning from experience about what did and did not work, the objectives of Routes Out were periodically revised. The 'tangible benefits' identified as outcomes by the evaluation included:

- "A dedicated Intervention Team working with women seeking to exit prostitution
  - Instances of multi-agency prevention work
  - The development of a more 'joined-up' response to service issues which affect women involved in prostitution
  - Participation in a variety of activities seeking to identify and overcome the structural barriers which women face
  - A strong and committed partnership of key agencies
  - A common approach and position on prostitution".
- (McKay et al, 2004: 6).

Matthews and Easton (2010) conducted a strategic review of services for women involved in prostitution in Glasgow. Their study emphasised the need for a cohesive co-ordination of service delivery as a response to conflict in ethos and working practices between Base 75 (which provided a confidential service for women involved in prostitution) and the Routes Out of Prostitution Intervention team (which provided long-term therapeutic support for women who wanted to exit prostitution). This strategic review led to the redesign of services and subsequently, both Base 75 and the Routes Out Prostitution Intervention Team were transferred to Glasgow Community and Safety Services (GCSS) in February 2010.

Base 75 and Routes Out merged to form the new 'Routes Out' service – delivered across three areas: case-management, drop-in and outreach. This service involved information sharing between agencies and the introduction of Multi-Agency Case Conferences for women known to be involved in prostitution but who were not engaging with service providers. Glasgow City Council reaffirmed its position on prostitution in 2015 when a motion was passed which stated that selling sex was

rooted in gender inequality, survival and the commodification of the bodies of women and vulnerable men.<sup>112</sup>

### **Edinburgh**

In Edinburgh, an 'unofficial' tolerance zone operated for a number of years. The zone, which appears to have evolved over time with rules informally agreed by individuals involved in prostitution and the police, developed as part of a strategy to tackle problems associated with drug misuse, HIV/AIDS and blood borne viruses. Edinburgh had, by the late 1980s, a higher proportion of intravenous drug users who were known to be HIV seropositive than any other British city. According to Morgan Thomas (1990), 969 people had tested positive by the end of March 1989, 55% of whom were intravenous drug users and some of whom were known to be involved in prostitution (Morgan Thomas 1990: 88); although there was little evidence that HIV infection had been spread through prostitution in the study area. A more co-ordinated approach to prostitution subsequently developed involving the police, health board, local authority and Scotpep (a rights group set up by and for sex workers).

Evidence from Lothian and Borders Police (cited in Payne et al, 2004: 15) indicated that individuals involved in prostitution from Glasgow and Aberdeen travelled to Edinburgh to work in the unofficial zone when it operated and that up to 44% of individuals involved in prostitution and working in Edinburgh were from the west coast of Scotland (Local Government Committee evidence (cited in Payne et al, 2004: 15).

However, as the area in which the zone operated became more residential, complaints were made by the public and although the zone moved a few streets away complaints continued, culminating in a public demonstration in 2002 and organised patrols of the area from March 2003 by Leith Links Residents Association. This apparently led to a dispersal of individuals involved in prostitution across the city leading to claims from Scotpep that attacks on individuals involved in prostitution had increased while visits to Scotpep's facilities for advice, needle exchange or condom supply had decreased<sup>113</sup>.

In February 2014, indoor prostitution was affected by the Council's Regulatory Committee decision not to licence saunas. After partner engagement on the issue, a 'Harm Reduction Framework for Sex Work' in Edinburgh was approved (Health, Social Care and Housing Committee, 2015), taking an 'holistic approach' where saunas and massage parlours were a focus with street and on-line prostitution to be included. Agencies and individuals involved in prostitution participated in the development and implementation of the Framework. Reports from NHS Women's Clinic indicated that the number of women attending the clinic service had decreased in 2014 (reduction in consultations of 9.8% from 2013) and a slight increase in rates of sexually transmitted infection was noted. This, despite any evidence to suggest the number of women involved in prostitution had reduced. However, through the provision of more accessible outreach support, engagement with another project

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<sup>112</sup> Written Submission from Glasgow Violence Against Women Partnership to the Prostitution Law Reform (Scotland) Bill Consultation (2015).

<sup>113</sup> As noted in the policy memorandum for the Prostitution Tolerance Zones (Scotland) Bill (2003), Scotpep evidence to the Local Government and Transport Committee.

(Sacro's *Another Way Service*) was reported to have increased, while a number of women were reported to be informally supported in saunas and at the Women's Clinic in Edinburgh. Needle exchange, condom supplies and signposting to other services continued to be provided by various agencies including NHS Lothian, Sacro *Another Way*, and Streetwork.

The Health, Social Care and Housing Committee (2015) progress report recommendations were that the Committee noted the: "innovative partnership working, improved service interventions and improving knowledge of issues facing sex workers that have taken place during year one of the Framework; and agree that responsibility to address the key improvement actions identified be remitted to the multi-agency group with a reporting line to Edinburgh's Chief Officers' Group - Public Protection" (p2).

### **Aberdeen**

In Aberdeen, Grampian Police pursued a prostitution management policy similar to Edinburgh in its aims. In both cities, interventions were aimed at providing a safer environment for individuals involved in prostitution which also enabled agencies to work with them and to offset criminal activity and nuisance for local residents. This approach can present a challenge in implementation for local authorities who are required to protect individuals involved in prostitution but who can subsequently be accused of aiding an illegal activity by introducing 'safety features' such as CCTV.

Like Glasgow and Edinburgh, Aberdeen faced a significant drug problem associated with prostitution which had increased during the late 1990s, with approximately 90% of individuals involved in street prostitution estimated to be intravenous drug users. Expansion of the area in which street prostitution had traditionally operated began to affect local businesses and a Sex Industry Forum was established as a task group of Aberdeen Community Safety Partnership aimed at resolving issues related to the unofficial zone and existing drop-in centre.

Lister (2008) conducted a small study in Aberdeen following the sudden end to the 'management zone' which had existed for six years in the city. Based on semi-structured interviews with three street-based sex workers, six project workers and one police officer, Lister illustrates the effects of the expansion of criminalisation as a result of this change. Her study shows increased 'risks' taken by women and the increasingly proactive approaches by women involved in prostitution towards men in the city, largely due to continued need to access money resulting from financial hardship.

The impact of re-gentrification in particular areas of Aberdeen and the subsequent change in working practices reflects developments in Edinburgh. The emergence of new technologies i.e. increasing use of the internet and moves to indoor prostitution has also continued to affect levels of street based prostitution.

### **Dundee**

There is limited evidence available on prostitution in Dundee and it would appear that there tends to be fewer individuals involved in prostitution than in other major Scottish cities. The Expert Group report (2004) indicated that there were approximately 10-15 women involved in street prostitution in Dundee with three to

four on the streets per night. Despite high numbers of drug users in the city it seemed that numbers of individuals involved in street prostitution remained low and as a result, there was no dedicated support service in place at the time of the data collection. McKeganey (2006), recounting his ethnographic research in Dundee as part of a study across the four major Scottish cities, noted that the situation in Dundee was 'markedly different' to Aberdeen, Glasgow and Edinburgh. There had never been a recognised street-based tolerance zone in the city and during his fieldwork he commented that: "On the basis of a series of two hour fieldwork visits to the city one had the impression of the near total absence of a street prostitution scene of any kind within the city". Police activity in the city meant that few women involved in prostitution actively contacted clients on the street, preferring instead to use telephone contact.

### **Consideration of 'policy drivers' across the country**

Models of service provision across the main Scottish cities, and the understandings of prostitution that underpinned them, were evident. Holmes (2005) considered the differences in attitudes and approaches to the regulation of street prostitution in Aberdeen, Edinburgh and Glasgow.<sup>114</sup> At the time of her study, Aberdeen had an operational tolerance zone which was operating with little opposition. Public consultation had helped to offset public dissent and there appeared to be effective multi-agency working with funding forthcoming for a new drop-in centre. Edinburgh, at the time, had adopted a policy of discretionary policing where possible, following the discontinuation of the cities tolerance zone. Glasgow, at the time, addressed prostitution through the Routes Out of Prostitution Social Inclusion Partnership (Scottish Executive funded) and viewed prostitution as harmful to women. Support services were in place across three of the cities which Holmes examined (Aberdeen, Glasgow and Edinburgh) to support women with drug and/or housing issues and to assist them to exit prostitution. In Aberdeen, the primary service provider was Drugs Action, in Edinburgh it was Scotpep, in Glasgow it was social-work run Base 75, a key partner in the Routes Out Partnership. Interestingly, while police respondents did not consider differences between the three cities to be significant, other respondents referred to the philosophical differences between, for example, Edinburgh and Glasgow. Holmes attributes the key differences in practice in the three cities to: people and organisations involved; and practical details of the prostitution 'scenes' characteristic of the cities.

Other features noted by Holmes (2005) included the areas where prostitution took place in terms of contact with the public (i.e. residential areas or not). Drug use was also noted as an issue (with estimated intravenous drug users believed to account for 95% of individuals involved in street prostitution in Glasgow compared to an estimated 50% in Edinburgh). The spread of HIV and AIDS was also distinct across the three areas with between 25% - 33% of Edinburgh's drug users infected with HIV in the early 1980s compared to less than 5% in Glasgow.

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<sup>114</sup> The study was based on documentary analysis, observation of Committee meetings and interviews with representatives of the three city councils, the three police forces, voluntary organisations working with women involved in prostitution in the three cities, representatives from two Health Boards and an interview with an MSP. This research was the basis for the author, Lucy Holmes' undergraduate dissertation, for the degree of MA (Hons) Social Policy, University of Edinburgh. She later joined the Routes Out evaluation team.

Holmes also considers characteristics of the cities in relation to religiosity (she suggests that people in Glasgow are more likely to define themselves as religious than Aberdeen or Edinburgh), socio-economic trends (Glasgow had higher unemployment and lower socio-economic prosperity) and political culture (stronger feminist influence and potentially “a more explicit gender awareness” (p80) in Glasgow). She highlights the challenge of introducing a nationwide policy that would be acceptable across the country. Differences were also evident in approaches to the development of policy across different local authorities – in Edinburgh and Aberdeen it was primarily police led, while in Glasgow the city council led within a multi-agency approach (Payne et al, 2004).

## **RESEARCH ON IMPACTS OF PROSTITUTION ON HEALTH AND WELLBEING**

Research conducted in Scotland on the impact of prostitution on the individual has focused significantly on street-work and associated problems. The discussion that follows reflects this but considers, where possible, findings from off-street prostitution.

### **Prostitution and ‘risk’**

Concerns from the late 1980s saw a range of research turned towards women and men involved in prostitution and where possible, their clients (e.g. Morgan Thomas, 1990) in Scotland and elsewhere in the UK and Europe (Plant, 1990). Fears surrounding the spread of HIV focused attention on those defined as ‘high risk groups’ with a view to estimating potential incidence and transmission of the virus and developing harm reduction practices to reduce this. Attention turned to the spread and incidence of HIV (Morgan Thomas et al., 1989; McKeganey and Barnard, 1992 and 1996; Rhodes et al., 1993; Taylor et al. 1993; Cusick, 1998) and there were claims of overlaps between markets for sex and drugs (May et al. 1999; Church et al. 2001). In a number of areas, this appeared to bring legislation into conflict with public health concerns (e.g. Matthews, 1990).

McKeganey, Bloor and Barnard conducted a number of studies in Glasgow into the ethnography of drug injectors’ behaviour and argued for accessible provisions for men and women involved in prostitution as well as attention to tackling the demand for prostitution by targeting ‘clients’ via outreach programmes. Their research explored the relationship between injecting drug use and prostitution in the spread of HIV infection (McKeganey et al, 1990; McKeganey and Barnard, 1992) and included both men and women involved in prostitution (Bloor et al, 1992). Over a six month period, individuals involved in street-work were contacted in two ‘red-light’ districts of Glasgow. 208 street-working women were contacted – an estimated 50% of the total number of street-working individuals involved in prostitution in Glasgow at that time (see McKeganey et al. 1990; Bloor et al., 1991). A high proportion of the women were injecting drug users (over 59% of new contacts), and it appeared that drug using women made up the majority of street-working individuals involved in prostitution, working more frequently and for longer hours than those who did not inject drugs (41% of new contacts). This research suggested that injecting drug users made up a much higher proportion of individuals involved in prostitution than was recorded in other cities such as London and Edinburgh (Barnard, 1993).

This body of work (by Barnard, McKeganey and Bloor) highlighted the ongoing risk of HIV transmission which women were subject to, despite evidence of risk reduction

practices. For example, women continued to be under pressure not to use condoms in their contacts with clients and were reluctant to use condoms in their personal relationships. While the latter point reflected a wider issue of low levels of condom use in heterosexual relationships, the violence and intimidation which women were subject to as street-working individuals involved in prostitution limited the potential efficacy of policy recommendations.

Morgan Thomas (1990) reports on a study of 205 sex workers in Edinburgh interviewed between July and December 1988 – of whom 102 were men and 103 were women. As she notes, this represented methodological access arrangements rather than being representative of Edinburgh's 'sex industry'. As found in other studies, Morgan Thomas reported that despite being relatively well informed about the risks of HIV infection, a considerable number of men and women were at risk, as were their clients "due to their acquiescence to pressure to engage in unprotected penetrative sex" (104). This was related to low rates of condom use with lovers and non-paying partners. She notes the most alarming conclusion of her study as being the fact that large numbers of mainly male<sup>115</sup> clients actively requested unprotected sex and were willing to pay more for this, with many (almost one quarter of the study group) prepared to participate in unprotected sex for additional payment. From interview data and general information, Morgan Thomas notes the different risks experienced by those who were intravenous drug users in comparison to those who were not. Intravenous drug use was far less common among research participants who were sauna, massage parlour and escort agency workers than among those who worked in bars and on-street.

### **'Vulnerability' and street work**

McKeganey and Barnard (1996) highlighted the growing recognition of the vulnerability and multiple deprivation of many women involved in street prostitution. This included experiences of poverty, drug and alcohol misuse, homelessness, abuse, and imprisonment. McKeganey (2006) considered the issue of 'tolerance zones' within the context of ethnography on street prostitution in Scotland (interviews with 33 women involved in prostitution on the streets across Edinburgh, Glasgow, Dundee and Edinburgh). The study highlighted that the majority of women said they had started to work as individuals involved in prostitution due to 'circumstances of dire need' (p155), with many funding a drug habit and some women describing experiences of childhood sexual abuse. A small number described their decision as a 'conscious occupational choice' (p155). Several women also appeared to have acquired a drug habit while working as individuals involved in prostitution. McKeganey comments that the language of choice appears inaccurate here; noting that the element of 'forced labour' has an impact on the extent to which prostitution could be considered as an occupational sector like any other.

The impact of involvement in prostitution had, for the majority of women in McKeganey's 2006 study, "a profoundly negative impact on their own sense of worth and their private lives with family, friends and partners" (p157). The need for 'psychological survival' also set this work apart from other employment sectors

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<sup>115</sup> Morgan Thomas notes that the majority of both male and female sex workers in her study had male clients, however a minority (11 men and 10 women) had both male and female clients and a smaller group (4 men and 2 women) reported female clients (1990: 93).

(p159). McKeganey describes the findings as indicating “a lifestyle of multiple pressures and multiple needs” (p 163).

Studies by Connell and Hart (2003) (men) and Connell (2010) (men and women), although small and largely involving individuals in contact with services and drawing on service providers perspectives, suggested that many individuals involved in prostitution had been in local authority care and had experience of being roofless/homeless (as did Hester and Westmarland, 2004). The difficulties experienced by those involved in on-street prostitution is highlighted by many studies (Matthews and Easton, 2010<sup>116</sup>; Matthews et al, 2014) with a number providing evidence on the backgrounds of individuals involved in prostitution (indicating that large numbers of women involved in prostitution became involved as children, spent time in care, report experiences of childhood sexual abuse). These claims have been contested elsewhere (UKNSWP), particularly in relation to indoor work where it is suggested similar experiences are less likely to characterise the background of individuals involved in prostitution (Sanders, 2005; Pitcher, 2015).

While problematic heroin and crack use is reported in many studies of women involved in street prostitution, similarly high levels of drug use and addiction do not appear to be found in studies of indoor sex work markets. Cusick (1998) conducted research with women working in each of the Glasgow prostitution sectors (street, sauna, flat, escort and ‘sugar daddy’) recruited by a multiple snowball sampling method which relied largely on research by privileged access. Data gathering was naturalistic and fieldwork extensive. Injecting, and acceptance of drug addiction was presented as a rationale for prostitution amongst individuals involved in street work in contrast with intolerance of routine drug use by individuals involved in indoor prostitution. However, it was suggested that forms of drug use (i.e. drug of choice) may vary but drug use itself remains a feature of **both** indoor and street-based prostitution with traditional demarcations between street drug users and indoor non-users diminishing.

In Cusick’s study (1998) recreational drug use appears to be popular amongst some indoor sector workers. Differing environmental conditions and the various ‘social’ demands of prostitution were linked with both contrasting applications and negative associations of at-work drug effects; with individuals involved in indoor prostitution using drugs to enhance the social aspect of their interactions with ‘customers’, and to counteract boredom; and individuals involved in street prostitution using drugs to cope with the dangerous environment and harsh working conditions. Negative associations of drug use in indoor sectors included loss of business acumen; while on the street, greater concerns with physical danger were expressed. By drawing attention to the range of social contexts in prostitution in Glasgow and showing the flexibility of norms these findings suggest that the health and education needs of individuals involved in prostitution may vary between sectors and over time.

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<sup>116</sup> Of 33 women who were surveyed by Matthews and Easton (2010), 16 reported that they did not currently use alcohol while 28 of the 33 were current drug users, most commonly using heroin (20 women) and methadone (12) and with drug use and type often increasing in direct relationship to their involvement in prostitution.

Subsequent work by Cusick and Hickman (2009) examined the relationship between prostitution and problematic drug use based on a subsample (from 125 'sex workers' with experience of any drug use) of 92 participants with experience of sex work and problematic drug use (80 women, 12 men). They report that 70 research participants had recently sold sex outdoors, the others 'indoors with associates' (p373). The study concluded that 'outdoor' and 'drift' sex work sectors may serve as a site for linking and reinforcing vulnerabilities, with these settings characterised by disorder, poor area reputations, crime and poverty. They note that the combination of involvement in prostitution and problematic drug created the potential for maximum harm.

Researchers such as McKeganey and Barnard (1992) in highlighting the potential risks to which individuals involved in street-prostitution are exposed, (in relation to injecting drug use and associated infections) argue for action to reduce potential harms, through accessible outreach and 'drop-in' services. They also outline the need for some form of intervention with potential purchasers through targeted outreach work.

### **Experiences of violence**

Connell and Hart (2003) indicated that men involved in prostitution in Glasgow and Edinburgh reported incidents and threats of violence, rape, sexual and physical assault perpetrated by 'clients' while McKeganey and Barnard (1996) described a range of violent behaviours towards women involved in prostitution in Glasgow ranging from name-calling to physical assault, rape and murder. While 'clients' of individuals involved in prostitution are often focused on as perpetrators, studies also showed that men and women involved in prostitution were at risk of actual and threatened violence by 'pimps', drug dealers, others involved in prostitution and members of the general public (Barnard, 1993, McKeganey and Barnard, 1996, Church et al 2001, Connell and Hart, 2003, Sanders, 2005). Fears about not being taken seriously by the police often meant that rates of reporting were low<sup>117</sup>.

For many individuals, reluctance to inform the police about experiences of violence was notable. It was suggested that this also meant they were reluctant to pass on information to the police about violent individuals and/or other forms of criminal activity (Pitcher, 2015). Individuals involved in prostitution expressed concerns about potential criminalisation should they contact the police and noted the potential for increased stigmatisation (Smith, 2015).<sup>118</sup> The policing model used in Merseyside has been noted as a positive example of good practice, where crimes against women involved in prostitution are treated as hate crime and where conviction rates for reported crimes against individuals involved in prostitution are high (All-Party Parliamentary Group, 2014).

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<sup>117</sup> Support services can report incidents 'remotely' so that anonymised reports can be passed onto the police e.g. Another Way, Edinburgh; Base 75, Glasgow.

<sup>118</sup> Interestingly, O'Neill et al (2015) note that the decriminalisation of sex work in New South Wales (Australia) followed on from the Wood Royal Commission in 1997 which concluded that police corruption was endemic and that well-run brothels would offset the potential for corrupt conduct by the police.

National Ugly Mugs (NUM) is a project managed by the UK Network of Sex Work Projects and a third-party reporting mechanism which shares information to provide legally compliant warnings to members. NUM also supports victims of crime to report to the police and signposts individuals to appropriate local services. Reports received by NUM were analysed from July 2012-July 2014 by the Leeds Social Sciences Institute at the University of Leeds. 74% of reports came from support projects (n=710) and 17% from individual sex workers. Only 6% of reports were based on information from the police. 93% of reports submitted were from women (5% male, 1% transgender and 1% unspecified). Over half of the reports (60%) were from street sex workers, almost 25% were from 'independents' and a further 7% from workers in brothels, saunas and parlours. The most prevalent form of crime reported was violence (419 reports) 409 of this number submitted by women, and 322 reports from street-based sex workers (followed by 11% private or independent market; 6% brothels, saunas and parlours). Robbery and attempted robbery was experienced by 20% of reportees; 162 incidences of rape were reported (17% of reports).

In general, studies which are largely focused on on-street prostitution highlight experiences which include violence, problematic drug and/or alcohol use, homelessness, harassment from police and communities, criminalisation and challenges accessing statutory services (Pitcher, 2006).

The relative 'safety' of on-street versus indoor prostitution is however, unclear. It is recognised that indoor prostitution is not homogenous and that certain circumstances will increase risk. For example, Easton and Matthews (2012) conducted research with women trafficked into commercial sexual exploitation (CSE) in Scotland (ten women and additional written documentation). Their interviews indicated that CSE commonly occurred in privately owned flats with most victims kept indoors, supervised and controlled. Other studies have suggested that street work can be safer than some forms of off-street working (Abel and Fitzgerald, 2012) with different forms of prostitution making it increasingly difficult for harm reduction services to detect or access women (Cusick and Berney, 2005). Farley et al (2009) challenged the view that indoor prostitution was safer than outdoor prostitution arguing that many of the 'most vulnerable' women were kept under control indoors. Matthews et al. (2014) indicated that women involved indoors in saunas and flats were subject to a range of constraints, coercion and exploitation – a point also made by O'Neill et al (2015) who noted that some forms of off-street working may be less safe than street sex work, despite the general association of the latter with lack of safety.

Concerns that policy reforms may have the potential to create a 'spatial shifting' of prostitution from on-street spaces to increasingly exploitative off-street spaces are voiced by Hubbard and Scoular (2009), while Sanders and Campbell (2007) have highlighted mixed evidence concerning the working conditions and safety within the indoor industry. Importantly, they highlight the potential to improve safety for individuals involved in prostitution through appropriate 'harm-reduction' measures, enhancing working practices and enabling individuals involved in prostitution to work in circumstances where they have some degree of control over their environment (i.e. working collectively without risk of prosecution).

## LEGAL CONTEXT

The settled approach to criminalisation in Scotland has been to prosecute individuals involved in prostitution (known to the police following two police warnings) for soliciting and loitering offences. While there is a long legacy of legal intervention in relation to prostitution, it is outwith the scope of this report to present the historical development of law and policy here. Of note however, is that legal attention has generally focused on the individual involved in prostitution, and until 2007, the purchaser was not subject to prosecution. In 2007 a commitment to penalise kerb-crawlers, and thus the demand for prostitution, came into force (Prohibition and Public Places Act (2007)). Current legislation is summarised below:

- (i) **Individual loiters/solicits for purposes of prostitution**<sup>119</sup> – this has been an offence since 1982 (although women involved in prostitution have been subject to legislation prior to this) and an individual must have received two warnings from a police officer for prostitution before it can be proved that they are involved in prostitution. Thus, they can only be reported for an offence on the third occasion.
- (ii) **Purchaser loiters/solicits for purposes of obtaining services of a person engaged in prostitution**<sup>120</sup> – this was made an offence in 2007. The key difference between this offence of being a purchaser and the offence of loitering or soliciting for the purposes of prostitution, is that there is no requirement to prove that the person from whom services are being obtained is ‘a known prostitute’, only that they were engaging in prostitution at the time of the offence. This means that a purchaser can be prosecuted on the first occasion. This legislation was supplemented in 2011 by an Order<sup>121</sup> giving power to the Court to disqualify convicted persons from driving, where a motor vehicle was used in the commission of the offence.
- (iii) **Payment of sexual services of a child**<sup>122</sup> - this legislation was primarily introduced to allow the Chief Constable to apply to the Sheriff for a Prevention of Sexual Harm Order, where a convicted sex offender is residing in the local area and there is a risk of harm. It also introduced the offence of paying a child or a third party to have a sexual encounter with a child. Its under-utilisation has been criticised (Barnardo’s, 2015) and defended on the grounds that, where possible, the Crown would prefer a charge of rape (Justice Committee, 2014).
- (iv) **Brothel Keeping**<sup>123</sup> - Offences under this section include ‘obtaining immoral earnings’ and ‘managing an immoral house’ or being the tenant or occupier of an ‘immoral house’.
- (v) **Human trafficking**<sup>124</sup> – there is now legislation to specifically make it an offence to exploit another human being. Exploitation is defined within the

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<sup>119</sup> Civic Government (Scotland) Act 1982, section 46.

<sup>120</sup> Prostitution (Public Places) (Scotland) Act 2007, section 1.

<sup>121</sup> Prostitution (Public Places) (Scotland) Act 2007 (Disqualification from Driving) Order 2011, section 3.

<sup>122</sup> Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005, section 9.

<sup>123</sup> Criminal Law (Consolidation) (Scotland) Act 1995, section 11.

<sup>124</sup> Human Trafficking and Exploitation (Scotland) Act 2015, section 1 (offence), 3 (definition of exploitation) and 9 (support for victims).

Act and covers sexual exploitation. Trafficking can be within one jurisdiction and does not need to cross borders. This legislation also makes specific provision for support and assistance to victims of trafficking.

Recent interest in prostitution, increasingly referred to as 'commercial sexual exploitation' (CSE) arose with the introduction of Scottish legislation aimed at dealing with human trafficking. During this process, interest in the relationship between CSE and human trafficking became increasingly pronounced – although continually contested. The 2015 Human Trafficking and Exploitation (Scotland) Act acknowledges 'coercion' but does not set out explicit measures to tackle prostitution in Scotland. A number of international instruments also address human trafficking and various aspects of prostitution from a human rights perspective including the 1949 Convention for the Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others, adopted by the UN General Assembly.

### **LEGISLATIVE DEVELOPMENTS<sup>125</sup>**

There have been various attempts to introduce legislation in Scotland, such as the Prostitution Tolerance Zones (Scotland) Bill which was introduced to the Scottish Parliament by Margo Macdonald MSP on 8 September 2003. The Bill would have enabled local authorities to designate areas within their boundaries as 'prostitution tolerance zones', amending section 46 of the Civic Government (Scotland) Act 1982 to ensure that loitering, soliciting or importuning by prostitutes within these zones was not illegal – effectively decriminalising soliciting within a designated area.

Although the Bill was not progressed, the (then) Scottish Executive established the Expert Group on Prostitution (the Expert Group) in 2003 following the suggestion of the Local Government and Transport Committee during its' consideration of the proposal on tolerance zones. The Expert Group's task was to consider the legal, policing, health and social justice issues surrounding prostitution in Scotland. In 2007, a new offence which allowed for the prosecution of those who purchase sex (see above).

In April 2010, an attempt was made to criminalise the purchase of sex but was rejected. A similar Bill was subsequently introduced by Trish Godman in 2011 but was also unsuccessful. A more recent attempt to introduce legislation in the Scottish Parliament in relation to prostitution include Rhoda Grant's *Proposed Criminalisation of the Purchase of Sex (Scotland) Bill (2)*. The draft proposal was lodged on 11 September 2012 for a Bill to make it an offence to purchase sex. The proposal was accompanied by a consultation document which received 953 responses in total but it did not receive cross-party support.

In September 2015, Jean Urquhart introduced a proposal for a Bill to decriminalise activities associated with the buying and selling of sexual services and to strengthen the laws against coercion in the sex industry (*Prostitution Law Reform (Scotland)*)

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<sup>125</sup> A number of studies have been carried out into wider aspects of 'sex work' in Scotland. Several of these studies (i.e. Bindel, 2004; Lister, 2012) challenge the notion that legalisation is likely to improve working conditions for women in, for example, lap dancing arenas.

*Bill*). This Bill aimed to reform and repeal existing laws which criminalise activities associated with sex work and to introduce more robust safeguards against coercion and exploitation. This has not been progressed.

### **Criminalisation**

Although women were not imprisoned for soliciting (by the late 1990s) they could be imprisoned for failure to pay associated fines. 'Other crimes of indecency' constituted the only category in the crime statistics where more women than men were convicted<sup>126</sup> and according to the Ministerial Steering Group on Women's Offending (2002), 10% of women imprisoned for fine default in 2000 (59 out of 616) had been originally fined for soliciting.

In 2004, the Expert Group concluded that the current legislation (at that time) was unfair on the grounds that it was an example of inequality. In reviewing the options, the Expert group considered that soliciting and loitering offences should be repealed and exchanged with: "*offensive behaviour or conduct arising from a prostitution related sexual transaction - whether caused by purchaser or seller*" although the Scottish Government did not follow their recommendation. The Expert Group sought to address general concerns that penalties such as fines and custodial sentences have no rehabilitative function recognising that these disposals can often impact on work undertaken by other agencies.

Matthews and Easton (2010) note that evidence from police statistics suggested a decrease in the number of women being charged with prostitution offences in Glasgow over the last decade (from estimated 1100 in early 1990s to approximately 250 in 2009). This was also related to changes in the organisation of prostitution over this period in the city, with a move away from traditional areas within the city centre. As well as geographical diversification, there was also evidence that women were involved in prostitution during the day and night, however, only 13% of women accessing Base 75 between March and July 2010 (150 different women) were known to the police as being involved in street prostitution.

Over the same period, Strathclyde police charged a further 60 women with prostitution-related offences, all of whom were unknown to the main support services; this suggests that the number of women involved in street prostitution in Glasgow was higher than had been estimated. Notably, 28% of women accessing the Base 75 drop-in lived in other local authorities and a review of the 150 women known to Base 75 indicated that most had around four to five different agencies involved with them at any one time. Most agencies were unaware of the women's involvement in prostitution and in some cases, unaware of the role of other agencies in her support, suggesting a significant amount of duplication.

Whilst the number of prosecutions of persons involved in prostitution appears to have markedly decreased, the number of prosecutions is still higher than it is for those involved in the purchase of sex. In 2012-13, 127 charges were made under the Civic Government (Scotland) Act 1982 for loitering for the purposes of prostitution and 27 for soliciting; while 65 charges were prosecuted under the

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<sup>126</sup> This category included prostitution.

Prostitution (Public Places) (Scotland) Act for soliciting for the purposes of obtaining the services of a prostitute and 48 for loitering for the same purpose.<sup>127</sup>

Many respondents to various consultations on either the criminalisation of the purchase of sex and/or proposals for decriminalisation have clearly noted that they did not believe that individuals involved in prostitution should be criminalised. Sanders (2007) notes that leaving prostitution is hampered by involvement with the criminal justice system with non-payment of fines potentially increasing rates of imprisonment for women.

There are obvious tensions which characterise prostitution policy in relation to those involved in street prostitution, predominantly women, where their vulnerability is often highlighted yet who remain subject to ongoing criminalisation – despite the fact that all the evidence highlights that a criminal record is a formidable barrier to finding employment and a way out of prostitution. Carline and Scoular's (2015) analysis of the Engagement and Support Orders introduced in England and Wales highlight the underpinning problems of the 'enforcement plus support' model. Sanders (2007) also challenges the notion of 'compulsory rehabilitation' and current developments to manage street prostitution via emphasis on exiting implement through anti-social behaviour legislation mechanisms; a practice she refers to as 'public patriarchy' (2009).

The All-Party Parliamentary Group (2014) recommended removing soliciting offences that target women involved in prostitution from statute, dealing with persistent anti-social behaviour under ASB legislation and diverting women from the criminal justice system wherever possible while at the same time, increasing penalties for those controlling individuals in prostitution and at the same time, reviewing the law to prevent the prosecution of individuals independently selling sex on the same premises for the purpose of their safety.

### **'Demand'**

While the number of individuals involved in prostitution is relatively unknown, the demand for prostitution is potentially unknowable. Recent figures on the purchase of sex were obtained by Fuller et al. (2015). Their study *Natsal-3*, estimated that 4% of men in Scotland have paid for sex. The figure for women was 0%. Although the sample used was fairly small (508 men and 643 women) the study used a random probability sample and is considered to be generally representative.

Evidence from a review of relevant research for the Home Office Review on tackling the demand for prostitution suggests that the arrest of the purchaser may be the single biggest deterrent to buying sex (see Wilcox et al, 2009). In Scotland, a study carried out by the Women's Support Project (2008) indicated that, based on interviews with 110 men (80% of whom had bought sex indoors, while 56% had bought sex outdoors), the five key deterrents to purchase of sex were: being added to the sex offender register (89%); spending time in jail (79%); increased criminal penalties (72%); having their car impounded (70%) and higher fines (69%). Although this was an exploratory study, it was strongly criticised by a number of

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<sup>127</sup> Available figures are for the time period 2003-2013: see Freedom of Information Request published 01 July 2014 available at [www.copfs.gsi.gov.uk](http://www.copfs.gsi.gov.uk)

academics, 18 of whom produced *A Commentary on 'Challenging Men's Demand for Prostitution in Scotland'* collectively arguing that the study did not meet standards of academic rigour, nor was it grounded in empirical research ethics (see Sanders et al, 2008).

The Women's Support Project study did, however, reflect findings from other studies (i.e. Farley et al, 2009) who interviewed 103 men in London who had bought sex, finding along with McKeganey and Barnard (1996); Coy, Horvath and Kelly (2007) that biological imperative or basic rights as consumers appeared to be at the root of the reasons given for purchasing sex. 96% of the men in Farley et al (2009) had bought sex indoors (in brothels, flats, saunas, massage parlours).

Matthews and Easton (2010) note that in recent years there has been a greater focus on male clients as culpable, while women are increasingly viewed as vulnerable and in need of support rather than punishment (e.g. high numbers of problematic drug users, estimates that between 25-50% of women in street prostitution are homeless). Alongside this, research on male clients suggests that demand for prostitution is often opportunistic and that most male clients would be deterred by relatively low level sanctions.

One of the recommendations of the review conducted by Matthews and Easton (2010) was that "Greater emphasis needs to be placed on reducing 'demand' from male clients" (p6). Their final recommendation states: "The aim of removing street prostitution within three years is a realistic possibility if a concerted multi-pronged strategy is developed and this objective should be formally adopted by all the key agencies". (p6). The conclusions note that "If legislation is passed outlawing the purchase of sexual services street prostitution could be removed in an even shorter period of time" (p72). However, the Association of Police Chief Offices in Scotland (ACPOS) have highlighted concerns about implementation.

### **'Exiting'**

The extent to which 'exiting' prostitution is a difficult and lengthy process is debated (Hester and Westmarland, 2004). Cusick et al. (2011) highlight the challenges which characterise the exiting process, which they view as signifying a shift in emphasis that parallels the 'harm to health' change in drug policy focus; with prostitution strategies shifting from public health to an emphasis on exit. They note the emphasis placed by exiting programmes on addressing problematic drug use, high rates of which are reported among women involved in street prostitution, in contrast to lower levels of problematic drug use found amongst individuals involved in indoor prostitution. Their paper brings together findings from a 2002 Home Office funded study of sex work and drug use and a 2007 UK Network of Sex Work Projects review of specialist services for sex workers which examined 'exiting services' within projects. Their discussion highlights the complex variables of 'exiting' and the importance of adequate resourcing that is necessary to support individuals move out of prostitution.

Bindel et al (2012); and Matthews et al (2014), suggest that exiting prostitution is a process which can be relatively easy, or facilitated by appropriate agency interventions. Sanders (2007) highlights that structural, political, cultural and legal factors are key to trapping women in prostitution. Policy and practice which does not

address these wider structures is unlikely to make improvements to the lives of individuals involved in prostitution and can, on occasion, exacerbate existing problems. Matthews et al. (2014) argue that the necessary resources for making exiting prostitution more widely available should be provided (as does Cusick et al, 2011). They challenge scepticism about exiting put forward by Cusick et al (2011) who suggest that exiting is a lengthy and problematic process by countering this on the basis of their research which shows that many women are able to leave prostitution with a limited degree of formal support while others appear to exit unaided by formal agencies. Drug use, rather than being a key component for entry to prostitution may in fact increase as a result of involvement in prostitution. They also note that there is a tendency to overestimate the role of drugs in keeping women 'trapped' in prostitution. On the basis of their research, drug use is only one of a number of barriers to exiting.

## **SUMMARY**

Literature on Scotland is limited, much of it dated and focussed on street work. Limited information is available on indoor prostitution, however, that which exists suggests there is greater diversity amongst individuals involved (although women still constitute the vast majority). Obtaining estimates of numbers involved is challenging, especially in relation to indoor prostitution, and this has presented difficulties for policy and practice based on existing evidence which appears to rely considerably on data from street-based prostitution. Research on impacts has focussed predominantly on street work and associated problems and there is limited information on indoor prostitution. However, the literature highlights a range of risks and adverse impacts such as HIV and STI infection, vulnerability and multiple deprivation, links with drug use, and adverse impacts on wellbeing.

There is evidence of divergence in approaches across the four major Scottish cities which has emerged in response to specific concerns (such as drug use and HIV; concerns around safety and agency leadership). However, the challenges of identifying the extent and nature of prostitution are significant due to the absence of robust data and disagreement around appropriate responses, noted for example by the Equality and Human Rights Commission Scotland (2009) at their debate on prostitution in Scotland. While such debates and contested knowledges are evident across Scotland, they are also features of national inquiries such as the House of Commons Home Affairs Committee (2016) who examined a range of legislative approaches to prostitution but were unable to draw clear conclusions on the basis of available evidence; and international reviews (see the Evidence Assessment of the Impacts of the Criminalisation of the Purchase of Sex, 2016).

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