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

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Executive Summary

Background

LKJ research was commissioned by the Scottish Government's Violence Against Women and Girls Justice Unit, on behalf of the Scottish Ministers, to conduct lived experience research with people who sell or exchange sex. The project was planned in order to inform work related to the Scottish Government Programme for Government commitment to develop a model for Scotland which effectively tackles and challenges men's demand for prostitution. This model will also aim to reduce stigma and criminalisation experienced by women and encourage better access to services and support.

Within the suite of research designed to inform the model for Scotland, the remit of this research was to focus on support service provision. To this aim, the research looked to map current service provision in Scotland with a view to understanding the current service landscape and identifying any gaps in provision. Lived experience input was sought across three areas: accessing service provision, experiences and impact of support and ideas for future service design. The research took place over a period of 6 months from December 2021 to May 2022.

The Mapping Survey

The first strand of research was a mapping study aimed at understanding current specialist service provision for people who sell or exchange sex, across Scotland, as well as exploring the perceived levels of understanding around the support needs of this population in mainstream services. This research was completed using two surveys, one for professionals with suitable oversight at a local authority level, and one for completion by identified specialist services. The survey questions involved identifying specialist services, information about the specific support they provide including routes in and eligibility, and ratings of the levels of expertise in mainstream services, including brief discussion of the positive practices and challenges that have informed this rating. Of the 32 local authority areas in Scotland, representatives from 31 completed the initial mapping survey. From this, 16 specialist services were identified.

Findings:

- The mapping of specialist services revealed substantial gaps in provision of in-person support for people who sell or exchange sex.
- Whilst some remote support, or assistance with relocation was available, this was only for those who met strict eligibility criteria; including women who have been trafficked, and those who have already exited from involvement in selling or exchanging sex. In many areas, individuals seeking support around selling or

exchanging sex would need to rely on mainstream service provision, or to travel to a service at their own expense.

- An interactive map was compiled with locations of each service, details of the support they provide, and eligibility criteria.
- A final map was compiled based on professional ratings of the expertise in mainstream services around the needs of people who sell or exchange sex, in their area. The majority of areas were rated as having a basic understanding (n=24), with smaller numbers rated very good (n=4), or poor (n=3).
- Key practices the professional respondents rated as helpful for improving understanding were joined-up and partnership working, clear position statements and the availability of training.
- Identified challenges were inconsistent approaches, a lack of joined up and partnership working, stigmatised views, lack of training options and 'it doesn't happen here' attitudes.

Lived Experience Engagement

In the second strand of research, the lived experience engagements were conducted either through an individual online interview with one of the research team, or through a facilitated survey conducted at a support service. Both the survey and the interview included three sections of open-ended questions focussed around accessing services, experiences and impact, and future service design. Interview participants also completed a short online survey as part of the service mapping element. The interviews were semi-structured, allowing participants space and time to share anything they felt might be particularly relevant.

The facilitated survey in particular was designed to maximise engagement from a population understood to have strong concerns around confidentiality. Through services recruiting and collecting data, participants were able to take part without the research team ever knowing any identifiable information about them. Participants either completed the survey online with the support of a worker at the service, completed it online independently, or completed it on a paper copy which was then inputted into the online survey website. Where required a translator assisted with survey completion. This method had substantial advantages, meaning that for many, their concerns about confidentiality were addressed, that participant information was shared by a trusted worker, and that there was support available immediately should they feel uncomfortable at any point during the survey.

The disadvantages however are that completing the survey in a service, and often with the worker typing their answers for them, may have impacted on the information that they shared, especially on positive reflections on their experience with that service. The research attempted to address this through training given to facilitating services, as well as through ensuring the research asked about experiences at previous services as well as the service they were currently engaged with. There were more negative experiences than positive

reported in these engagements which can be considered indicative that these measures were successful. It is the opinion of the researchers that as the project was conducted on a tight timescale and remotely due to restrictions of the Covid-19 pandemic, without the facilitated survey option the majority who took part this way would otherwise not have taken part at all. The facilitated surveys were therefore utilised, with the potential limitations flagged within the report.

A total of 71 participants took part in the lived experience engagements. 9 through an interview and 62 using facilitated surveys. Of these, 65 were female, 3 male and 3 non-binary. Included in this sample were participants from the four largest cities in Scotland, as well as from smaller cities, towns and rural areas.

Findings:

- Participants were frequently accessing a number of mainstream services, with support being sought for an average of 7 different needs (such as addictions, housing or mental health).
- When accessing specialist services, participants valued being able to use a range of remote methods including telephone support, video calling, text messages and instant messaging, however face to face contact remained vital for a large number of participants who do not have access to technology, or do not feel comfortable engaging in this way.
- Referrals from other services, proactive outreach, provision of drop-in support and the option of self-referral were all utilised regularly as routes into services.
- Key barriers to engagement with support services identified included fear or judgement and stigma, not knowing services existed or that they were eligible, difficulties trusting, and challenges presented by peers or others in their lives who may either be accessing the services too or exerting control over their movements.
- Additionally, there were a number of identified practical barriers including the need for services to be open at evenings or weekends, waiting lists, difficulties getting appointments and services not being easily accessible by public transport.
- Participants further expressed concerns about the impact of accessing specialist support around selling or exchanging sex on their other support such as benefits, or eligibility for supported housing.
- Participants shared that where there was a clear service offer with tangible benefits including a combination of practical and emotional elements, support had the potential to be life changing.
- The main facilitators of engagement were individual worker approaches, especially being knowledgeable, consistent, non-judgemental, working in a person-led way and ensuring those engaged with the service feel they are ‘treated like a human’.

- Barriers included feeling workers were not knowledgeable, not feeling heard, and being judged.

Conclusions

The report draws together a number of detailed conclusions and suggestions for future service design. Conclusions focus on the need for improved knowledge across mainstream services, especially in reducing stigma and judgement and increasing consistency of approach, the value of joined up and partnership working, the importance of support in this area being practical, holistic and tailored to individual needs and the importance of clear communication to ensure individuals know exactly where services are, who is eligible and what they offer.

Definitions

The definitions used in this research are drawn from existing definitions used in the Sexual Offences Act 2003 (legislation.gov.uk).

- **Prostitution: '**prostitute' means a person who, on at least one occasion and whether or not compelled to do so, offers or provides sexual services to another person in return for payment or a promise of payment to [another person] or a third person; and "prostitution" is to be interpreted accordingly.
- **Payment:** means any financial advantage, including the discharge of an obligation to pay or the provision of goods or services (including sexual services) gratuitously or at a discount. An example of this may be paying rent on an individual's behalf, a parking ticket or fine, providing drugs or luxury items or services at a discount.
- **Sexual services** are defined as in-person exchanges of physical sexual contact.
- **People who sell or exchange sex or individuals involved or engaged in prostitution:** This is the preferred language used in this research to include any adult who has ever been involved in prostitution, whether or not they are currently still involved. Variations which may be used when referring to data disaggregated by sex are women who sell or exchange sex, and men who sell or exchange sex.
- **Specialist Services:** a service which only provides support for people who sell or exchange sex. This may be a standalone organisation or a specialist team or individual worker within a larger organisation which also provides broader services.
- **Mainstream Services:** any other services which people who sell or exchange sex may engage with or seek support from, which also provides services to people who do not sell or exchange sex. Previous research indicates this is likely to include but is not limited to:
    - Addictions
    - Domestic Abuse
    - Foodbanks
    - Faith-based and community organisations
    - Housing
    - Health Visitors
    - NHS: GP's, sexual health, maternity, accident and emergency services
    - Criminal Justice
    - Social Work
    - Children and Families
    - Police Scotland

1 Introduction

LKJ Research was commissioned by The Scottish Government's Violence Against Women and Girls Justice Unit, on behalf of the Scottish Ministers to conduct lived experience research with people who sell or exchange sex in Scotland. This research aimed to inform work related to the Scottish Government Programme for Government commitment to develop *a model for Scotland which effectively tackles and challenges men's demand for prostitution* – which will also aim to reduce stigma and criminalisation experienced by women and encourage better access to services and support. The Scottish Government has committed to engaging with those with lived experience of selling or exchanging sex in the development of this approach. Within the suite of research designed to inform the model for Scotland, the remit of this research was to focus on support service provision. To this aim, the research looked to map service provision in Scotland with a view to understanding the current service landscape and identifying any gaps. In addition to this mapping, lived experience input was sought across three areas: accessing service provision, experiences and impact of support and ideas for future service design. The research took place over a period of 6 months from December 2021 to May 2022.

1.1 Background

There is no accurate information on how many people sell or exchange sex in Scotland. This lack of population-level data is not unique to Scotland, it is reflected globally and can be attributed to the hidden nature of selling or exchanging sex, likely fuelled by concerns around legality, stigma and judgement. The complexities of estimating the population who sell or exchange sex are widely acknowledged, with additional complexity associated with the move to online selling and advertising (Sanders et al., 2018). There is some limited demographic data in Scotland, for example the Encompass Network conducted a snapshot survey of people accessing their services, which collected the information of 150 women accessing support in November 2021[1]. The women in the report gave useful information on the needs of women accessing services, however without a sense of the overall population of people who sell or exchange sex, it is impossible to know whether the results of this are representative of the overall population who sell or exchange sex in Scotland. Despite the lack of conclusive data, the majority of people who sell or exchange sex are widely believed to be women (see for example, Pitcher, 2015).

This research begins from the standpoint that qualitative research is not only the most practical approach, with it not being possible to take generalisable samples of an unknown population, but also that it is the most appropriate to gain the rich, nuanced understanding of the experiences and ideas people have. When looking at the provision of support, this understanding of detailed experience on an individual level is essential to

[1] Encompass Snapshot Briefing (encompassnetwork.info)

inform a system that supports all the needs each person may present with and can be appropriately tailored to provide maximum benefit to people who wish to engage. The majority of data in this report is therefore qualitative, but additional quantitative data has been collated around demographics, as well as specifics of services accessed, routes-in and methods of accessing services. These choices were made as numeric data and were considered especially useful in enhancing current understandings around service access. This report does not claim to provide a definitive answer or framework for support, but rather reflects suggestions and ideas from those with lived experience, that could be revisited, and adapted as knowledge in this sector evolves.

1.2 Identified Support Needs

In September 2020, the Scottish Government undertook a national public consultation on challenging men's demand for prostitution, working to reduce the harms associated with prostitution and helping women to exit.[2] Alongside gathering views on the Scottish Government's approach to tackling prostitution, the impact of Covid-19 restrictions on women involved, and the violence against women policy approach, the consultation responses provided some insights into support service provision. The key messages from the consultation around support suggested that common support needs for people who sell or exchange sex are likely to include financial support, peer-led support, housing support, healthcare including addiction support, education, employment, and training. Responses stressed the importance of support being holistic, tailored, and person-centred, and highlighted the negative impacts of stigma and judgement on accessing services and support provision. The consultation reflected the importance of recognising that not all those who sell or exchange sex need or want to exit and ensuring that support should never be contingent on exiting. A substantial barrier raised in relation to accessing support was criminalisation of the selling of sex. Building on this public and professional input into the consultation, this research sought to provide detail and nuance about the ways in which these support aims can best be met, as well as identifying additional considerations for providing effective support from those with lived experience.

The Encompass Network Snapshot provides a useful indication of the support needs women selling or exchanging sex in Scotland might have. The review of the support needs of 150 women engaged with services during a week in November 2021 revealed that support was most frequently required around mental health (n=89), finances (n=83), safety (n=81), housing (n=78), benefits (n=71), and addictions (n=68). A substantial number of women required some form of practical assistance (n=74). Other identified support needs amongst this group include civil and criminal justice, debt, digital access, exiting, homelessness and immigration. Whilst this only reflects the needs of women supported by 7 Encompass Network services, it does provide a useful indicator of the range of support needs people who sell or exchange sex in Scotland may experience. Other research from Scotland reflects

[2] Equally safe - challenging men's demand for prostitution: consultation analysis - gov.scot (www.gov.scot)

this picture too. Although dated, work conducted in Scotland in the 1990's identified the prevalence of multiple complex needs amongst those who sell sex on the street, including addictions, poverty, abuse and homelessness (McKeganey et al., 1990).

Globally, there are a number of pieces of research that provide an insight into the support that people who sell or exchange sex might require. Whilst it is acknowledged that not everyone who sells or exchanges sex will want or need support, for those who do, the range of identified support needs are consistent. Reflecting the Encompass Network Snapshot study, as well as the Scottish consultation, these identified support needs include: poverty, mental health and trauma support, physical health, employment, addiction, accommodation, and personal safety. A key selection of studies highlighting these needs internationally and in Scotland are explored here.

Research from the US found that all participants engaged with one support programme required assistance around poverty (Shdaimah and Bailey-Kloch, 2014). Numerous other studies reflect poverty as the core identified support need. In Scotland, research in Aberdeen identified financial hardship as being a key driver to selling or exchanging sex (Lister, 2008). This was further reflected by one ethnographic study where participants in Glasgow reportedly began selling sex out of extreme financial need (McKeganey, 2006). Related, is the finding from two small Scottish studies that many men and women who sell sex have experienced homelessness (Connell, 2010; Connell and Hart, 2003).

Childhood abuse and trauma has been noted to be prevalent in populations who sell or exchange sex (Thorlby, 2015). Ethnographic research in Glasgow found a prevalence of childhood abuse amongst women selling sex on-street (McKeganey, 2006). Additionally, research has identified high levels of emotional abuse resulting in increased diagnoses of post-traumatic stress and depression (Roe-Sepowitz, 2012). Identified mental health needs have alternately been described as 'burnout' (Vanwesenbeeck, 2005) and psychological strain and stress (Sanders, 2006). Regardless of researcher explanations, the need for robust mental health support to be available is clear.

Risks to physical health related to selling or exchanging sex have been studied in Scotland, with a quarter of the men and women selling sex in Edinburgh interviewed for one study sharing that they would acquiesce to the pressure from sex buyers and have sex without a condom for extra money (Morgan Thomas, 1990). This necessarily carries substantial risk of sexually transmitted infections, and illness. Addiction is also often identified as a core support need with attention given to the complex interplay between addiction and selling or exchanging sex (Roe-Sepowitz, 2012; Shdaimah and Bailey-Kloch, 2014). Substance use and the sale of sex is considered to be mutually enforcing with drugs understood to both be used as a coping mechanism to deal with experiences selling sex, and also necessitate the sale of sex financially (Matthews et al, 2014; Gorry, Roen, and Reilly, 2010; Cusick and Hickman, 2005). One study found that in the US over half of all women entering treatment for addiction had either sold or exchanged sex (Burnette et al., 2008). Research in Scotland has largely focussed on the street-based selling of sex and amongst

this population levels of addiction are reportedly high. One study in Glasgow estimated that 97% of the 1400 individuals involved in selling sex on-street were injecting drugs users (Payne et al., 2004). Another study indicated that 95% of those involved in street-based selling of sex in Glasgow were injecting drugs users, with the figure for those in Edinburgh estimated at 50% (Holmes, 2005). Additionally, a series of studies in Glasgow found that women who injected drugs sold sex more frequently, and spent longer selling sex on each occasion than those who did not inject drugs (Bloor et al, 1991; McKeganey et al., 1990). One Edinburgh study however, did identify much lower levels of injecting drugs amongst participants who sold sex in saunas, massage parlours and private accommodation than those who were street-based (Morgan Thomas, 1990). Building on this, a study in Glasgow identified that drugs use is a feature of both on-street and off-street sale of sex, but the drugs use varied with crack-cocaine and heroin used more on-street, whereas those selling sex indoors were reportedly more likely to take cocaine or alcohol either with men buying sex, or to alleviate boredom (Cusick, 1998). This study was particularly important in highlighting the variance in the relationships that individuals have to substance use, even though it challenges the perceived divide between prevalence of the use of drugs on-street and off-street. This differentiation is particularly important when considering the change of dynamic of the sale of sex since these studies were conducted, brought about by the adoption of technology and online methods, and the observed decline in the sale or exchange of sex on-street.

Support around safety and dealing with the impact of crime are other commonly identified requirements. Substantial evidence indicates that people who sell or exchange sex are at higher risk of violence and assault. US based studies found that women who sell sex are eighteen times more likely to be murdered than a woman in the general population (Potterat et al., 2018) and are often targeted by serial offenders (Quintet, 2011). A UK based study indicated that here women who sell sex are five times more likely to be a victim of homicide than a woman who does not, even when controlling for socioeconomic factors (Cunningham, 2018). This high risk of violence can be linked to a need for corresponding support. Research from Glasgow and Edinburgh reflects this high risk of violence, with perpetrators identified as being men buying sex, as well as 'pimps' or managers and the general public, and violence ranging from threats through to rape and murder (Barnard, 1993; McKeganey and Barnard, 1996; Church et. al, 2001; Connell and Hart, 2003; Sanders, 2005). Despite this identified risk of violence and assault, additional papers from Scotland have highlighted the reluctance that many people who sell or exchange have to report these incidents to the police with barriers including stigma, fear of blame, and fear of arrest (Pitcher, 2015; Smith, 2015). The lack of trust in the police and justice systems represents a substantial barrier to accessing justice and associated victim support.

As well as ongoing needs for support, research suggests that many of the issues people who sell or exchange sex face have been exacerbated by the Covid-19 pandemic and associated restrictions. This has been noted either through people losing their income, or through decreased demand from purchasers leading to additional risk-taking (Callander et al., 2021).

1.3 Elements of Effective Support

With the range and interplay of multiple support needs identified amongst those who seek support related to selling or exchanging sex, it is perhaps unsurprising that where effective, support is cited as having the potential to be life changing. (Shdaimah and Bailey-Kloch, 2014). In line with the range of individual needs, there is no universal or agreed formula for providing this support. Practical support however, is a core element. A study in the US found that practical support, including with addictions, housing and procuring identification documents, was a crucial element for participants reporting satisfaction with support provision (Shdaimah and Bailey-Kloch, 2014). Economic support was identified by a number of studies as an essential part of successful support (Gesser and Shdaimah, 2021; Preble et al., 2016). A Scottish study, which identified the additional harm for those at the intersection of selling sex and addiction, advocates for harm reduction measures, such as safer injecting equipment and needle exchange being an essential element of support (McKeganey and Barnard, 1992).

The approach of the workers delivering support is highlighted across the literature as essential to successful engagement. Specific elements identified in the US were that workers should be compassionate, and patient (Shdaimah and Bailey-Kloch, 2014). A number of studies identified that support was particularly effective where there was an element of peer mentorship, particularly from people who had received support or participated in the relevant support programme before (Gesser, 2022; Shdaimah and Leon, 2016; Preble et al., 2016; Thorlby, 2015). One study noted that peer support can include formal groups, friends and family, but also staff members with lived experience within services (Gesser, 2022).

Flexibility is also valued in the literature in delivering effective support. Particularly prominent was the need for support to facilitate people who may have periods where it is more challenging for them to engage (Shdaimah and Bailey-Kloch, 2014). There are a number of studies that suggest that exit from involvement in selling or exchanging sex is rarely linear, and is not best understood as a singular event, or time of exit. Instead, literature suggests that any exit from involvement in selling or exchanging sex is likely to be accompanied by periods of re-entry and exit again (Gesser and Shdaimah,2021; Roe-Sepowitz et al, 2011; Baker et al., 2010; Dalla, 2006). However, alternative studies indicate that where properly supported by agencies, exiting can be achieved relatively quickly and without the necessity of the re-entry cycles identified elsewhere (Matthews et. al, 2014; Bindel, 2012). Despite disagreement, what is clear is that it is important for support provision to accommodate flexibility in order to facilitate continued support following periods of disengagement should they arise.

Closely linked to flexibility is the element of being person led (or often woman-led). A number of studies particularly emphasise going at the pace of the person accessing support so as not to overwhelm them (Roe-Sepowitz, Hickle and Cimino, 2012; Preble et al., 2016). Partnership and joined up working is offered as a potential solution to ensure that multiple services do not place too many demands on the person accessing support at once (Preble et al., 2016; Hester and Westmarland, 2004). In Scotland, two Glasgow based evaluations have identified benefits to improved partnership and joined up working, in providing a cohesive response with a common approach and position (Matthews and Easton, 2010; McKay et al., 2004)

Perhaps unsurprisingly, adequate resourcing has been hailed in the literature as essential to facilitate exiting, where this is desired, in light of the multiple support needs many individuals may have (Cusick et. al, 2011).

1.4 Barriers to Accessing Support

With the understanding of the high level of support needs many people who sell or exchange sex experience, substantial research focus has gone into understanding barriers to accessing support, with the aim of increasing engagement. Fear or experience of judgement was raised as a barrier in several studies (Gesser, 2022; Gerassi et al, 2021; Gorry, Roen, and Reilly, 2010; Sanders, O'Neill and Pitcher 2009). One study focussed on access to sexual health for male and transgender people who sold sex found that stigma was the main barrier. For this population stigma was identified in relation both to the selling of sex, but also due to sexuality, gender identity and HIV status (Brookfield et al., 2019). Concerns around confidentiality and the sharing of information are also frequently cited as barriers to engagement (Brookfield et al., 2019).

Physical accessibility and location are also noted in a number of studies as important considerations for services when improving access (Gesser and Shdaimah, 2021; Preble et al., 2016). Other factors that limited engagement included rigidly structured support with the requirement to engage at scheduled appointments (Gesser and Shdaimah, 2021; Gorry, Roen, and Reilly, 2010). Related was the inability of services to respond immediately at times of crisis or relapse, and long waiting lists (Gesser and Shdaimah, 2021).

1.5 The Current Research

Building on existing literature, this research gathers experience that is current and reflects the changes methods of communication and interaction following the mass adaption of technology during the Covid-19 pandemic and subsequent restrictions. Much of the current literature from Scotland can be considered dated. The focus of the majority of previous studies from Scotland is mainly on the street-based sale of sex, and therefore does not necessarily reflect the experiences of the majority of people who sell or exchange sex. In 2014, Police Scotland estimated on-street to only be 10% of all sex sold, and in the Encompass Network Snapshot study, only 31% of the women supported had been involved in selling sex in this way, with the majority involved in an alternative venue, or online. Research highlights potential issues with this narrow focus, and there are a number of papers suggesting that experiences identified amongst people selling sex on-street such as experience of childhood abuse and exploitation, are less prevalent amongst those who sell sex in indoor venues such as private premises, and saunas (Pitcher, 2015; Sanders, 2005). Additionally, researchers have suggested that there are lower levels of addiction amongst those who sell or exchange sex indoors or that substance use between venues is distinct in its nature (Cusick, 2011). With literature highlighting the potentially distinct support needs

across on-street and off-street selling of sex, this research aims to explore the experiences of those in Scotland across all venues.

Previous research in Scotland does offer some information, if dated, on people selling sex in Aberdeen, Edinburgh and Glasgow. There is, however, very limited published information on the situation in Dundee, with one study citing a seeming absence of street-based prostitution in the city (McKeagney, 2006). The focus of existing research on street-based selling of sex also means there is limited research encompassing experiences outside of the major cities where sex is generally sold or exchanged indoors. This research aimed to address these geographical gaps.

In order to improve understandings of the needs and experiences of people selling or exchanging sex in Scotland, this research consists of two elements: a mapping study to gain an overview of current support provision and lived experience engagement aimed at understanding service experiences and impacts, challenges and barriers to access, and gathering ideas for future service design. The mapping study collected data using two online surveys and lived experience input was requested through a combination of interviews and surveys.

A total of 113 participants took part in the research. These were 71 people with lived experience of selling or exchanging sex, and an additional 42 professionals who completed mapping surveys (29 representing their local authority area, and 13 representing specialist services). The key themes and insights are presented within this paper, and the accompanying accessible findings report.

1.6 Research Aims

This research aimed to understand the experiences people who sell or exchange sex have when accessing support services and service provision in Scotland, through engagement with people with lived or living experience. The specific aims of the research were:

1. To map the current provision of services in Scotland for people who sell sex or exchange sex, and to identify any gaps in provision.
2. To understand how people who sell or exchange sex experience engaging with mainstream and specialist support services in Scotland including identifying barriers to access
3. To gather views from those with lived experience on future service design.

2 Methodology

This section will first detail the methods used for the mapping study, and then for the lived experience engagement.

2.1 Mapping Study

The Mapping Study was designed to meet Research Aim 1:

> To map the current provision of services in Scotland for people who sell sex or exchange sex, and to identify any gaps in provision.

The mapping study consisted of two short surveys, hosted on SurveyMonkey and designed to be completed by professionals with knowledge of the support available in Scotland for people who sell or exchange sex. The first survey asked participants to identify the specialist services which people who sell sex may access in their local authority area (a list of local authority areas is supplied in Table 1). For each service identified, the survey asked for further information about who was eligible for support, the support offer and the area covered. Participants were then asked about mainstream services in their area: to give a rating of the level of understanding of the needs of people who sell sex in mainstream services in their area, and to provide an explanation for why they had chosen this rating. The full survey questions are included as Appendix A.

Table 1: List of local authority areas in Scotland

Local Authority Areas in Scotland		
Aberdeen City	East Renfrewshire	Orkney Islands
Aberdeenshire	Eilean Siar	Perth and Kinross
Angus	Falkirk	Renfrewshire
Argyll and Bute	Fife	Scottish Borders
City of Edinburgh	Glasgow City	Shetland Islands
Clackmannanshire	Highland	South Ayrshire
Dumfries and Galloway	Inverclyde	South Lanarkshire
Dundee City	Midlothian	Stirling Council
East Ayrshire	Moray	West Dunbartonshire
East Dunbartonshire	North Ayrshire	West Lothian
East Lothian	North Lanarkshire	

The second survey was sent to each specialist service identified during the first stage of mapping and requested more detailed information about their service offer, and who they support. This survey is included as Appendix B. Two services contacted at this stage felt that the questions did not allow them to accurately share the specifics of their service provision and arranged to have a discussion with the lead researcher via Microsoft Teams to discuss their service in more detail. This information was included alongside data from the completed surveys.

2.1.1 Participants

The lead officers or chairs of the Violence Against Women and Girls Partnerships (VAWGP)[3] in each local authority area were initially targeted to complete the mapping survey. The VAWGP leads were considered to be appropriate contacts to provide the required information due to the expectation that the multi-agency nature of the partnerships should result in appropriate strategic oversight, and knowledge of agencies within their area. Additionally, they were targeted due to their role in supporting the delivery of Equally Safe, the Scottish Governments strategy to tackle violence against women and girls, including prostitution[4]. Leads were identified through the contacts of the Improvement Service, who coordinate the National Violence Against Women and Girls Network. The contacts provided by the Improvement Service included at least one representative from all 32 local authority areas, and in many cases two or three suitable contacts. Where a representative contacted did not feel they were well-placed to respond, they were given the option to nominate someone more suitable. Where a response was not received from the VAWGP lead for an area and an alternative contact not nominated, contact was made with a representative from a specialist service in that local authority area, as their role in referring and supporting women to engage with services makes them well positioned to offer comment on local provision.

Initial contact was made via email, an additional request reminder to participate in the survey was circulated two weeks after, and a final reminder two weeks after this. This provided three different opportunities for participants to complete the survey. Where no information was received from an area at this stage – two phone calls were attempted. Following these steps, the area where no response was received was designated as 'data not received'.

Responses were received from 31 local authority areas out of 32, and this was considered to give a strong representation of the picture across Scotland. Of these 29 responses were received from VAWGP representatives, and 2 from representatives from specialist services. A response was not received from the remaining one area. Where

[3] Violence Against Women and Girls Partnerships are multi-agency partnerships supporting and co-ordinating professionals to prevent and eradicate all form of violence against women.

[4] Equally Safe: Scotland's strategy to eradicate violence against women - gov.scot (www.gov.scot)

quotations from the mapping survey participants have been used, they have been labelled as MS (Mapping Survey) 1-31 e.g., MS15 would equate to the fifteenth mapping survey participant.

Responses to the second survey were received from 11 specialist services. A further 6 services were identified but no response was received from them after following the outlined steps. The publicly available information on these services has been included in this report, with a note indicating that the information has not been verified by the service.

Collecting data at a local authority level is acknowledged to have some limitations where the size and population distribution of each area varies so substantially. However, within the constraints of this project, this was considered the most effective way of ensuring that maximum geographic coverage of Scotland for the mapping study was achieved.

2.1.2 Data Analysis

The responses from the mapping survey were compiled on to three maps. The first displaying geographic coverage of specialist service provision, and the second the rated level of expertise in mainstream services by local authority areas. A third interactive map was compiled providing more detailed information on service locations and the support they provide. This interactive map was designed to form the basis for a living document which could be updated as service provision evolves.

Responses to the free-text question asking for explanations of their chosen rating for the level of understanding of mainstream services in their area, and any additional detail they wished to provide, were analysed thematically, following the procedures of Braun and Clarke (2006)[5]. This reflexive thematic analysis was chosen for its suitability for use with qualitative survey data, and the scope to present the range of views provided by participants.

2.2 Lived Experience Engagement

The lived experience engagement was primarily planned to address Research Aim 2 and 3:

> To understand how people who sell or exchange sex experience engaging with mainstream and specialist support services in Scotland including identifying barriers to access
>
> To gather views from those with lived experience on future service design

Additional information was gathered to meet Research Aim 1:

[5] This paper provides a framework for thematic analysis, a method of identifying patterns or themes within a qualitative data set.

To map the current provision of services in Scotland for people who sell sex or exchange sex, and to identify any gaps in provision.

2.2.1 Data Collection

Participants were offered three methods of taking part: a facilitated survey, an individual interview or a focus group interview. The priority with the design was to engage as many people as possible with lived experience, using a method that felt comfortable to them through offering different levels of engagement. The methods were designed and refined in conversation with members of the Encompass Network[6]. All materials used were reviewed by the lead team at Scottish Government as part of the development process.

The facilitated survey involved participants answering closed questions about mainstream service access, as well as three sections of free-text questions focussed around accessing services, experiences and impact, and future service design. The survey was either completed online with the support of a worker at the facilitating service, completed online independently, or completed on a paper copy which was then inputted into the online survey website and securely destroyed. Where necessary, surveys were facilitated with the assistance of a translator. A full schedule for the survey is included in Appendix F.

Before beginning data collection, facilitating services attended a short training session. This ensured that services were clear on their role in providing participants with the information on the study, and around taking informed consent. Participants were given a copy of the participant information sheet including details about privacy and confidentiality to read, or a worker would read with them, and they were given the opportunity to ask any questions (Appendix C). An alternative easy-read version of the participant information was also made available to ensure genuinely informed consent through making the information as accessible as possible (Appendix E). This easy-read version was only provided where the facilitating worker had the full study information available and was able to accurately address any requests for further detail or information, and the importance of this was emphasised during training. Immediately following completion, participants were given a £20 Tesco voucher as a thank you for sharing their time and experience.

The interviews conducted were semi-structured. The interview schedule reflected the three key themes covered in the facilitated survey: accessing services, experiences and impact, and future service design. Additionally, the semi-structured technique gave participants the opportunity to direct the interview towards the elements they thought were most relevant, and space to share any additional information they wanted considered in the research. A copy of the interview schedule is included (Appendix G).

[6] The Encompass Network is a network of specialist support services in Scotland, who meet with a shared mission to develop good practice in preventing commercial sexual exploitation, in supporting those involved in selling or exchanging sexual activity and in support around exit. The agencies involved have extensive experience of working with those who sell or exchange sex.

To take part through an interview, participants were invited to make contact via email. They were then sent the participant information and given the opportunity to ask any questions before deciding if they wished to take part (Appendix D). Interested participants were asked to complete a short survey which asked for consent, and asked questions including demographic information and about service access (see Appendix H). Following completion of this, an interview was arranged, to be conducted by one person from the research team, using an online platform. Interviews were audio recorded, transcribed and then the recording securely deleted or via telephone call. Where a participant did not wish for their interview to be recorded, anonymised fieldnotes were taken. These are notes which may contain verbatim quotations from participants, but largely consist of the researcher paraphrasing information shared. As such, they reflect the researcher understanding of the information being shared. Details obtained using this method have been highlighted as such within the analysis. Any identifying details were removed at the point of transcription.

The focus group strand was designed to allow any existing groups to take part collectively should they feel more comfortable this way, with the option to nominate their own facilitator, or take part with a member of the research team facilitating online. No groups elected to use this method to participate.

2.2.2 Confidentiality and Data Management

Existing research and experience from the sector indicate that confidentiality is a prominent concern for many people who sell or exchange sex. For this reason, none of the methods necessitated the collection of data by which a participant could be identified. The facilitated survey, in particular, was entirely administered by support services, which meant the research team did not collect names or any contact details for participants. In order to make initial contact, interview participants were required to email, but were encouraged to use an anonymous email address where possible, and to use a pseudonym. Following their interview their email address was securely deleted.

The demographic information requested was limited. To minimise the potential for participants to be identified they were only asked their age range, their sex, their gender identity, and their location. Information about ethnicity or nationality was not collected as the risk of identification for individuals through this was considered too high.

All participants were provided with a copy of the participant information and given the opportunity to ask questions before agreeing to take part in the research. A copy of this has been included in Appendix C (Facilitated Survey) and Appendix D (Interview). Additionally, an easy-read version was provided, for use in the services facilitating the survey, where staff were available to answer additional questions (Appendix E).

All data collected for this research was securely stored and processed in line with UK GDPR requirements.

2.2.3 Recruitment

This research was interested in the views and experiences of adults with lived or living experience of selling or exchanging sex in Scotland. The inclusion and exclusion criteria are detailed below (Table 2)

Table 2: Inclusion and Exclusion Criteria for participants in the lived experience surveys and interviews

Inclusion Criteria	**Exclusion Criteria**
Adults (over 18)	Children (under 18)
Have sold or exchanged sex	Have never sold or exchanged sex
Have at least ONE of the following connections to Scotland: • have sold or exchanged sex in Scotland • have experience of selling or exchanging sex elsewhere and currently live in Scotland • have experience of seeking support relating to selling or exchanging sex from services in Scotland.	Meet ALL of the following criteria, meaning they do not have suitable connection to Scotland: • Have not sold or exchanged sex in Scotland • do not currently live in Scotland • have not sought support relating to selling or exchanging sex from services in Scotland.

As there is no comprehensive demographic information for people who sell or exchange sex in Scotland, convenience sampling was used. As data collection progressed – purposive sampling was employed to target male participants, who the initial recruitment methods had not yet successfully engaged.

Participants were primarily recruited through services which provide support to people who sell or exchange sex, either directly through workers or through posters displayed within the service. Engagement of facilitating services was attempted through direct contact with services including sexual violence support, domestic abuse charities, housing, addictions, peer support organisations, community organisations, employment support and sexual health. The result was that 12 services facilitated the survey – with 1

additional service attempting recruitment unsuccessfully. The types of services which facilitated the survey are detailed below (Table 3).

Table 3: Support services which facilitated the lived experience survey by type

Type of Service	Number facilitating survey
Addictions Support	1
Community Projects	2
Faith-based Organisations	1
Housing Support Provider	1
Police-led Partnership	1
Sexual Health Services	1
Specialist Services	5

Recruitment also took place through the use of posts on forums (including forums for people who sell or exchange sex specifically such as 'Tartan Ladies', and also general discussion sites which have designated areas for advertising research including The Student Room and Mumsnet). Social media posts were shared by the research account on Twitter, and also by services who have a more established online presence (such as the Roam Team Instagram). The call for participants was further circulated through the Equally Safe in Higher Education networks, and NHS Gender Based Violence services. Participants were additionally invited to share the research details with anyone else they knew who might be interested in taking part.

Table 4: Location of Participants

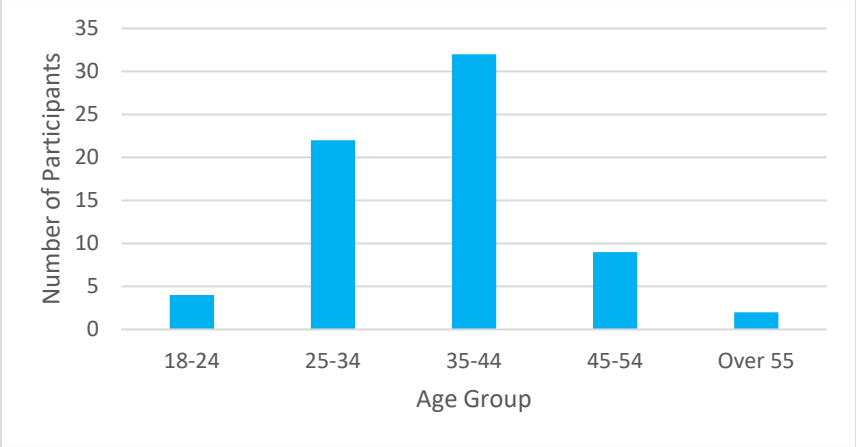
Location	Number of Participants
Aberdeen	3
Dundee	21
Edinburgh	18
Glasgow	20
Other	9

The resulting sample consisted of 71 participants. Most completed a facilitated survey (n=62) and a smaller number took part through an individual interview (n=9). Of the

total participants, 65 were female, 3 male and 3 described their gender identity as non-binary. Table 4 shows the location of participants.

The distribution of participants by age is shown in Figure 1. The majority of participants were aged 35-44 (n=32), with the second largest group age 25-34 (n=22). There were smaller numbers of participants in both the 18-24 (n=4) and Over 55 (n=2) age group. 2 participants did not disclose their age.

Figure 1: Age of Participants



Within this report, participants have been labelled as FS (facilitated survey) 1-62 and I (Interview) 1-9 e.g., FS32 would indicate Facilitated Survey 32, and I7 would indicated Interview 7.

2.2.4 Data Analysis

A mixed methods analysis was conducted. The majority of the data collected was qualitative and was analysed using reflexive thematic analysis following the six-stage framework developed by Braun and Clarke (2006). This method is appropriate for both interview and qualitative survey data and aids the production of the rich qualitative insight this research requires. The qualitative data was analysed manually, without the use of analytic software. The numeric data was analysed using Microsoft Excel. The word clouds were created by conducting a content analysis focused on the descriptive words within the selected questions and displaying these graphically using the Microsoft Add-In 'Pro Word Cloud'.

2.2.5 Limitations

This use of facilitated surveys had substantial advantages, meaning that for many, their concerns about confidentiality were addressed, that participant information was shared by a trusted worker, and that there was support available immediately should they feel uncomfortable at any point during the survey. The disadvantages however are that completing the survey in a service, and often with the worker typing their answers for them, may have impacted on the information that they shared, especially on positive reflections on their experience with that service. The research attempted to address this through training given to facilitating services, as well as through ensuring the research asked about experiences at previous services as well as the service they were currently engaged with. That there were more negative experiences than positive reported in these engagements can be considered indicative that these measures were successful. It is the opinion of the researchers that if the facilitated survey option was not given then the majority of individuals who took part through this method would not have taken part at all. This is considered especially likely as the project was conducted on a tight timescale and remotely due to restrictions of the Covid-19 pandemic. The facilitated surveys were therefore utilised, with the potential limitations highlighted.

The facilitated survey method is additionally susceptible to selection bias; where facilitating services select participants with certain views. This was mitigated for by recruiting across a range of mainstream and specialist services, which do not represent one homogenous group in terms of approach or political standpoint. Additionally, participants were welcomed into the interview strand of research without any prior knowledge of their views or experience. The diversity of experience shared in this research indicates success in capturing a range of views.

The majority of the data gathered for this research is qualitative. Unlike statistical data sets, or work which mainly relies on numeric data, sample sizes tend to be much smaller for qualitative work. This allows for detailed engagement with the information each individual shares and appreciation of the nuance of their circumstances. Rather than looking for a definitive answer, qualitative research aims to explore the range of views and experiences available, and this is not possible with some of the very large datasets you might see in quantitative analysis. The sample size for this research is at the larger end of what you might expect for this type of study, with some robust qualitative research being conducted with participant numbers in single figures. The researchers took the decision to include as broad a range of voices and experiences as possible. This however does not constitute a representative sample and the results cannot be generalised to a wider population. Any researchers looking to make claims on a population level would have to perform further scoping and analysis.

The scope of this research extended as far as support provision, and discussion around the broader legislation and policy background are largely outwith this. The research team began from a standpoint that comprehensive support, when wanted, should be available to

anyone, however they conceptualise selling or exchanging sex. In order to achieve this aim, all identified steps were taken during the research process to try and engage individuals holding a wide range of contrasting viewpoints, particularly ensuring that both those who view selling sex as work, and selling sex as exploitation were heard from. Steps taken include the use of neutral language and assurances that this report will not use their words to advocate for a particular approach (such as the Nordic model or decriminalisation).

To a broad extent these measures can be considered a success. Although not asked for directly, a number of participants did volunteer their views on the appropriate framework, and this revealed that participants did include those who felt selling sex was exploitation, those who considered it work, as well as those whose views fell somewhere in between. However, this report does sit within a wider suite of research, and has a clear remit to feed into discussions around a new approach for Scotland. Whilst the information fed in from these participants is solely around support, this complexity of positioning was something that individuals holding strong views may have felt difficult to reconcile. One service, following consultation with their members, cited this political complexity as a reason for not facilitating or advertising the research. It is possible that for some individuals too, this may have provided a reason not to engage. For others, this attempt at neutrality of language may in itself have presented a barrier to engagement. Women who had been trafficked in particular reported not feeling that 'selling or exchanging sex' represented their experiences. Within facilitating services, workers were able to explain the language choices and which experiences it was intended to encompass, but for individuals outwith services, this may have provided a barrier to engagement with the research. Whilst there is no clear solution identified here, in the interests of transparency, it is important that this complexity is acknowledged.

Researching with a population with known concerns around confidentiality brings additional complexity. The large number of participants who felt able to engage is testament to the success of many of the measures in assuring participants that their information would remain safe and secure. The facilitated survey in particular was likely successful due to the participants never disclosing any personal or identifiable information to the research team. In contrast, to participate in an interview, participants were required to make direct contact with the research team and this was likely a barrier to engagement with the research for some. One participant shared that:

> 'I have a couple of friends who were scared to even participate in this, because I forward this link to a handful of my friends that I know [sell sex] and was they said I'm not going to I'm too afraid for my privacy, or for their parents, or their other job that they have now or friends or university or other people finding out. They don't dare to talk about it' [I8]

The result of this, is that the majority of participants participated through services, and this means that responses were largely gained from participants who had been able to successfully engage with a service. It is likely that the experiences of those who were

particularly concerned around confidentiality, and who were also not connected in with any support service have not been captured.

The sample of men included in this research was small – although many of their concerns and needs reflected those of women, some were distinct. It is likely there would be a benefit in exploring the distinct needs of men in further research. Potential fruitful avenues for recruiting more men could be through using online advertising on platforms such as Grindr, and perhaps having a male researcher on the team. The research was not successful at recruiting people who identified as trans, or they chose not to share this. Whilst members of the trans community represent a distinct demographic, who likely have distinct needs from services, the research does provide some insight into what may provide additional barriers for this community. In particular the findings indicating that it was important to explicitly flag who was welcome at services may be important for trans men and women to know which services will support them. Additional insight is likely to be taken from other participants who identified themselves being at the intersection between multiple stigmatised identities, for example the non-binary participants and those who are lesbian or gay. Their insights would indicate that multiple stigmatised identities can amplify existing issues around judgement and the associated fears which provide barriers to engaging with support. It is suggested that future research may want to attempt to gather the views of the trans population who sell or exchange sex to ascertain if they have any distinct needs in accessing and engaging with support, which have not been identified within this report.

Whilst participants across all age groups engaged with the research, there was smaller numbers aged 18-24, and over 55. It is unclear whether this reflects differing support needs for these demographics, less engaged with support services, or limitations of the recruitment process for the research. In a snapshot report provided by the Encompass Network detailing the women they supported during one week at the end of 2021, the women they were supporting were mainly aged between 30 and 40[7]. Reflecting the current study, the oldest and youngest age groups also represented the smallest numbers. Whilst this congruence indicates that these may be the demographics most likely to engage with support rather than representing an issue with recruitment, further research is suggested with these age groups to ascertain whether they are impacted by additional barriers to accessing support.

2.3 Production of the report

Two researchers with lived experience were invited to read and comment on the draft report, and their feedback incorporated. The researchers were asked to focus on evaluating whether the analysis offered was logical and coherent, and the use of terminology, to ensure the understandings of the research team matched their own. They

[7] Encompass Snapshot Briefing (encompassnetwork.info)

were additionally invited to offer alternative interpretations for the selected quotations where they saw them. This feedback sits alongside that of the rest of the research team in the report, to ensure that as full range of views and interpretations are presented here as possible.

The researchers with lived experience chose to remain anonymous but were paid for their time and expertise and offered future support (such as employment references) in line with what any member of the research team could reasonably expect.

The inclusion of people with lived experience at the analysis and report production stages, reflects the value of their expertise at all stages of the research, as well as attempting to address the power balance inherent in research of this kind by removing some of the distinction between the researchers and the researched. Whilst this is a step towards co-production, the timescale of the project did not allow for people with lived experience to be involved at all stages of design and data collection, which is otherwise considered best practice.

3 Mapping Survey Findings

The following section outlines the findings of the mapping survey, conducted with the aim of understanding current provision of services for those who sell or exchange sex in Scotland and identifying any gaps.

3.1 Specialist Service Provision

The research has identified 16 services which consider themselves to provide support for people who sell or exchange sex in Scotland, including services that deliver broader support but have a specialist worker or team. This is not considered to be an exhaustive list of services, but rather to form the basis of a map of provision, which can be considered a living document to be updated as services are identified, and as provision continues to evolve. The focus of mapping is direct support provision, therefore services which primarily focus on campaigning have not been included here.

The identified services include 14 services with a physical base in Scotland, and also two services which provide online or remote support which is accessible to, and has been used by, people in Scotland. Two of the identified services are partnerships which deliver outreach in collaboration with Police Scotland. Identified services have been listed in Table 5.

These services have been added to an interactive map of specialist provision for people who sell or exchange sex in Scotland. This map also includes details of services provided and eligibility for services. Still images from the map have been included as Figure 2. The interactive map can be viewed here. Detailed service information provided has also been included as Appendix I, and is briefly summarised below.

Table 5: Specialist Services identified in the Mapping Survey

Type of Service	Service Names
Services with a base in Scotland	Ending Violence and Abuse Aberdeen (EVAA) FedCap (Pilot Programme) Quay Services – Alcohol and Drugs Action RASAC Perth and Kinross Remploy South Lanarkshire (Pilot Programme) Roam Routes Out Sacro – Another Way The Street Project – The Salvation Army The TARA service

	Vice Versa WISHES Leith Partnership* Operation Begonia – Aberdeen*
UK-wide Services	National Ugly Mugs You My Sister

**Police-led outreach*

Service Offer

- The largest group of identified services (n=7) offer holistic support which is tailored to the individual. Typically this involves emotional support, referrals and advocacy, with advice available around safety planning, addictions, benefits, accommodation and other practical requirements. Where particular support or expertise was not available from the service directly, it is made available through onward referrals.

- The TARA service also offers holistic support, although the work they do is distinct due to the needs of the trafficked individuals they are supporting. Whilst the same holistic tailored support is available, they take a large role in co-ordinating legal advice, and navigating the particulars of asylum claims, including the National Referral Mechanism.

- Three of the identified services operate primarily through outreach: this is The Salvation Army Street Project, and the two police-led partnerships Leith, and Operation Begonia. Primarily these services offer harm reduction measures such as condoms, safer injecting equipment and personal alarms, as well as advice and onwards referrals. Strong partnership working in all these projects assists them in making onwards referrals to additional support services. The Street Project in particular offers refreshments and a place to take a break for women selling or exchanging sex on the street, and as such is well placed to build trust, offer referrals and advice.

- Two services, Roam and WISHES are primarily sexual health services and operate from NHS premises. They do however, both offer emotional and practical support in addition to their central remit.

- The pilot project at Remploy and FedCap provides targeted employment and employability support as their sole focus.

- You My Sister is for women who are no longer selling or exchanging sex, and offers support in the form of courses. These courses provide education around elements such as trauma and self-management of mental health, as well as an opportunity to

connect with peers. They are delivered by people with lived experience who receive training and payment as facilitators.

- National Ugly Mugs is currently undertaking consultation work to inform how their new service in Scotland, in conjunction with Umbrella Lane will operate. As such, no information on the specifics of this service is available at the time of writing. On a UK-level they offer case work support, and provide an alerts service warning about potentially dangerous people buying sex and ongoing incidents, and third party reporting of incidents.

Eligibility and Access

- All of the services offer support to adults (18+). The Roam Team support people who are 16+, and RASAC indicated additional services for young people.

- All but one service (n=16) provide support to women, and of these 6 services also support men. Roam offers support to men who have sex with men only.

- 11 services explicitly stated they offered support to trans and non-binary individuals, however eligibility based on gender identity was often unclear.

- Of the identified services (n=16), 3 currently have a waiting list, and the rest are able to immediately take referrals. In the case of You My Sister, the courses they offer start at fixed times, and this waiting list represents the numbers waiting for the next course.

Figure 2: Still images from interactive map of specialist service provision across Scotland

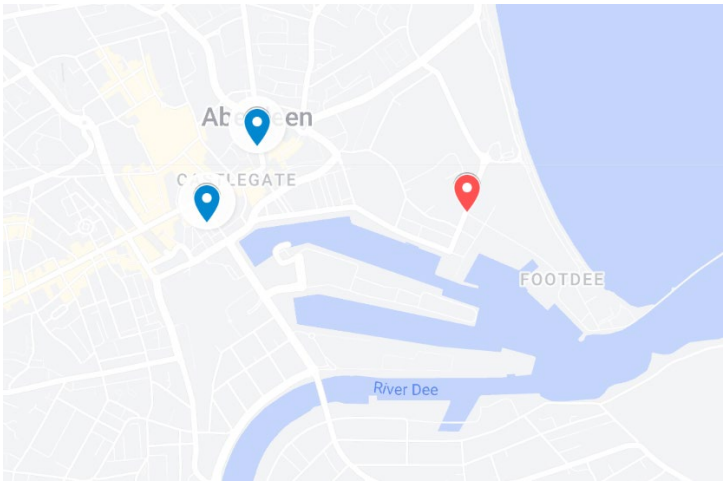
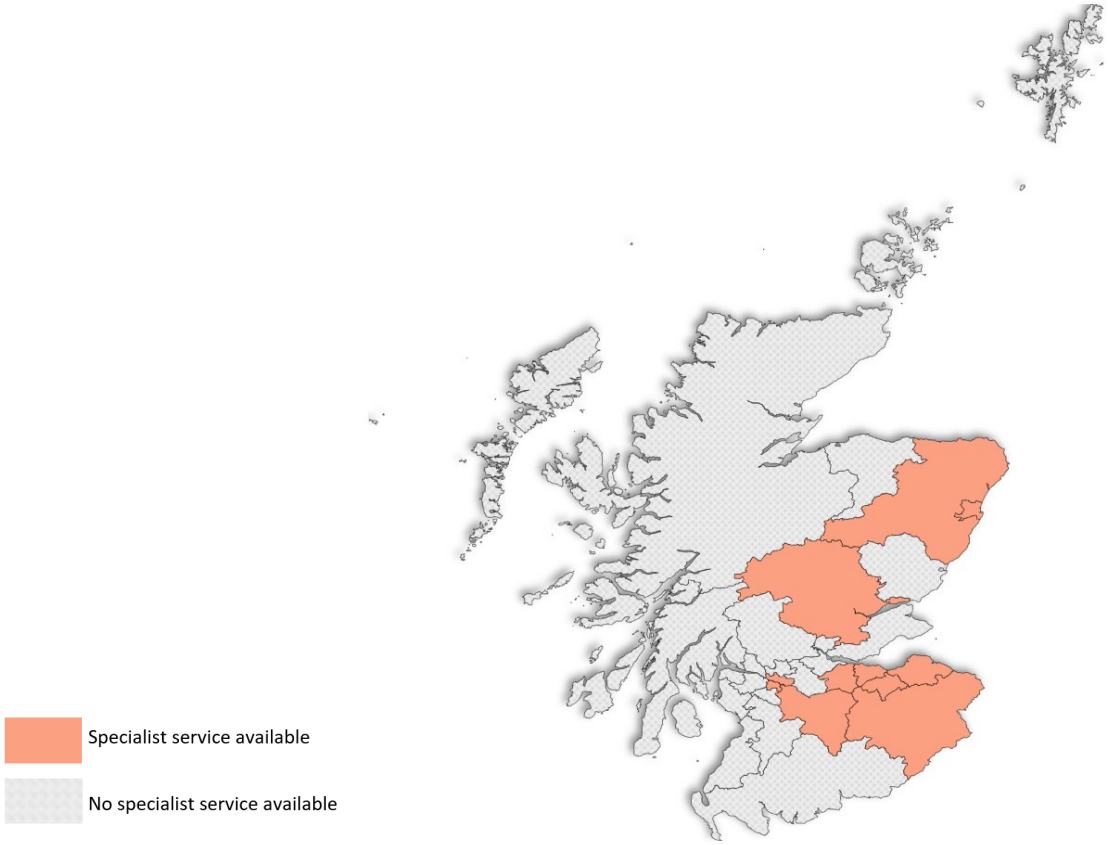


Figure 3: The local authority areas covered by identified specialist services (excluding remote support)



Source: ONS Geography Open Data

The geographic area covered by the identified services is highlighted in Figure 3. The data reveals large areas without any specialist service provision. Participants noted that people seeking support from outwith these areas where they would be able to access face to face

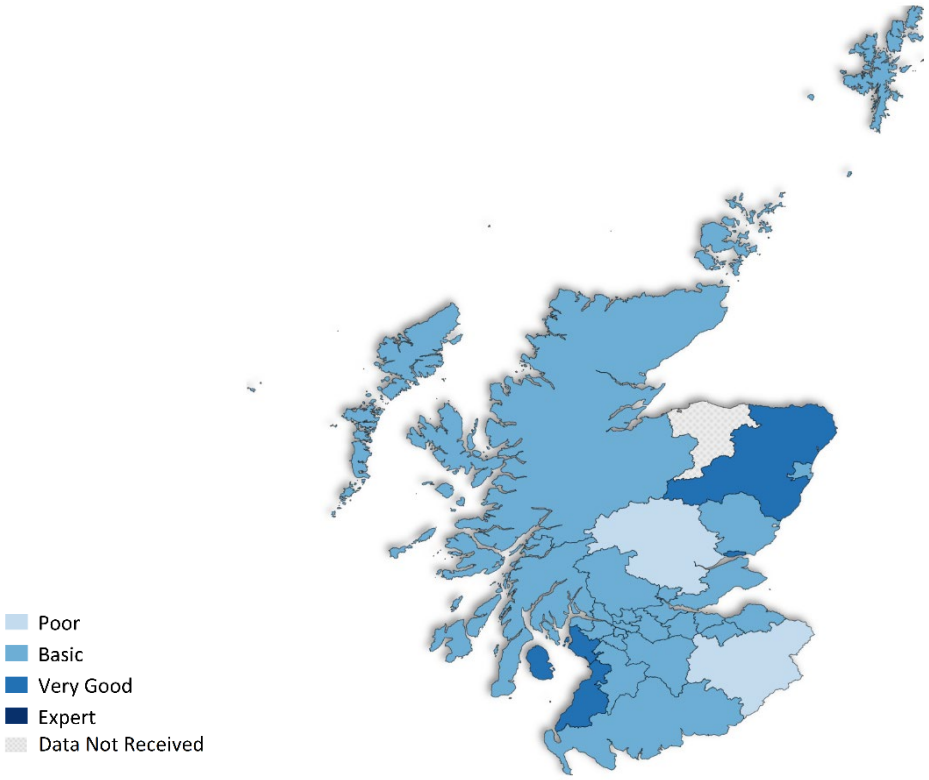
support did have two opportunities for seeking support; online support was available from two services, and one was able to reimburse travel, or the costs of relocation where necessary. However, these two services have a distinct service offer: the TARA service is for people who have been trafficked, and You My Sister offer courses to those who are no longer selling or exchanging sex. For people not meeting these criteria, accessing support is likely to involve travel, potentially at their own expense. Two participants in areas without specialist services shared that they were aware of this happening, and knew of individuals from their area travelling to access specialist services in other areas. For many this is likely to represent a substantial barrier to engaging with specialist services.The respondent from one area with a specialist service, however noted that travel is not always a barrier. They shared that some people in their local authority area preferred to travel to a service rather tan use the local, as they felt more secure in their anonymity and had less concerns about being seen accessing services which may reveal their involvement in selling or exchanging sex.

It is important to note that for some larger regions, the presence of a static service in their area may still necessitate travel to access, even where drop-in and outreach is offered in fixed locations, although some services are able to offer home vists or to meet people in the community where capacity allows. Overall, the specialist service mapping indicates substantial gaps in coverage which are likely to prohibit those unable to easily travel from accessing support.

3.2 Mainstream Service Provision

In addition to mapping specialist service provision, practitioners were asked to give a rating for the level of understanding of the needs of people selling or exchanging sex they believed mainstream services in their area had. Figure 4 illustrates the perceived expertise in mainstream services across local authority areas.

Figure 4: Ratings of the understanding of the needs of people selling sex by local authority area



Source: ONS Geography Open Data

As Figure 4 illustrates, the majority of local authority areas estimated that mainstream services in their area had a basic understanding of the needs of people who sell sex (n=24). Three regions reported poor understanding, and four rated their levels of understanding as very good. By these estimations, people who sell sex are most likely to meet someone with only a basic level of understanding when accessing mainstream services. Although some regions noted that there were individuals with expertise within the area, none considered the general level of understanding to be of an expert level.

Participants were asked to provide an explanation of the ratings they had given for the level of understanding of the needs of people who sell or exchange sex in mainstream services in their area. All provided a brief description of the activities in the area that had lead them to their chosen rating. These responses were analysed, and a list of challenges and of positive practice for improving understanding compiled.

3.2.1 Challenges

Inconsistent approaches

Nearly all areas reported that the response people would receive from mainstream services if they were to present needing support around selling or exchanging sex would

be inconsistent. They noted that there may be individuals with particular expertise, but this knowledge was not universal. This may result in people receiving varied and even contradictory information depending on which service they first presented to. This is likely to negatively impact engagement with people much less likely to engage with support where the response is unpredictable.

Lack of joined up or partnership work

Related to inconsistency was the lack of joined up or partnership working. This mainfested, in poor communication and a lack of information sharing. A number of participants shared that there was some good practice, for example a clear Commercial Sexual Exploitation (CSE) position statement had been established, but that many support practitioners would not be aware of this. Some respondents noted that they themselves, had only found out about services and other initiatives having done some research in order to participate in this survey. This lack of joined up work, is likely to mean that in some circumstances people who seek support are not receiving all that is available, even within their own area.

'It doesn't happen here' attitude

A number of participants reported that practitioners in mainstream services services did not think that people were selling or exchanging sex within their area. This is likely to mean that they do not proactively seek out training, and additionally that if someone presents looking for support around selling or exchanging sex they are unable to signpost them to appropriate services and resources. In some areas, practitioners were aware that people sold sex, but were unclear on the numbers or the needs that people may have related to this within their community. One practitioner said:

> 'our pattern is very unclear, with many people not accepting it happens in our small community' [MS21]

Many areas spoke to the need for scoping studies, and further research to get a picture of who is selling or exchanging sex in their area, and how best to support them. This was particularly the case for areas which were more rural, or constituted a mix or rural and urban areas, with them noting the lack of understanding of the presentations of people selling sex within these specific geographies. In a number of areas scoping studies were planned to improve clarity.

In some areas, scoping had revealed that the perception of very low numbers of people selling or exchanging sex was accurate. In these areas, practitioners noted that mainstream services are likely to have very little experience dealing with people presenting for support around selling and exchanging sex. It should be noted however, that this lack of scale was not reported to preclude good practice where communication

and partnership working was strong, an one area reported excellent practice even when the number of individuals involved was very small.

Lack of training options

Many participants were unaware of any training going on in their area around supporting people selling or exchanging sex. The result is a reliance on individuals being proactive and seeking appropriate information and resources themselves. For many services who are feeling stretched financially and in terms of time, this is not happening consistently. Reliance on people being proactive is especially problematic in areas with a prominent 'it doesn't happen here' attitude, as well as in areas where numbers of people selling sex are known to be low. In contrast, in some areas training providers reported that uptake of the provided training was low even when communicated through established multi-agency channels.

Practitioners noted that this leaves mainstream services without the skills to identify when people may be needing support around selling or exchanging sex, and therefore not proactively offering support. In some areas this was reported to be reflected in professionals holding strong beliefs around choice and personal responsibility across all presentations of selling or exchanging sex.

Stigmatised views

Related to a lack of training and knowledge, were the prevalance of stigmatised views and judgements. Whilst none of the respondents expressed these views themselves, they did share the opinion that these views still exist within some mainstream services in their areas. One practitioner shared:

> 'there is still stigma, and women involved are seen to be an underclass' [MS29]

The prevalance of these views is likely to be a substantial barrier to people who sell or exchange sex being able to engage with services.

3.2.2 Positive Practice

Joined up and partnership working

In some areas, joined up and partnership working took the form of a CSE Working Group, which sat within the VAWG Partnership, and included representatives from mainstream and specialist services. These groups were considered most effective where other services were invited to join meetings if they needed additional guidance on supporting an individual within their service, or a point of contact for any identified training needs. Some of the benefits of partnership working were identified as clear referral processes and knowledge of where to signpost to receive particular support.

Additionally, the groups were reported as providing proactive and regular communication meaning that other good practice and resources were shared widely. Finally, CSE working groups were identifed as being able to lead on awareness raising activities and initiatives and use their collective resource and networks to improve practice across the local authority area.

In other areas partnerships were formed between two, or a smaller number of services rather than being a formal working group. This gave the ability to pool resources, including staff time and expertise and to share good practice to provide a consistent reponse. As with the CSE working groups, smaller partnerships were able to lead on awareness raising activity, and provide a point of contact for practitioners in mainstream services seeking additional guidance. This was especially noted in areas where a dedicated specialist service was not available to fulfil this role.

Position statement

Some areas noted they found it helpful to have a clear position statement on selling or exchanging sex, or CSE more broadly. This was considered most effective when communicated effectively to mainstream services. Clear position statements allowed for a more consistent response across different services, and provided individual workers an approved framework to work within, rather than responding based on their own personal politics.

Related to a position statement, was the development of clear policies around selling and exchanging sex, and the agreed response on a local authority level. In some areas they found it helpful to join up these discussions to ongoing policy discussions for example around the licensing of sexual entertainment venues. This allowed for local authority areas to give a cohesive response across different business areas, and also meant that additional teams or practitioners working on related policy areas were connected into discussions around broader issues on prostitution and CSE.

Training

The existence and provision of specialist training was considered to be essential in raising understanding, reducing stigma and judgement and in providing a consistent response. One practitioner said of training delivered by a specialist service in their area:

> ‘It was a complete eye-opener for most of the services’ [MS17]

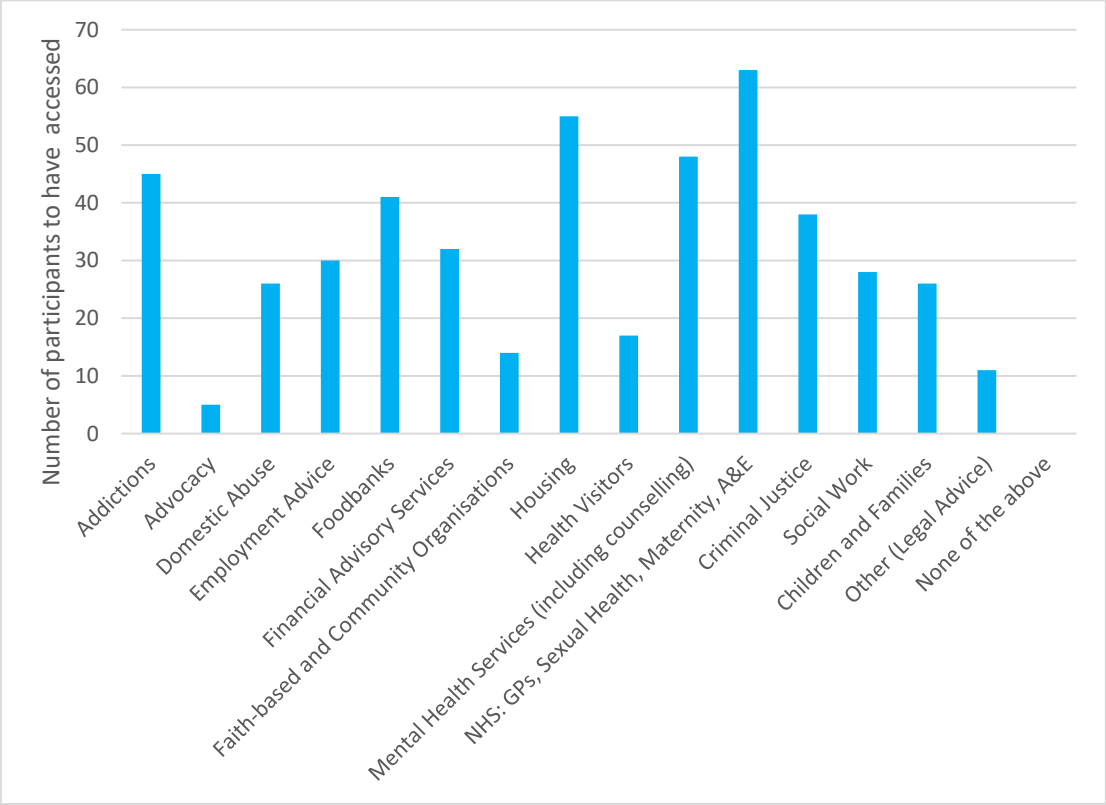
Areas that had good access to and uptake of training also reported improved communication, partnerships and signposting as a result in engaging intraining sessions together, and creating those links.

3.3 Lived Experience: Mainstream Service Access

To augment the information provided by the professional participants, all participants with lived experience were asked to share information about the types of mainstream services they had been involved with, whether or not they had chosen to disclose their selling or exchanging sex to these services, and their rationale for this.

Information collected about the types of mainstream support services participants had engaged with was intended to indicate the range of support needs people who sell or exchange sex in Scotland may have, as well as indicating areas where increased training for staff around supporting people who sell or exchange sex may be particularly beneficial, and where it might be particularly important to have well established referral routes into specialist support for those who wish to engage.

Figure 5: The types of mainstream services that participants reported accessing

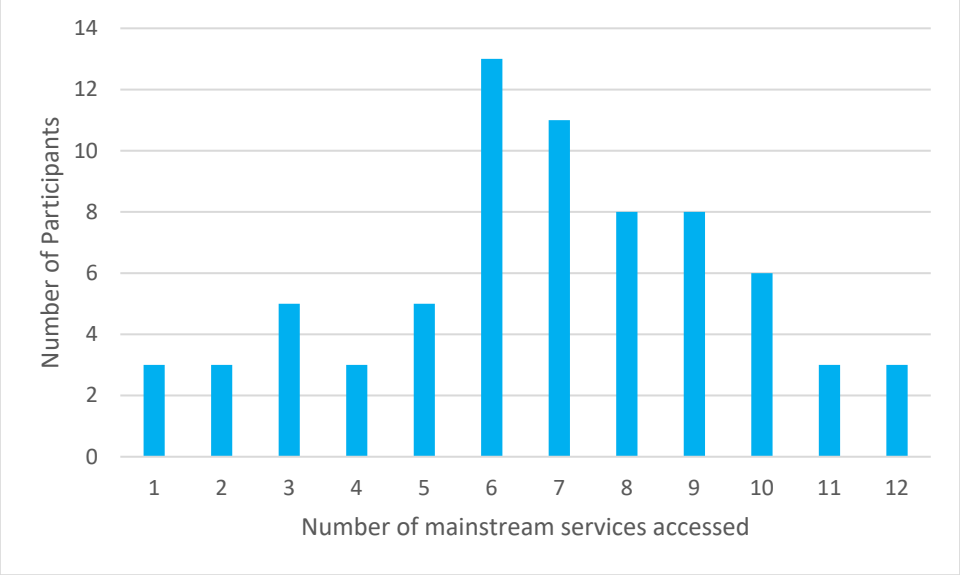


As Figure 5 illustrates, the most common type of service for participants to have accessed was NHS services (n=63) followed by housing (n=55), mental health including counselling (n=48) and addictions (n=45). Participants were also given the option of selecting 'Other' and specifying additional services. Of the 20 who specified engagement with another service, 9 were re-categorised (for example Needle Exchange was included under addictions, and creative groups under faith and community groups). Of the

remaining, all 11 were for legal advice. Additional types of service which were mentioned during the engagement, but not raised here include specialist support for autism and learning difficulties, support with physical disabilities and eating disorder services.

Most notable is that every participant had some involvement with mainstream services. Whilst assumptions cannot be made about the wider population of people who sell or exchange sex these results suggest that most mainstream services may be regularly accessed by people with this lived experience. These findings gain new significance in line with the findings from the mapping survey that mainstream services report they do not believe that people who sell or exchange sex access services in their area. This disconnect strongly suggests the value in scoping studies to gain an accurate picture of where people are selling or exchanging sex across Scotland and may be accessing services, to ensure services are able to respond appropriately as necessary.

Figure 6: The number of types of mainstream services participants had engaged with



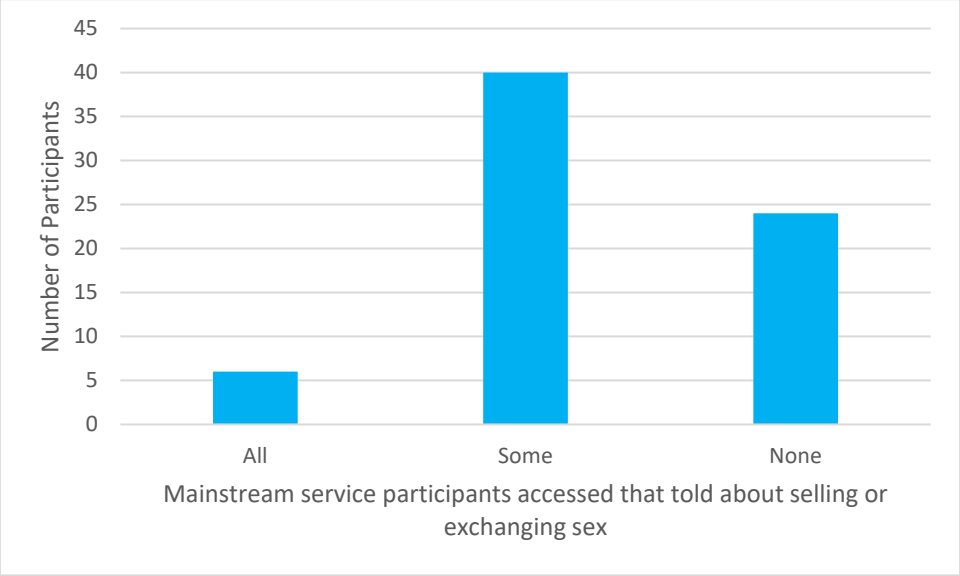
The results shown in Figure 6 demonstrate the range and number of services that many individuals may need to access. Just three participants had only engaged with one type of service, and the average number was 7. 12 participants reported having accessed over 10 different types of service. As these results represent categories of services, the number of individual services each person has engaged with is likely to be higher. For example, participants often reported engaging with a number of different support services for addictions, such as needle exchange, support groups and recovery hubs. In this circumstance multiple services are recorded as one service type – in this example, addictions.

These findings add to the call from the mapping survey for increased joined-up and partnership working to streamline the processes for both workers and the person accessing the service when individuals are receiving support from a number of different places at once. The impacts of siloed working, where joined up working does not occur, are explored in more detail in the section on accessing services. Noted impacts include participants feeling they constantly have to repeat their story, and also a number of concerns expressed about being unable to seek support from one service for fear of losing their support from another.

3.3.1 Disclosure of selling sex to mainstream services

Having shared which mainstream services they had been engaged with, participants were asked whether they had disclosed their involvement in selling or exchanging sex to these services. The responses to this are shown in Figure 7.

Figure 7: Disclosures of selling or exchanging sex to mainstream services



Responses to this question were provided by 70 participants (1 participant chose not to answer). The majority (n=40) had disclosed their involvement in selling or exchanging sex to some mainstream services they had been in contact with. 24 participants had not told any services they had been engaged with about selling or exchanging sex, and the smallest group (n=6) had told all services. These results indicate that where conditions were right the majority of participants would talk to mainstream services about selling or exchanging sex. However, a substantial number of participants (n=64) had accessed at least some support services who were not aware of their involvement, and potentially of any additional support they may be able to provide as a result.

In order to better understand the conditions that facilitate or restrict disclosure of selling or exchanging of sex to mainstream services, participants were asked to explain why they had taken the decision to tell services or not. The most common factor was whether the service asked them directly. Explanations given have been summarised in Table 6. Many of the issues raised reflect broader themes around challenges and barriers in accessing services and have been discussed in detail in section 4.

Table 6: Rationale for choices to disclosure the selling or exchanging of sex to mainstream services

Motivators to disclose to services	**Barriers to disclosing to services**
• Service asked • Specialist services were able to facilitate contact • They felt they would not be judged • There were clear tangible benefits to disclosure e.g. for asylum claims, sexual health • To share with others or help others through group work/peer support • They were having a good day • They were at crisis point or felt they had to out of desperation	• Service didn't ask • Having a tough day • They felt there was nothing to gain by sharing with that service or felt it not relevant • They feared stigma and judgement • They were accompanied by someone who does not know about their involvement • Negative experiences of disclosure in the past have put them off • They don't trust the service • There were concerns about the impact on other service provision e.g. social work • They never talk about it with anyone and don't want anyone to know

4 Lived Experience Findings: Accessing Services

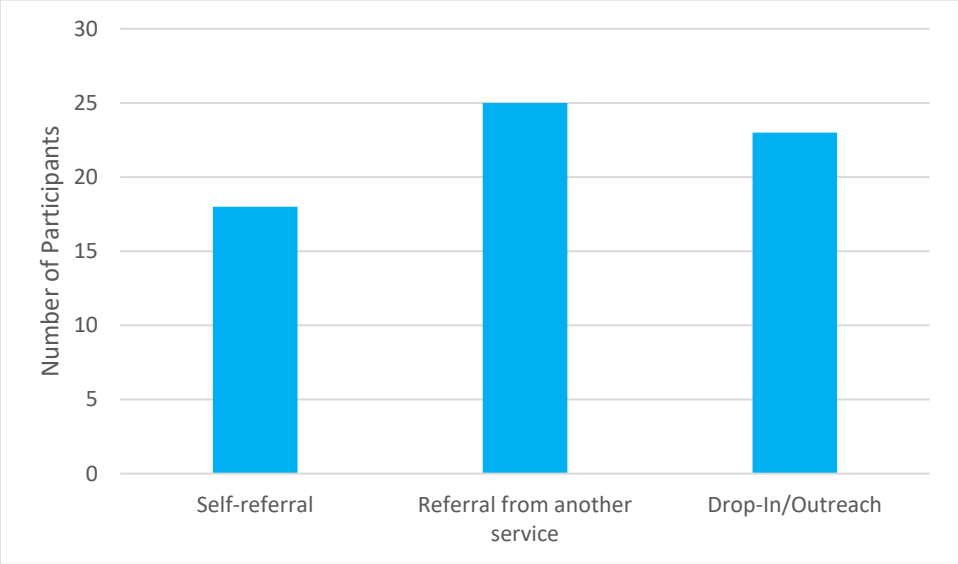
The following section presents the findings from the lived experience engagement around accessing services.

4.1 Routes into Specialist Services

This section draws on survey data shared by people with lived experience both during the facilitated survey, and by interview participants, to explore the routes into specialist services, the methods of access used, and key challenges and barriers to access.

Participants who were engaged with a specialist service were asked how they first connected with this service. The responses are summarised in Figure 8.

Figure 8: Referral routes into specialist services for participants who had engaged with them.



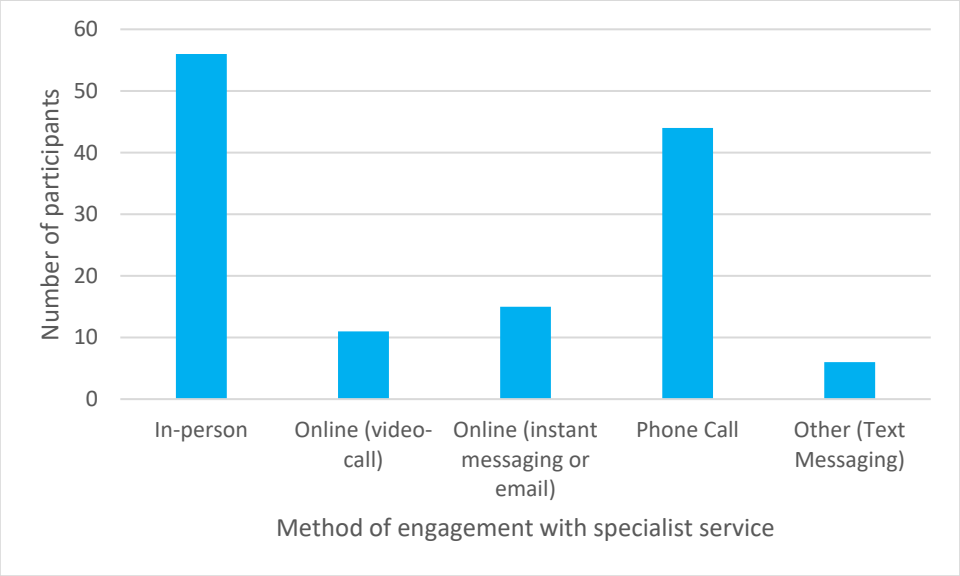
The data indicates that options for all three referral routes (self-referral, referral from another service and drop-in/outreach), are important to facilitate service access, as a number of participants had used each specified route into specialist services. Of the 66 participants who had accessed specialist services, the largest group reported that they had been referred to specialist services through mainstream services (n=25). This highlights the importance of clear referral pathways from mainstream services and ensuring that there is a strong knowledge of the available specialist service provision for people who sell or exchange sex within mainstream services. Reflecting the findings of the mapping survey, these results highlight the potential benefits of joined up or partnership working in connecting people with specialist support in this area. The benefits of improvements in

onwards referrals are particularly striking when viewed alongside the previously presented data suggesting both that mainstream services are often unaware of the specialist services available in their area (see section 3.2.1) and also that people who sell or exchange sex are often reluctant to disclose their involvement to these services (see section 3.3.1). It is notable that despite these limitations this still represents the most common route in to specialist services amongst this sample. Improvements in knowledge of mainstream services and referral routes could be expected to result in easier access for many more people into specialist support.

Outreach or drop-in services were the second most common route-in to specialist services (n=23). Of those who chose to specify the type of outreach which had allowed them to engage with services, the majority had been approached whilst selling or exchanging sex on the street, or in saunas. One participant had been contacted proactively through her profile on the Adultwork website. These findings highlight the importance of proactive outreach as an element of service delivery.

Self-referral (n=18) was the route-in for the remaining participants who had engaged with specialist services. Of those who had self-referred, three participants noted that they had been referred into services with the support, or on the recommendation of a family member or friend. Participants were given the option to specify 'other' but no additional methods of referral were identified from the responses.

Figure 9: The methods of engagements used by participants who had engaged with specialist services.



Participants who had engaged with specialist services were additionally asked to select all the relevant methods by which they engage with this support service, with the option of selecting as many as they used. The results are displayed in Figure 9. This information is particularly relevant in light of the Covid-19 pandemic and associated

restrictions to give a sense of how specialist support is being delivered across Scotland. The most common methods were in-person (n=56) and phone call (n=44). Substantially fewer chose to engage online, with video calling being the least popular online option. Participants had the option of also selecting 'other' to specify another method of engagement. Of these, 2 participants flagged up in-person activities here and have been categorised under in-person, and 6 shared that they engaged using text messaging. Many participants engaged in a number of ways, for example in-person with appointment reminders by text message. These results indicate the benefit of providing a range of options for people to engage with specialist services, as all methods were used by a number of participants. Amongst this sample, face-to-face support remains an important element of support provision.

The adoption of technology such as video calling, was discussed further in relation to accessing both mainstream and specialist services, and the restrictions in place during the Covid-19 pandemic. The key themes are summarised here. For the majority of those who were already engaging with regular support, this was not interrupted by a move to remote engagement. Overall, participants spoke positively about their experiences with support during the pandemic, and the majority of this was attributed to the ways in which technology was utilised and embraced.

Participants said:

> 'We turned all my face-to-face sessions into video sessions and carried on. The pandemic really fed into my anxiety disorder and my worker helped me work through that and gain extra support and confidence' [FS7]

> 'I call or text my worker and she gets back to me quickly. My worker provided me with a phone, internet and laptop to engage with services during Covid' [FS40]

During the pandemic, the availability of remote options was essential for support to continue. For many participants, the increased use of technology was a positive, and they had continued to prefer remote method of engaging once restrictions lifted. For those relying on translation services, accessing support using the telephone was particularly convenient. One participant said:

> 'I can contact my caseworker by text or call and she will call me back very quickly with an interpreter' [FS37]

Some participants who had begun engaging with support during the pandemic, reported that they did not feel the need to engage in face-to-face support once it returned to being an option:

> 'I don't feel the need to do face to face. The trust is already there. In fact, it has [been] since the first time we spoke.' [FS5]

Reflecting this preference, a number of participants shared that for them, accessing services online or via the telephone provoked less anxiety. One participant spoke to the benefits they found in using an online app to access sexual health services:

> ‘Just typing it out is probably easier as well than being on the phone sometimes. The first time you go, you're going to feel stressed and worried about, 'Oh, look at me. I'm here because I have this, this or this,' or you think you have this, this or this. A phone-call, as well, can be quite daunting. I feel like it's a bit less, not less personal, but I feel like you can take a step back and think. Obviously, if it's a conversation on the phone, you have to just say it, but you can think of what you're saying, what you're happy to say and then what you want from it. You rehearse it and everything.’ [I3]

Whilst for the majority, accessing support via technology made a useful addition and improved accessibility, there were some noted barriers this presented. For participants who accessed services on an ad-hoc basis or relied on receiving their support through outreach or drop-in, the closure of in person services resulted in difficulties accessing any support. One participant shared:

> ‘I had an awful time trying to get any support at all really because at the start literally everywhere was closed. it was quite a hard, difficult, dark time for me.’ [FS23]

For others, the requirement to engage with technology, even when given this as an option, was a substantial barrier. Participants said:

> ‘I'm no good online’ [FS45]

> ‘I struggled online due 2 my phone not being fully accessible’ [FS43]

> ‘Don't go online’ [FS57]

For these participants, it is essential that services retain an element or in-person or phone support in order for them to be able to engage.

Many participants reported that they were provided with the hardware required to connect remotely with support, such as a mobile phone or tablet, which they would not otherwise have had access to. Whilst this is something that services were able to facilitate during the pandemic with people already engaged, a lack of access to technology would prohibit people from making an initial approach to the service this way. Additionally, a number of participants spoke to the fragility of this as a way of accessing support, noting that when they ran out of data, or if the technology broke or was lost, there was no way of them getting support or even making contact to request a replacement. The clear message was that face-to-face remains a crucial part of service delivery for many, and without this provision they simply cannot access support.

For others, although they were able to access remote support, their personal preference was for face-to-face contact. They said:

> ‘it gets me out the house and sometimes I need pushed to do this.’ [FS3]

> ‘I felt that services only offered phone support, this really impacted on my mental health, which became frustrating and it was so easy just to hang up.’ [FS21]

> ‘I do better face-to-face… I think some people are loving it and it's been more accessible to them. But then, people like myself are getting fed up of all appointments and everything being online.’ [I6]

A number of participants expressed concerns about privacy and being overheard whilst accessing support remotely. This was particularly important during periods of lockdown when finding a private space to make a telephone or video call was more difficult and remained so for those living in shared or hostel accommodation or with someone who monitored their communications. For some, the availability of instant messaging, email or an app may alleviate this concern, but it necessarily limits support to written communications and is reliant on strong levels of literacy and proficiency in the language of the app as well as ongoing access to appropriate technology. One participant said:

> ‘In the Highlands, they're just a chat service from NHS Highland. You didn't even need to call. I could do it at home, with my parents there. I could just go on my phone and type it, instead of actually having to phone, that was actually really helpful, especially with lockdown and things. You just go on and then you put in your name and things, and then you just say what you're looking for. Then they'll talk to you. They'll ask you, if you have questions and then they'll send you information through that as well, links to stuff, to look at where you go or anything. They normally send you a little leaflet to look at. It's a lot easier than just on the phone. You can screenshot it as well, so you know exactly what it is that's been said.’[I3]

Whilst this participant had a positive experience in some services, participants said that the move to automated, or online systems resulted in a lack of flexibility. One participant who had engaged with sexual health testing online during the pandemic shared that this had involved filling in a form with tick-boxes, and no option to disclose her selling of sex and subsequently to request additional testing. She noted that when services had been face-to-face she was able to easily have this discussion with workers at the clinic she attended.

Taken together, the data shared around routes into and methods of accessing services, makes a strong case for the value of joined up and partnership working with clear referral routes into and out of specialist services. Additionally, the data highlights the importance of offering a range of technology options alongside in-person support for facilitating easy access.

The participants experiences strongly indicated the value of flexibility and a suite of access options to meet individual needs and preferences in order to best facilitate access to services.

4.2 Challenges and Barriers to Mainstream and Specialist service access

Technology and access routes are not the only factors impacting on the ability of individuals to access services. Participants were asked to share the reasons that they do not

access some services, or the reasons they believe that others who sell or exchange sex do not access services. This information refers to both mainstream and specialist services, as the challenges and barriers frequently mirrored each other here. The graphic in Figure 10 displays the range of emotions participants reported prevented individuals from accessing services. Most common were fear, shame, anxiety and embarrassment.

Figure 10: Graphic displaying reported emotions that prevent access to services.

The complete discussions around service access have been thematically analysed and are explored here. The core challenges that participants faced in accessing services were:

- Identifying a Service
- Practicalities
- Emotional barriers
- Social barriers

These themes are discussed in more detail in the following section. Also present in the data was a substantial number of barriers raised in relation to the role that addiction has in presenting challenges to accessing services. It is impossible to isolate the role that addiction plays from other related social, emotional and practical factors. As such, the impact of addiction has been considered within these sections, but it is important to note the prominence narratives around addiction had in the data and the role it plays for a large number of the participants in creating and exacerbating many of the challenges presented here around accessing services.

4.2.1 Identifying a service

One of the most prominent barriers to access participants raised was not knowing that services existed until they were referred to them or approached during proactive

outreach. A number of participants felt it would have made a substantial difference to their life and experiences if they had known about the service they eventually engaged with earlier. The comments from these participants echo those shared by many others in both interviews and surveys:

> 'I wish I had known about them at the very start' [FS4]
>
> 'I wish I found this service years ago.' [FS5]

Additional participants reflected these sentiments in response to being asked what would have helped in the past, saying:

> 'knowing that I could have accessed support like [this service], that way much of the problems would never had happened.' [FS8]
>
> 'Knowing more about [service] earlier - I think more people would get support if they knew about it.' [FS29]
>
> 'Knowing about the service sooner' [FS26]

As well as the negative impact participants report this delayed engagement with support had on them, it is possible to infer from these experiences that there are likely to be people who would currently like support who do not know what services are available or how to access them. Participants were explicit in their belief that earlier access to support may have helped them avoid negative experiences related to selling or exchanging sex.

One participant who had self-referred into specialist services noted similar difficulties in locating information about support, even when actively seeking it. They said:

> '[you] have to dig to find out about support on offer/where it is. So more information to let other people know about stuff.' [FS17]

Again, this participant expresses concern for other people who might be struggling to locate the support they would like or be unaware of their options. Another participant reflected her concerns about others not knowing services exist, saying:

> 'there's lots of girls who do this who don't want to or have nothing else to turn to. They need to know what is out there to help them and who they can talk to.' [FS32]

Other issues raised in identifying appropriate support services relate to being unaware that they were eligible for support from the services that they knew about. One participant noted the benefit in:

> 'Better advertising of the range of behaviours that could constitute the sale of sex. I was involved in sugar dating so when it all went wrong for me I did not really know that I would be entitled to any support or help' [FS7]

Another participant reflected this sharing that the broad range of experiences people have selling or exchanging sex left her unclear as to whether there was any support suitable for her. She recalled her experience approaching a service which did not offer the support she wanted around exiting, saying:

> ‘I know you guys are fighting for the rights of people that are still in the industry but can somebody help me please to get out of this industry because I don't want to be there,' and they couldn't help me either. They told me, 'Nobody has those services to help you get out. The only services you'll come across are organisations saying they're supporting and helping women that have been trafficked and in the sex industry’ [I2]

Through her recollection of this exchange, she highlights an awareness of a perceived hierarchy of need in relation to people who sell or exchange sex, with the responses to those who have been trafficked being much more supportive than those who have not. Through this, she recalls being left believing that there were no services that would support her, as she had begun selling sex through social and economic, rather than physical, force. The result is that she felt she did not fall within the eligible categories she has identified: those seeking support without wanting to stop selling sex and those that have been trafficked. Through both experiences, the participants highlight the benefits of services being clear in their service offer, including clear eligibility criteria and ensuring available services cover the range of experiences and support needs. Additionally, both experiences here point to the value of clear messaging and clear definitions for what constitutes the sale or exchange of sex and therefore who can access support around this.

The final challenge raised in relation to identifying an appropriate service was that participants felt there was no suitable service for them. The majority of participants had successfully engaged with support and did not hold this view, however, two participants expressed strongly that they knew what support was available, and that they were eligible but felt there was nothing that addressed their needs. One participant explains:

> ‘coming out of the industry there's nothing there to help you really. Not really in the scale of what kind of help you want. There are no services that give you exactly what you need, there are a lot of services out there that are doing things like art projects and stuff like that but I don't think that's really helping people with the actual help that they need.’ [I2]

For this participant, the support offered did not align with what she felt she needed. She spoke to her experience of services being lacking, and cohesive exiting support not being available. She went on to share her experience of feeling like she needed to exit alone and that she was not supported through this process. She shared:

> ‘it's so hard to try and make sense of everything that has happened. There were no courses to help me make sense of it… There was nothing for me at all. I had to try and figure it out myself’ [I2]

Her experiences call for a broad range of services, including post-exiting support.

4.2.2 Practicalities

For participants who successfully identified appropriate support, there were a number of practicalities that could prohibit them from accessing these services. For some, opening times were not able to accommodate their routine. They said:

> ‘Opening hours, I would like the drop in to be open through the night’ [FS11]

> ‘My lifestyle then [stopped me accessing support] I slept all day and worked the streets at night’ [FS13]

> ‘I’m only usually out by night’ [FS45]

Particularly common across all participants was experiencing difficulties with getting an appointment which was suitable for them. Participants shared:

> ‘It is too hard to get an appointment, reception staff are rude and impatient’ [FS35]

> ‘Hard to get an appointment so just gave up.’ [FS17]

For others a long wait time to be seen meant that they did not engage by the time the appointment came around, as either their circumstances had changed, or they had lost momentum in their attempts to access support. Participants affected by this said:

> ‘I waited for 12 weeks to get appt’ [FS29]

> ‘the wait time meant no longer engaged.’ [FS31]

One participant shared how her support experiences were impacted both by long waiting times and feeling the provision was not sufficient for her needs. She shared:

> ‘I had to try and get put on waiting lists with counselling, I waited months to get counselling, just counselling on its own. I waited months to get doctors appointments for health stuff. I tried to go to [specialist service] to get help, I got 2 talking sessions with someone. That's not going to help me really.’ [I2]

As well as issues around waiting times and ease of getting appointments, another practical barrier was the service not being in an easy to access location, for example on a bus route. Participants shared that they stopped going to services that were ‘too hard to get to’ [FS17] or difficult to travel to [FS46]. For another participant, it was not the physical location of the service, but the fact that it was co-located with other services that caused her issues with access. She said:

> ‘The location - it is in the same building as addiction services which I have engaged with previously. This triggers me a bit now I'm in recovery.’ [FS33]

For her, the location of the service in a place she had previously accessed during a challenging time represented a mental barrier to engagement.

Another practical barrier that participants raised was around services not being able to meet their individual access needs. For one participant, access was initially difficult due to her proficiency in the English language. She says:

> ‘The first time I started it was difficult because my English was not very good. It is better now, easy enough as my English improved.’ [FS40]

Although this did not result in the participant disengaging, all services need to be designed in order to accommodate people with translation or interpretation requirements. As well as this, in line with all support services, for some people there are likely to be physical barriers to access in buildings which, for example, are not wheelchair accessible. One participant shared how the service she accessed was able to provide her with childcare, and this represents an important additional consideration for people with caring responsibilities.

For a number of participants, the practical barriers they faced were in the set-up of the service itself. They felt that the conditions of service delivery meant that, were they to disclose their involvement in selling or exchanging sex and seek support around this, another service they were currently receiving would be withdrawn. One area where a number of participants raised this was in relation to housing. One participant explained:

> ‘When you're staying in homeless hostels and stuff, these specific supported accommodations, if you have any sort of income, the rent you have to pay is extortionately high and nobody could afford it. And then, you'd be on the streets homeless, which nobody wanted to be. So, you can't talk to the support staff there or anyone.’ [I6]

In this way, the income threshold for paying for supported accommodation was reported to prohibit participants from seeking support around selling or exchanging sex, as this would require them declaring an income. Similar experiences, or fears were reported in relation to having benefits withdrawn if their income from selling or exchanging sex became known. One participant shared:

> ‘People who are on benefits because they’re really poor, who are also [selling sex] because they’re really poor can’t disclose that they’re [selling sex] and making money because they’ll lose their benefits. Yeah but those people might still need help with benefit advice or money so they’ll have to keep it absolutely zipped that they make any kind of money so they might be scared to go to services’ [I5]

Another participant explained how she feels insecure on her benefits, and fears revealing about her involvement in selling sex. She says:

> ‘every time with personal independent payment, they've cut me down in points. They're trying to get me off it, I'm sure. And it just doesn't feel safe. And I haven't told them about prostitution because I fear getting in trouble with the taxes. I haven't told the DWP. I haven't been able to. But maybe they should know and be able to recognise women who have been involved.’ [I1]

Other participants also felt that the practicalities of service set-up prevented them from accessing the support they needed, but for them it was the combination of support they required that presented a challenge. Through this they highlighted a number of areas of siloed working, where access to one service may preclude them from accessing another.

One participant spoke to the issues she faced in accessing mental health support when she was in addiction:

> 'if you're using drugs you will not get to see a counsellor. You will not get to see a psychologist, you will not get to see a psychiatrist.' [I4]

The same participant felt that there was not suitable support for her whilst she was pregnant to address the issues she felt she wanted to around both addictions and mental health:

> 'I got my daughter took off us because, and they don't touch you when you're pregnant, they'll not see you when you're pregnant and they'll not touch you three months after you're pregnant, and I just think that mental health is a big part of why people are taking drugs and that should be in every service. Regardless of if you're taking drugs or not at the time you're a human being, somebody's daughter, somebody's Mum and you need to be seen.' [I4]

For this participant she felt the lack of a service that could accommodate her multiple needs resulted in the trauma of having her child removed from her care after birth, which she believed may otherwise have been avoided. To further illustrate this, she shared that once she was no longer pregnant and able to access support, she regained care of her child. These siloed support services were raised as problematic by a number of participants and in some circumstances, they felt this may prevent them from accessing the services they needed. These findings are particularly important in relation to the finding that participants in this sample attended services to address an average of seven different support needs (see section 3.3). However, whilst for these participants the sharing of information without procedures to mitigate negative impacts represented barriers to accessing other services, for others, lack of information sharing between services meaning that the need to repeat their story became a barrier in itself. One participant explained:

> 'It's like you have to tell your story over and over again. So you're working with one service and then you're getting directed to another, and then sometimes information isn't getting passed on, you're having to go through everything again. And that's not down to, well, it is down to the services, it should be working alongside each other, you know. And that's a barrier because services will not work together.' [I4]

She described this repetition as a barrier, and it is likely that the experience of having to revisit difficult or traumatic experiences at each services provides a substantial barrier to some people who sell or exchange sex from engaging with the support they may want.

4.2.3 Emotional Barriers

Alongside practical considerations, emotional factors played a large role in participants ability to access services. The three most prominent subthemes around this were trust, fear of judgement and it being 'not the right time'.

4.2.3.1 Trust

Lack of trust was frequently raised as a barrier to engagement with support services. Trust was understood in different ways, but for some this manifested as not trusting the workers at the service enough to share their experiences with them. One participant said:

> 'It was difficult at first because of my trust issues but I soon realised my worker was there to help me.' [FS30]

In some cases, trust was reported to be particularly difficult to establish where the worker was male, due to difficult and traumatic experiences many female participants reported having had with men. One participant shares how the particular attributes of one male worker made it especially difficult for her to engage with the service, and eventually resulted in her stopping. She said:

> 'I didn't like having male staff either - they were ok but I wanted a woman worker but I was assigned a male case worker. I didn't really go too much and just stopped. I didn't want to have to say that the worker reminded me of an old customer and I knew the women all had full caseloads so didn't want to start off working with a man and then change when a woman became free.' [FS32]

For others, experiences with males who bought sex had resulted in a lack of trust for their whole profession. One participant who shared her experiences through fieldnotes shared how one man who bought sex from her was a nurse, and this has impacted on her relationship and perception of the medical profession. [I7] For her this presented a substantial barrier to engaging with any men within the medical profession.

As well as a lack of trust in workers as individuals, participants frequently reported concerns about where their information would be shared, and not trusting the service to keep their information confidential. One participant said:

> 'A lot of girls are afraid that services will tell each other if we are involved and that puts them off.' [FS32]

One participant shared her fear that any disclosure she made to any medical services, may be shared with mental health services, and used as a judgement on her mental wellbeing. She said:

> 'It's just one box they can tick that might lead to me like getting sectioned or something you know. I just don't trust them to have an unbiased approach to using that information.' [I5]

Particularly frequently mentioned were social services, and participants reported having substantial fears about information they shared about selling or exchanging sex being shared with them. Participants said:

> 'Don't like social work so any hint of that and I avoid [accessing services]. It's not worth it if it ends up disrupting your life. You're better off on your own.' [FS34]

‘Scared of losing kids, scared of everything they do’ [FS53]

Another common fear reported was not trusting that the service would not report them to the police for selling or exchanging sex, and that they would then face prosecution. In this way the criminalisation of the individual selling or exchanging sex can be seen to directly contribute to difficulties participants faced in accessing support. One participant said of this:

> ‘The fear of being arrested, I knew that sexual health services have a certain level - because they’re doctors - they have a certain level of privacy protection. They aren’t allowed to share their information even if they wanted to and it could cost them their jobs if they do and it would be an enormous scandal so I felt safe talking to them and disclosing to them why I wanted the tests and why I was there more often than most people … but I would never tell any other services.’ [I8]

Fear of arrest was reported to prevent people who sold or exchanged sex from seeking any support they may wish, but was also raised as a barrier to reporting any crimes against them. In this way, fear of arrest and lack of trust in the police preventing participants from accessing the justice and associated victim support they were entitled to. They said:

> ‘I wouldn't have reported to the police, no… I wouldn't contact the police, I was too scared.’ [I2]

> ‘If I was raped by a client, it would be very tricky to go to the police because I wouldn’t want to tell them I was [selling sex] ... so you can’t give them all the information for your own safety. Like that’s how it should be viewed not like you’re breaking the law and bad things happen to you… it’s an absolute mess.’ [I5]

Another participant spoke to their experiences of someone buying sex from them when they were underage and then stealing the money back. They reported that their lack of trust in the police, and fear of arrest resulted in them not reporting the crime against them. They said:

> ‘I think, knowing that if you go and report someone for that because it's a bad thing to do, then you're not going to get in trouble, but obviously, you have done something wrong, so finding that balance between it and things like that. If you do need to report someone for it, the police might have a bit of stigma about it as well. If you approach them about it, they could have the same issues.’ [I3]

In this way there is a clear link between reported lack of trust in the police, and participants feeling unable to access the support and justice that they are entitled to as the victims of crime.

In addition to lack of trust and fearing negative consequences, a number of participants reported having had negative experiences in the past which they felt were directly caused by accessing services. This left them not wanting to access services again because they did not trust that the services would act in their best interests, and not worsen

their situation. A number of these negative experiences related to support they were accessing around addiction. One participant shared:

> ‘[what would have helped is] not being cut off my methadone, I had never been on the street before that, if they hadn't cut me off then I wouldn't have met punters who still try to contact me and would not have had to use other drugs to cope and maybe I would not have panic attacks, being cut off my methadone completely changed my life for the worse, they shouldn't be able to do that’ [FS3]

Another sector that was attributed by a number of participants as contributing to an increase, rather than decrease in their support needs was housing. In particular, participants spoke to the negative impact that being in hostel accommodation had on them, or on people they knew. One participant shared:

> ‘Stop putting us in hostels, there's too much drugs going on. I would rather live on the streets than go back to a hostel.’ [FS19]

Additionally, two participants spoke to the environment of the hostel being a place that many people begin selling or exchanging sex in the first place. They said:

> ‘I know a sixteen-year-old that is going along the road. Went into a hostel, never took drugs and now injecting heroin and prostitution. So it’s just dived.’ [I4]

> ‘I've been through the homeless services a few times and my longest time spent homeless was about 2 and a half years and I met a lot of other women who got involved in [selling or exchanging sex], whilst homeless.’ [I6]

These stories illustrate the fear that participants have, that engaging with certain support may result in a deterioration of their circumstances, particularly round addiction. These fears are a substantial barrier to them trusting the service enough to engage and attempt to receive support.

4.2.3.2 Fear of Judgement

Fear of judgement was a particularly prominent barrier participants faced to accessing services. Reflecting the findings on disclosure to mainstream services (see section 3.3.1) for many people it prevented them from talking to services about selling or exchanging sex, even when they were accessing these services for something else. In this way, fear of being judged acts as a barrier to accessing appropriate support, even once within mainstream services, and a barrier to initial engagement with specialist services. One participant shared experiences reflected by many others when she said:

> ‘Most [people who sell sex] feel they are judged and have terrible shame about their past.’ [FS5]

Another participant said:

> ‘if I have heard from anyone else that they didn’t get treated too well - then I don’t want to go. I don’t like to go to services anyhow but if I think they are going to be all snotty, then I won’t go near them.’ [FS32]

A number of participants shared that fear of judgement means they never talk about selling or exchanging sex with anyone, and that trying to do this in order to receive support is a substantial barrier. One participant whose experiences were recorded using fieldnotes explained how she felt about herself. She shared that she:

> ‘Does not like to talk about selling sex as she ‘feels dirty’ she is constantly washing herself and showering but she can never feel clean. She knows someone who has scrubbed themselves with wire wool but she has never gone that far herself. She feels that all the blame and judgement is on her and people just see her as a ‘dirty little prostitute’. [I7]

This high level of self-judgement prevented her from feeling able to talk about her experiences with services, as she fears they will judge her as harshly as she judges herself. Others reflect this feeling of the judgement and expectation of judgement coming from within themselves. One participant shared:

> ‘In the past I would have been too embarrassed. I would have been in my own head feeling like an idiot.’ [FS7]

As well as fear of being judged negatively, other participants reported that they fear being seen as a victim or pitied. One participant shared:

> ‘some people don't want to be seen as a victim, I don't see myself that way, I used to but now I think I'm a survivor - a lot of sh*t things have happened but I'm still here. It can be hard to speak to anyone about it, you are scared that you won't be believed or you will be pitied. You don't want anyone looking down on you and sometimes when you speak about these things people just feel sorry for you.’ [FS29]

Another participant whose experiences were recorded using fieldnotes also echoed these fears of not being believed. She shared that:

> ‘she took Valium when she first sold sex so she did not remember what she was doing, when she came round she realised that the man she was with was taking photos and videos of her, and he mentioned sharing these with his friends. [I7].’

For her, her fragmented and partial memories meant that she felt she could not give a clear account of her experiences, and this made her fear that services would not believe her experiences. The idea of not being believed, having taken the risk to talk about her experiences and open herself up to potential trauma was too big a barrier and resulted in her not disclosing to services.

Whilst many participants felt they were judged based on their experiences of selling or exchanging sex, other participants related feeling that they were judged by services because of their use of substances. One participant shared her experiences:

> ‘I have really bad anxiety so I don't like going to new places or without someone with me. I need to use (street) valium before I can even get out the door and some services look down on you or think you don't want support or think that I am too under the influence when I'm not and if I am it's because I need to be to come in the first place.’ [FS28]

In this way, this participant felt that her reliance on services meant services doubted her motivation and did not offer her the support she needed.

As well as feeling that their presentation after using substances made services judge them, another participant shared that she felt that her reputation from actions in the past precluded her from accessing services currently. She said:

> ‘I would like services to get to know me first, not to take on other people’s opinions before working with me. Some services are not willing to work with me.’ [FS1]

This participant’s experience indicates that she felt that a reputation of being ‘difficult’ had meant that she is now unable to engage with services, even when she feels she has acted appropriately with them. For her, the judgement that many fear has been realised, and she expects this to happen each time she now attempts to access services.

4.2.3.3 ‘Not the right time’

Another prominent theme raised in relation to barriers to accessing services was that of it not being ‘the right time’. One participant summarised the responses around this when she said:

> ‘I think sometimes it just needs to be the right time, I don't know if it would have made any difference if [my worker] was there back then cos I don't think I would have listened [FS19]

Further participants shared their experiences of not being ready to accept help or admitting to themselves that they needed it. They said:

> ‘they see it as a weakness, admitting you’re struggling, but really it’s not. It’s a strength and I always make that clear to people. You asking for help is a strength so give yourself a bit of credit.’ [I4]

> ‘At that time I don't think I was ready and didn't think I needed it and could sort it all myself.’ [FS28]

> ‘before I was too proud to ask and say that I needed help and just couldn't accept it. I had too much pride and I thought I could do it myself but I was wrong. I needed the help, take the help!!’ [FS23]

Another participant reflected this experience of not being ready to accept help, and not wanting to face the issues they wanted support with. She said:

‘I'm good at locking things away but I'm at the point I'm ready to open that box and talk about everything inside my head and what's going on in it.’ [FS23]

Some participants had experienced attempts to engage with support in the past, which had not been successful, prior to successfully engaging with their current service. They said of these:

‘I have had other support in the past but I didn't really want to work with them or avoided it and got discharged because I was too anxious and just didn't take it seriously. At that time I don't think I was ready and didn't think I needed it and could sort it all myself.’ [FS28]

‘I met [worker] a few years ago at an event. I went up and spoke to her but I wasn’t too nice!’ [FS32]

Whilst these experiences do not directly suggest any particular change in provision, they do signal the importance of support being available long-term, so people are still eligible when they are ready to engage, and also ensuring that there are not substantial penalties where people disengage and support is still available if and when they return.

4.2.4 Social Barriers

As well as practical and emotional barriers to accessing services, a number of barriers were raised which related to participants’ social world. A common challenge was encountering others who might be accessing services, or the fear that they might. For some, entering any crowded environment was difficult. One participant shared the negative impact that this had on her:

‘when too many people go at the same time, I get anxiety going into a hall for something to eat and everyone looks at me’ [FS23]

A number of other female participants particularly noted that for them the issue was going to services where there may be men, or groups of men around. One participant said:

‘I wasn’t too happy with lots of men around as I hadn’t had too good experiences with men in my life from [when] I was young. There was always men hanging around the front of the building and I hated having to walk through them.’ [FS32]

For these participants, a service being crowded, particularly with men was enough of a barrier to prevent them accessing the support they wanted from there. For others, the service was too often frequented by people they knew and did not wish to see, and the fear of encountering them prevented them from accessing the service themselves. They said:

‘I don't like mixing with people especially people from my past who might use the service.’ [FS11]

‘Didn't want to engage or associate with others who were using the service.’ [FS31]

Whilst many participants did not specify what it was about the people from their past that made them avoid the service, those who did most frequently cited the prevalence, and likely offer of drugs. One participant reflected this when she said:

> 'just looking at the building gives me panic attacks, there are always people there offering you drugs or know that you are vulnerable or skint so they prey on you.' [FS3]

For others, it is other people in their social world, not at the service itself who serve to prevent them from accessing support. One participant shared that the influence of her partner made her fear accessing support. She explained she did not go to services in the past:

> 'Because I was with my ex, too afraid of going somewhere to ask for help, just felt horrible' [FS55]

Asking directly about coercive others in participants lives was outwith the scope of this research, however a number of participants did volunteer that the physical, coercive and emotional abuse of another prevented them from accessing services they may otherwise have chosen to engage with. One participant, who did not want to be recorded, so had her contributions recorded though fieldnotes shared how:

> 'Her partner put her out to sell sex, and she was stripped naked and left out in the snow by someone in a car, she didn't know where he was taking her. Her partner blamed her for not running away, but she thought if she ran she would have frozen to death.' [I7]

Another participant, whose contribution was recorded through fieldnotes shared the impact that being stalked had on her. She shared about:

> 'cars following her for hours on end, people following her in the street, and how these circumstances combined to make it very difficult for her to escape or to be able to consider accessing services' [I9].

In circumstances such as those shared, when participants were subject to ongoing abuse and control, it is often not possible for them to access support and any attempt is likely to put them at substantial risk of harm. For participants who had been trafficked or forced by someone else into selling sex, the circumstance of the relationship with their exploiter are likely to limit their ability to access services. In these circumstances, accessing services before intervention is simply not an option.

Some participants reported that rather than the physical presence of others, it was the threat of others and living under constant fear that prevented them being able to access services. One participant explains:

> 'I feared for my life, I went to work and I didn't know who was going to walk through my door. I had all the gangsters who knew who I was and I didn't know who they were. Living with that amount of stress on a daily basis does do something to you, it changes you.'[I1]

For her the circumstances of existing under constant stress and pressure prevented her from attending appointments at specific times or being able to engage meaningfully with services that required her to leave her house and present at an office at a certain time and place. Another participant reflects this, as she explains how living in this survival mode left little capacity to proactively seek out and engage with support, even though she identified it as something she needed. She says:

> ‘Your life is a bit hectic because you're constantly in fight or flight. You honestly are. You don't know who's walking to your door next anyway, first of all clients, you don't know who they're going to be coming to your door so you're always on guard thinking, 'What if they kill me?' Loads of people get killed in this industry and you know that but you take that risk because of the money, but you still know in the back of your mind all the time that if somebody walks through your door, they could potentially be the person that's going to murder you because you don't know these people. That's always in the back of your mind.’ [I2]

In this way social barriers can have a substantial impact on an individual’s ability to engage with services, whether this is through the people present in the building itself, or those exerting their influence over individuals who want to access services. It is important that services consider the impact of social barriers where access may be a challenge.

5 Lived Experience Findings: Service Experiences and Impacts

Once participants have successfully accessed support services, there are a number of factors which impact the likelihood of them remaining engaged, and of them achieving successful outcomes in collaboration with that service. During their engagement with the research, participants were asked to discuss their experiences both at any current services they were accessing and services they had engaged with in the past. These responses have been analysed to provide an overview of the factors that participants believe facilitate or prevent continued engagement and contribute to a service making a meaningful impact. Additional consideration is given to the type of impact services can or could have. This report focuses on the impact and actions of services, but it should be remembered that alongside these, many of the social barriers identified around access such as the role of peers, abusive partners and exploitative others present ongoing challenges to engagement. Whilst their role is outwith the scope of the report, the challenging context in which, for many participants, engagement with services is occurring should be kept in mind.

The graphic below is compiled from positive descriptions participants gave of services during the surveys and interviews and displays the qualities that participants valued in a service. The most common response was non-judgemental. Other qualities that were highly valued by participants included feeling that the service was caring, understanding and genuine, and that they would help.

Figure 11: Graphic displaying descriptions participants provided of what they like about their support services.

The qualities identified in Figure 11 were valued by participants whether they were identified in mainstream or specialist services. Sometimes, rather than the being perceived as the service culture, an individual worker was attributed with exemplifying these qualities and credited with the positive impact that the support had on the participant. The experiences shared demonstrate that when support is effective it can be 'life-changing' [I2]. Participants shared that:

> 'it really helped me survive, like mentally get by and stuff like that' [I1]
>
> 'I feel I could have died if this service wasn't there' [FS11]

Other participants reflected the immense potential for positive impact that effective support can have when they said:

> 'now my life is in a good place and my life has changed so much' [FS25]
>
> 'now I engage well and my whole life has changed' [FS13]

For some, the impact was especially noted on their sense of self-worth and belief:

> 'My case management worker has made me realise I am much more capable of things than I ever believed I was.' [FS7]
>
> '[they] made me believe that one day it will happen. I don't feel so useless and made me believe in myself.' [FS10]

Whilst many of these experiences reflect the impact of effective support in the long term, other participants also noted the immense impact that appropriate service provision, particularly around practicalities can have on a day-to-day basis, or at a time of crisis. One participant shared that she had no money, no electricity and had reached her limit on food-parcels when she had accessed her service on the day of the interview and they were able to help her. She reflected:

> 'I don't know what I would have done without them today.' [I9]

These experiences reflect the positive impact that support services can have in both the long and short term. Whilst many people who sell or exchange sex require intense, and varied support, these participants experiences speak to existing good practice, and affirm that this support can be provided effectively. However, far more negative experiences with services were reported in this research than positive. When asked about positive experiences they had had at services other than the one they were completing the research at, the majority of participants reported they had had none. Participants who were not currently engaged with services rarely reported having had any good experiences at all. The comments below are reflective of a large number of experiences participants shared:

> 'I don't think I have had any good experiences' [FS3]
>
> 'Not really had that many good experiences' [FS16]
>
> 'I haven't really' [FS14]

> ‘I genuinely don't think I've ever had a 'good' experience with other services, or at least now when I look back I thought they were okay but now I think they weren't that great and did the bare minimum.’ [FS29]
>
> ‘I can't think of any’ [FS19]
>
> ‘There have not been many good experiences. Other services just don’t get it’ [FS4]

The factors which impact upon service experiences and were identified as making the difference between support being ‘life-changing’ and ineffective, or even in some circumstances harmful, are discussed here. They have been subdivided into considerations about:

- Workers
- Service offer

5.1 Workers

For the purposes of this report, ‘workers’ refers to the broad range of professionals and practitioners that participants encountered within mainstream and specialist services when seeking support. The approach of workers was the most prominent theme identified as making the difference between individuals remaining engaged with services or disengaging. Similarly, the individual worker was often credited by participants with making the difference between support that was effective, and a service which felt like it was ‘ticking boxes’ and not really contributing to fundamental change. This quote from one participant exemplifies the core qualities that were valued in workers by participants. When speaking about her worker she says:

> ‘She has always made me feel comfortable and since day one I knew I'd made the right choice reaching out to [service] for support because we clicked right away and there was no judgment or pitying me, we just got on with it...I can speak to my worker about anything because I know she will just take it as it is and come up with a plan. She gives me a kick up the arse when I need it and I know she is always just a text or phone call away and she will get back to me. I've never had to chase her up or felt like a burden for getting in touch in the first place.’ [FS29]

This worker is described as epitomising the key themes identified around good practice in supporting people selling or exchanging sex. She is reported as making the participant feel comfortable, not being judgemental or pitying, providing practical planning and motivation, trusting the participant’s narrative, and being consistent.

The core themes illustrated here, and prominent across participant responses, alongside negative qualities in workers are explored in more detail in the following sections. These are:

- Knowledge
- Not being heard
- Consistency
- ‘Treat you like a human’
- Judgement

5.1.1 Knowledge

Knowledge of the experiences that people may have when selling or exchanging sex was particularly highly valued in workers. For one participant, it was particularly important for her to know that the workers had supported other women who had sold or exchanged sex and had a practical understanding of the support that may be beneficial. She said:

> ‘She's amazing. They've both been amazing. Both workers I've had. Yes, they really understand. They've got perfect knowledge. Well, not perfect knowledge, they've not as far as I know [sold or exchanged sex], but they've got experience of working with women in my position and it really shows itself. It really helps.’ [I1]

For other participants, the opportunity to engage with peer support or be supported by workers who had lived experience was particularly beneficial.

> ‘just knowing what it's like, how it happens and not having to try and imagine it, and just understanding how it happens is a lot easier than someone trying to make it up.’ [I3]

> ‘[services] need to include people with lived experiences who know for real how it is, not just assuming’ [FS33]

Where workers were not considered to have enough knowledge, participants reported that this undermined the value they were able to receive from support services. For some this manifested as being unable to make suggestions for the direction the support might take and relying on the participant to know exactly what practical support they required. One participant shared:

> ‘The last worker I had was a young lassie and she just didn't know what she was doing, it's not her fault but I had to tell her what to do sometimes it just wasn't what I needed.’ [FS19]

Another participant shared that in her experience, this lack of knowledge had resulted in the services not understanding how many different support needs may need addressing simultaneously for some people who sell or exchange sex. She said:

> ‘[I needed] to be able to talk about more than one issue as kept getting told I had too much stuff.’ [FS47]

This lack of understanding of the importance of holistic care, and the inter-connectedness of support needs for many people, led to this participant doubting the impact that the service could have, and to her disengaging.

As well as a lack of knowledge making participants feel there is no value in continued engagement with the service, others noted that a lack of knowledge can present itself in a lack of confidence from the worker and therefore a reluctance to discuss the issues they may be having surrounding selling or exchanging sex. This participant said:

'Most workers don't have enough knowledge and fear discussing prostitution.' [FS11]

A lack of knowledge contributing to a reluctance to discuss the sale or exchange of sex is likely to be problematic through both preventing people who sell or exchange sex from feeling comfortable disclosing their experiences, and also meaning that if a disclosure is made the service is unlikely to have adequate knowledge to make a meaningful impact with the support they offer. This reflects the findings around accessing services, particularly that the primary reason given for participants not disclosing that they sold or exchanged sex was that the service did not ask. A lack of worker confidence necessitates the person accessing the service facilitating disclosure and evaluating the potential costs to them of doing this, especially where a worker lacks expertise or is inexperienced. In this way a lack of worker knowledge leading to a lack of confidence is likely to substantially impact on their ability to deliver impactful support.

5.1.2 Not being heard

Related to a lack of knowledge or understanding, participants commonly reported feeling that they were not listened to when they discussed the impact of their involvement in selling or exchanging sex, with services. Some felt that this resulted from services not being interested in supporting them or engaging with the issues they were presenting, and rather making contact to ensure they could demonstrate due diligence if the case was ever examined. One participant said:

'They have phoned me but it's just to 'cover their arse' they don't actually listen.' [FS3]

A number of others reported feeling like they were rushed by services, and that the worker did not really want to hear what they had to say. One participant said:

> 'When I did counselling before it felt like they made me tell my story but rushed me and just wanted to get it out the way and do paperwork rather than let me tell it in my own way.' [FS29]

Another participant shared that she felt rushed when discussing another important element of her life. She said:

> ‘they asked me to 'quickly' talk about my daughter (daughter is removed from care) and I was like 'how can I quickly talk about her?' and it was the last 15 minutes and I just felt it was rushed and they weren't really listening so after that I left and never went back and told myself that I wasn't ever going to speak about it again.’ [FS29]

For this participant, the experience of feeling like the service did not want to listen to her, when she was talking about issues important to her left her reluctant to discuss this with other services in the future. In this way, participants perceiving services do not want to listen to them can block them from receiving meaningful support both at the service they have this experience at, and at other services in the future.

As well as not being given the time and space to talk and feeling that the worker did not want to hear about their experiences, another common perception shared by participants was that services minimised and undermined the impact that selling or exchanging sex had on them. One participant shared her experience:

> ‘I told her I wasn't well (no sleep/stress) - she did not get back in touch.’ [FS42]

Other participants reported that the reaction they got from services made them feel like they were over-reacting, and that the issues they were facing were not proportional to their experience. One participant said:

> ‘They just acted as if it's normal and it's fine, and you'll get over it and whatever. Meanwhile I was struggling with my mental health, I was struggling with a lot of things in my life but nobody actually said, 'Right, okay. I can see that you're struggling and you need some help to get out of this situation that you're in.' Nothing. It didn't matter how many times I screamed and shouted about this awful thing I was involved in, nobody did anything anyway.’ [I1]

Another participant echoed this, referring to her experiences with a domestic abuse charity where she felt that her experiences and trauma response to them was undermined and minimised. She said:

> ‘They also make you feel like especially at [domestic abuse charity], they deal with some serious abuse, really serious domestic abuse. When I went to go see them, I was looked upon as, 'You're fine. You don't have a lot of problems,' I wasn't getting beaten up on a daily basis by my husband, I was okay. Meanwhile I wasn't okay and I was seeking some kind of support from somewhere and they weren't giving me the support I needed. They actually made me feel like I was being like somebody who was like a drama queen, wanting services that weren't available, there's nothing wrong with you, look at you, you're fine, just go and get a job. Stuff like that. Meanwhile they don't understand what I was going through or how I was feeling and also how alone I was. I was so alone in the world not really knowing how the hell am I going to fix all of this’ [I2]

Another participant reflected these experiences, saying that she felt that services judged her for accessing them when she was able to present well and showed no visible signs of trauma. She said:

> ‘I often feel judged by other services because I appear to be coping’ [FS2]

For her, not presenting as visibly or stereotypically vulnerable seemed to be impacting on the support she was offered. As well as expectations of performative victimhood, one participant suggested that prominent narratives around the sale or exchange of sex contribute to workers expectations of what is a proportional response to experiences around this. She said:

> ‘I think, because some women claim that they are comfortable in that industry that maybe they assume everyone is’ [I1]

Similarly, a number of participants reported that workers did not listen to their explanation for the source of their trauma, or the issues they were presenting at the service with. This was particularly true of people who were also in addiction, and a number of participants shared that when they attend services, their presenting issues are attributed to addiction, even when they feel they are related to selling or exchanging sex, or another experience. They said:

> ‘I don't contact GP anymore especially not for my mental health because he just says that it's drug related and doesn't listen when I say it's not just that.’ [FS28]

> ‘They do not help since they know you are a drug addict, they treat you in a different way’ [FS53]

These experiences reflect some of the fears that participants raised around disclosing to mainstream services (section 4), which for these participants were realised. For some, repeated experiences of not feeling heard and feeling like their experiences were undermined and invalidated had an extreme impact on their wellbeing. One participant reported that her mental health had to deteriorate to the point of crisis before she received the support she had been repeatedly asking for:

> ‘it got extreme. I was very, very seriously very suicidal, and it took me to get to that stage to get help. I did attempt suicide in a really bad way, but I thought that whatever happens, well, it's meant to be. I'll either die, or they'll listen.’ [I1]

Another participant felt that by ignoring and undermining the harms of selling or exchanging sex, the services she tried to access for support were complicit in keeping her involved. She says:

> ‘I felt they were pushing me into prostitution by not helping me.’ [I2]

These experiences reflect the vital importance of participants feeling they are both heard and believed when accessing support services, and their understanding of their needs is respected within provision. Where this does not happen, participants report not feeling supported, and in some cases these experiences contributing directly to a deterioration of their mental health and wellbeing.

5.1.3 Consistency

Consistency was highly valued by participants in facilitating their continued access to support. This was identified both in the consistency of funding and workers, and the consistency of the reception and response they received when accessing a service. High turnover of workers was noted by a number of participants as being particularly problematic, and for some resulted in the disengaging. One participant shared:

> 'Workers changed over - always someone new.' [FS16]

Issues highlighted around a high turnover of workers included the new worker having a lack of knowledge or experience, having to repeat their story again and the associated emotional toll, and feeling that they have to build up trust again with the new worker. A number of participants expressed that there was a substantial emotional cost to them in sharing their experiences and doing this repeatedly left them feeling drained. For those who did have a designated worker who was in role long term, this was considered a positive to service provision. One participant said of her worker:

> 'I like the fact that I have my own personal worker that deals with me and is absolutely great. Always there for me if I have a problem, feeling a certain way or in general just need a chat, my worker is always there and that makes me feel better alone knowing there is someone there for me.' [FS23]

The opportunity to develop these personal support relationships and associated trust had a strong impact on how successful support experiences were. As well as the individual workers changing, a number of participants shared experiences of having been engaged with a service, which then lost its funding, resulting in significant interruption to support. Another shared a story of engaging successfully with a pilot programme which was then not funded. Consistency of both workers and services was considered essential to allow participants to engage in a meaningful way, and for services to have maximum positive impact.

As well as consistency in the practical sense, consistency was highly valued in terms of participants feeling they can rely on a consistent response when they access the service. For some, this took the form of knowing how a worker will react to any disclosures they make, and therefore feeling confident to share all their issues with them. One participant says:

> 'it is laid back and I can connect with the worker so can say when I am struggling without worrying about how she will react' [FS3]

A number of participant experiences reflected how helpful a consistent response from services was at times when they had struggled to engage. As would be expected in line with the many complexities people who sell or exchange sex may face in engaging with services, many participants reported periods where they had been inconsistent with their engagement. Participants reported particularly valuing knowing that they would still receive

a supportive, and consistent response when they returned to the service, and they would not be made to feel guilty or have to explain themselves. They said:

> ‘[service] never gave up on me even when I wasn't attending appointments or speaking with my worker when she called. They took time with me and let me go at my pace I didn't feel pressured I felt supported.’ [FS13]

> ‘I sometimes don't see [her] for a while but that doesn't change how [she is] with me. I know I've been flakey before and not turned up but [she] still makes time for me’ [FS19]

> ‘She has stuck with me even when I've had tough times and shut myself away. I didn't want to speak to anyone and even avoided her but she would still send texts asking how I was and when we met up again when I was feeling better she didn't have a go at me for missing appointments.’ [FS28]

Unlike services where there are penalties for disengaging, or where only a limited number of appointments are provided, participants experiences highlighted the value of being able to provide flexible support and allowing people to engage as and when they are able. Other participants valued the occasions where services had gone beyond that, and actively sought them out for support when they stopped engaging. One participant shared:

> ‘Today they hadn’t heard from me for a while so they came down to check in on me to see if I was alright. They know I self-harm and have attempted suicide in the past so they check in on me if they don’t hear from me for a while. Today they have given me a mobile phone so that they can get in touch because they weren’t able to get in touch with me.’ [I9]

Participants reported valuing that services will bring the support to them and continue to attempt to engage them even when there are periods where they are not responding. This feeling that support is consistently available, and that the support relationship remains intact during difficult periods was credited by a number of participants with their success in remaining engaged, even when they were unable to make appointments themselves.

Another circumstance where participants reported valuing this consistency was where they felt that they had been unpleasant to workers. They valued knowing that this did not result in the withdrawal of support, and that the support relationship remained intact. One participant said:

> ‘On my bad days I can be moody and my worker doesn't argue or make things worse.’ [FS10]

Another reflected this when she said:

> ‘I had been so angry the first time I met [worker]. I had no-one else to turn to and then I had to go back and connect with her. There was no issue about how nasty I had been - I was treated really well.’ [FS32]

Through providing a consistent, professional reception, participants suggested that services are facilitating continued engagement and this is something they valued highly. One participant expands on this further by saying she believes that workers:

> ‘need to be mindful of how they might be coming across even if they have to deal with challenging behaviour - they should think about why someone might be behaving that way.’ [FS33]

Whilst there need to be limits on the behaviour which it is acceptable for people to exhibit towards workers, these participant experiences suggest the value of being able to always present as pleasant not being a pre-requisite for receiving support. Specifically, if someone has presented with challenging behaviour at one appointment, this should not preclude them from engaging again at another time and any permanent ban from services should be avoided where there are any alternatives. These experiences shared point to the importance of workers considering the context of the people they are supporting and attempting to understand some of the more challenging presentations.

All of these demonstrations of consistency were highly valued by participants. In contrast, where a consistent service was not provided, this was often reported to result in people disengaging from services. Alongside a high turnover of workers and inconsistent funding, this lack of consistency was most commonly identified by participants as workers not delivering on their promises, and not taking the action or providing the service that they said they would. Participants said:

> ‘most services say they will do something and then they don't.’ [FS6]

> ‘I find it hard to trust services. I stopped going to addictions as the workers never did the things they promised and I lost trust’ [FS6]

These participants reflected the experiences of many others, who felt that the effort required from them to engage with services and talk about their experiences was not matched by the level of support they were receiving. For some participants, their experiences of broken promises left them feelings hurt and upset as they did not receive support that they felt would have benefitted them. This unmet hope was experienced by some as leaving them feeling worse than they did before the initial promise was made. One participant explains:

> ‘They were promising me things that never happened. There is no point in promising things - like that my house was going to get sorted - because I will get my hopes up and then feel gutted when they don't happen and end up even worse than I was before. I basically just said 'f**k that' and eventually they went away cos I stopped answering the door and phone. They sent a letter saying they were discharging me from support, I was like 'what support?’ [FS18]

As well as resulting in a loss of trust, and motivation to engage, one participant noted that for her, the services not delivering served to highlight the uneven power dynamic within the support relationship. She says:

> ‘They are unreliable, they say they will do things but don't but if I don't do things then it's the end of the world. They aren't really interested, they just want things done to say that it's done, they're not interested in you or things that have happened. They do one job and you're supposed to be grateful.’ [FS19]

For this participant the imbalance between the penalties for her not meeting a service expectation and the worker not delivering contributed to making her feel she was not valued. She understood the lack of delivery on promises to be a sign that the worker did not care about her, and instead was doing the bare minimum. This left her with a negative impression of the service and she felt it damaged any opportunities for her to achieve positive impact from engaging.

5.1.4 ‘Treat you like a human’

As well as being consistent, participants reported that feeling that they were ‘treated as a human’ [FS11] was central to an impactful and positive experience within support services. This is in contrast to some of the experiences that participants reported where they felt like interactions with services were about ticking boxes or covering themselves against future repercussions. One participant said of workers who did treat her like a human:

> ‘I felt safe and I mattered, they wanted to make sure I was ok I felt like a human being not just a number.’ [FS21]

An important element of feeling like they were being treated like a human for participants, was that their worker related to them as a person too. Participants valued the opportunity to build a relationship with the worker that was not solely focussed on their support needs. One participant said:

> ‘She is a real person and we can speak about things that aren't just about support, like a normal conversation.’ [FS3]

These opportunities to relate to the worker and build a broader relationship was further considered helpful to demonstrate to people who had sold or exchanged sex that although this was their reason for accessing support, it did not need to be their defining feature within the support relationship or going forwards. One participant shared:

> ‘[Service] don’t treat me like selling sex is a stigma or the be all and end all of me.’ [FS7]

Reflecting this, another participant noted that it was beneficial for her that the worker was not focussed solely on the issues of her past but was meeting her in the present and working towards the future. She said:

> ‘She wasn’t interested in what I had done in my past, she was interested in how she could help me move on, and how she can support me.’ [I4]

Additionally, one participant shared that being treated as a human allowed her to feel comfortable sharing when she was struggling. She said:

> ‘I don't need to pretend I am okay’ [FS18]

The option to relate to someone as human rather than feeling that they had to act in a certain way within the support relationship opened up the potential for more meaningful and reportedly impactful support. This approach was widely praised where it was identified by participants.

5.1.5 Judgement

In contrast to being treated like a human, many of the negative experiences which participants reported having at services involved feeling judged. This manifested as participants feeling workers were making assumptions about them based on one particular action or attribute, without getting to know them or fully engaging with their experiences. The prevalence of judgement was so extensive that finding a worker who did not judge was notable, with participants identifying ‘non-judgemental’ as one of the key elements they valued in a service. When asked what she liked about her current service provision one participant responded:

> ‘She doesn't look down her nose at me.’ [FS3]

That not being judged is worthy of note, highlights the prominence of experiences of judgement and stigma. In the majority of reported circumstances these judgements were subtle, rather than overt. Participants described this judgement manifesting as:

> ‘Just the general looks and they make you feel like you’re doing something dirty and disgusting and inappropriate’ [I8]

> ‘Even a little, 'Tut,' thing or something, especially older women, they always do that just as a habit thing. They don't mean anything by it but you're, 'Oh well, that's that gone.' [I3]

Although subtle, these judgements have substantial impact on service provision, as participants shared that this prevents them from talking further about their experiences and is likely to mean they are unable to access the full or meaningful support they require. One participant shared:

> ‘Obviously, if you say it, and then you can tell from people's facial expressions and stuff sometimes. You wouldn't want that because then you're not going to go into it. If there are any more details which were unpleasant, then you're not going to say that, I think’ [I3]

For people who were also experiencing addiction, they felt that their place at the intersection of two stigmatised identities exacerbated the judgement they experienced when accessing services. This participant shared:

> ‘I feel judged and people only see me as an addict and when I mention prostitution peoples attitude changes for the worst.’ [FS11]

As well as feeling like they are being judged for selling or exchanging sex and for any addiction, participants further reported that workers made assumptions about their future, and their potential to change their situation. One participant said:

> ‘I have to go the chemist but if I didn't have to I wouldn't. They look down on you and think that you can't turn things around and that you will be there forever so they can speak to you how they want because they know I rely on them for my OST.’ [FS29]

For some, feeling that the workers felt they were never going to make the changes they wanted in their lives was linked to other problematic experiences of not feeling heard, or being treated like a human. Only one participant who spoke about feeling judged reported that their decision to access services was not impacted by this. For her judgement, whilst uncomfortable, is something which is worth enduring for the importance of the services received. She said:

> ‘some of them are lovely and they never caused any issues it’s just silent judgement, it didn’t stop me from going though because that’s my own health and safety, that’s important’ [I8]

The experience of all other participants however was that experiencing judgement and stigma from workers substantially negatively impacted their engagement with support services.

Combined, all these experiences highlight the pivotal importance of workers in ensuring people who sell or exchange sex are able to engage with support and achieve meaningful impact. Consistent best practice including being knowledgeable, non-judgemental and ensuring participants feel heard and treated like a human, supported by sustainable funding and the provision of training would likely make a strong impact on service outcomes and the number of people who are able to remain engaged with services.

5.2 Service Offer

Alongside the importance of the approach of the workers, the service offer itself was raised by participants as crucial to successful engagement in support. Three key factors were identified from the data which impacted on ability to successfully engage with support and achieve meaningful change where this was a desired outcome and these have been explored here. These were:

Clear service offer

Tailored Support

Combination of practical and emotional support

Additional consideration has been given to the potential for offering group work, and related complexities.

A clear service offer, that could be understood before engaging with the service was considered vital to impactful support. Participants shared their experiences of attempting to engage with services that could not meet their needs:

> 'I was involved with a pro sex work organisation before and I felt that they did not understand why I was struggling and it felt as if I didn't speak positively about my involvement in [selling sex] then they wanted rid of me' [FS4]

> 'Initially I approached a peer support service looking for help. They were difficult because I no longer wanted to be involved in [selling sex] for an Escort Service. They billed themselves as experts because they were sex workers however if remaining [selling sex] was NOT what I wanted to do they could not get rid of me quick enough.' [FS8]

The importance of ensuring that service offer and the support that each service will, and will not provide is made clear is reflected in this participant's experience:

> 'If I had not found [this service] and only had the original service I initially approached then I would have been put off as I was left feeling stupid after not wanting to remain in the sale of sex' [FS8]

The potential for this participant to believe there was no suitable support for her highlights the importance, both of people who sell or exchange sex understanding the support offer of the service they are approaching before they engage with them, and also the importance of joined up and partnership working to ensure that where the initial service approached cannot meet a person's needs, they can be effectively referred to a more appropriate service. It is likely that for other people, the experience of not having their needs met at an initial engagement would have prevented them from accessing any further support.

For others, services were often not successful in offering what they claimed to do. Services that were billed as offering 'support' broadly defined, were frequently reported as not providing people with the support that they felt they needed or what they had expected support to constitute. The data reflected the wide range of experiences and support requirements that people who sell or exchange sex have, and the importance of services being tailored to meet individual needs, within the broader remit of what they offer e.g. harm reduction or exiting services. Where participants did feel that they were able to guide their own service provision they reflected this positively. One participant said:

> 'it goes at my pace which helps massively' [FS62]

Particularly valued amongst experiences of tailored support, was participants feeling that there were not conditions on them receiving support, or particular 'hoops you have to jump through' [I1]. Other participants said of this:

> '[Service] are the only people who don't expect something back from me or make me feel I owe them because they helped me.' [FS10]

> ‘I feel so comfortable. No demands. No pressure’ [FS12]

For a large number of the participants the feeling that they were leading their own support, and not bound by particular conditions was important to their continued engagement with the service. This provides a strong argument for individually tailored support, within a clearly defined broader remit, for example of exiting support or harm reduction.

Alongside this call for bespoke service provision, there were some clear messages within the data around the type of support that is particularly effective: where there is a combination of practical and emotional support offered in parallel. Participants spoke to the benefits of a whole range of practical support, from the provision of toiletries and condoms during outreach, to sexual health testing and food parcels, and to help with ‘letters, reading and filling in forms’ [FS46]. Practical provision was also praised where it took the form of developing life-skills, such as for this participant who spoke positively about her cooking group:

> ‘At a cooking group we’ve been doing, there’s a lot of females in there, and see the confidence boost that even a six-week block has done for people - it’s amazing.’ [I4]

For other participants, this development of practical skills involved learning the skills required to manage their own support, and engagement with necessary agencies. One participant shared:

> ‘although in my eyes my problems were huge I was shown how to break them down and make them manageable.’ [FS8]

However, whilst the provision of practical support and tangible benefits to service support was valued, participants also spoke about the challenges in trying to engage with practical support in services which are not trauma-informed and where they do not feel emotionally supported. For some, the provision of practical support without any additional consideration for their wellbeing left them wanting to disengage but feeling trapped by the necessity of the practical support on offer. One participant shared:

> ‘The only reason I answer the phone is because I have to, to make sure I still get my methadone. They don't care.’ [FS3]

Another participant spoke about her experiences in trying to engage with business support:

> ‘You’re not getting the specialist support that you need so then you're getting triggered every 5 minutes, so then you just end up retreating home, probably into bed because you just can't cope with the world and everybody in it because you keep getting triggered by all sorts of little things that happened. If you go to [business support] obviously there's lots of men there, so that's always not helpful too just because of the experiences you've had. In order to go there where there's hundreds of men and you've got issues with men, you can't concentrate, you can't sit in a group of people to try and learn when you're getting triggered every 5 minutes. Then you go home in a mess, you're upset and angry with the world

> because you feel like, 'I can't even go to a business course because of my past and how it's bringing up things for me and I really just can't cope.'

In this circumstance, attempts to access support that was not trauma-informed led the participant to not only have a very challenging experience, but to feel disempowered and as if she had failed. Related to this participants difficulty in engaging with support that is not delivered in a trauma-informed way, other participants also spoke to negative experiences they had had where services had not handled their disclosures or experiences of trauma effectively. They said:

> ‘When I went to them before, they opened up a can of worms and there was no help, I left the appointment completely broken and in pieces and was left to sort myself out, they didn't care. They make you speak about things that have happened and don't make you feel better before leaving. I will not go back and put myself through that again.’ [FS3]

> ‘[they] ask so many personal questions for no reason because they don't address your issues’ [FS10]

These experiences speak not only to the barriers people who sell or exchange sex may have in accessing mainstream or generic support, but also in the potential harm that services may cause in asking about potentially traumatic experiences either without appropriate training, or where their next steps on disclosure are not fully considered. Whilst the findings from the mapping survey that ‘asking the question’ about whether someone is involved in selling or exchanging sex is likely to increase disclosures, these findings raise additional considerations to be taken. These experiences suggest it is important to balance the need for information for onwards referrals with robust trauma-informed practice, and the wellbeing of the individual seeking support must be prioritised.

As these experiences illustrate, where only practical support was provided with no consideration of trauma, participants were often unable to participate fully, or left feeling that the support they received was not addressing their real concerns. In contrast, however, participants also spoke to the challenges they found in engaging with support that sought to provide emotional support but could not offer anything practical. One participant spoke of her experiences with a worker who provided emotional support but without clear tangible benefits:

> ‘The woman that was my worker there, she was very, very nice and it was nice to meet up with her at least just to have a coffee and a chat, you know? It was nice but she couldn't help me in a lot of the areas that I needed help. It wasn't her fault but it just wasn't available. She always used to say, 'Oh, I wish there was something I could do, something more I can do’ [I2]

She continues to explain how this emotional support without tangible benefit or any sense of progress made her feel:

> ‘It does infuriate people and people that find themselves in my position they become infuriated because they become a person that just floats around in these

> organisations where they're kind of being helped but they're kind of not being helped. You're not really able to move forward and you're just floating around in all these different charities and organisations. You're doing things but it's not actually doing what you needed to be doing.' [I2]

These experiences strongly suggest the value of services offering a combination of emotional and practical support with tangible benefits. On occasions where this balance was realised for participants, they felt they benefitted from this provision and were able to achieve meaningful impact in collaboration with the support services. One participant spoke of a positive experience being given a route into self-employment:

> 'I studied beauty therapy and I was supported by them through that course. And then I did get an opportunity to rent a beauty room. I was really well supported' [I1]

Others also spoke to the balance of feeling emotionally supported with practical help. They said:

> 'The staff, everyone, are open welcoming and genuinely friendly to me and I find the service extremely resourceful.' [FS50]

> 'You can really talk to these girls. They do help.' [FS45]

> 'They are caring. They did a lot for me when I was struggling.' [FS36]

> '[They are] thoughtful e.g. the provision of cake, toiletries. You can tell they really care genuinely' [FS33]

As well as experiences with practical and emotional support, one participant spoke to her experiences with services that offer an opportunity to engage with projects that may have a wider societal benefit, but do not offer direct tangible benefits. She spoke to her difficulties in understanding decisions to fund these projects over more practical support, saying:

> 'I became so frustrated and I just thought really nobody gives a damn and then they're running art projects and they're getting grants from the government, huge amounts of money like £20,000, all sorts, to run art projects. I was like, 'No art project is going to help me move on with my life.' Do you know what I mean? I just thought, 'All that money is going into these organisations is supposed to be supporting me but meanwhile they're just asking me to make art.' I'm like, 'That's really not going to help me to move on with my life. It might make a stand and it might make a statement to say what I've been through I shouldn't have gone through and it might help to change laws, and do all of these kinds of things, but it's not going to actually help me move forward with my life.' [I2]

She continues:

> 'somehow we get involved in this because we've been in the industry because we are the statistics, we are the people that can help other people in the future maybe, to not go through the same things that we've been through. But at the end of the

day, we're still sat in the same position though, where our lives haven't quite moved on and we've still not employed, bringing in the money.' [I2]

Whilst this participant identified the potential wider benefits of these projects that sought to contribute to social change, for her it was essential that they were offered as a complement, rather than an alternative to services that offered tangible individual benefits. No other participants explicitly shared their experiences with these projects.

5.2.1 Group Work

Group work was raised by participants both as having the potential to be particularly beneficial as part of a complete service offer, and also as something that requires careful management to ensure that all members of the group are safe and supported throughout. Experiences of group work were not directly asked about within this research, and where participants shared their experiences, the groups referred to range from exercise or art groups with no therapeutic element, through to groups such as Narcotics Anonymous, and structured courses such as SMART recovery.

Group work was most frequently raised as something participants would like more opportunities to engage with, rather than something they already had extensive experience of. A number of participants who had attended groups spoke about them as an element of support they particularly enjoyed. They said:

'I feel good after group activities. I meet other women and I have a break from looking after my daughter.' [FS37]

'Sometimes it's good to be able to start a voluntary group and feel like there is no stigma attached with what I used to do' [FS23]

However, a number of complexities were also raised around safely running groups and ensuring that all participants are adequately protected. One participant shared her experiences of feeling manipulated by another member of the group:

'It just triggered all my insecurities, and people pleasing, and feeling inferior, and it just triggered it. Everything played out in that group, and there was only me and two women who did the whole course, the whole 6 months, and I was getting a bit used by one of the women, to help her move flat, and just different things she asked of me, and I wasn't able to say no. Because, within prostitution, there's this thing about pleasing personalities, and I've found boundaries extremely difficult, like I didn't have the right to say no, to anyone. And it was even happening in the therapy group.' [I1]

Another participant reflected the importance of managing the group dynamic. She said:

'I think I am easily manipulated so I need to be able to rely on workers to pick up on that because I don't always notice myself.' [FS3]

These experiences suggest the value of conducting work around healthy relationships and boundaries preceding the introduction of people to a group environment, with others who may be vulnerable or even exploitative. This additionally flags the requirement for expert facilitation to safely manage the group dynamic. As well as feeling manipulated, others experienced difficulty within a group setting through clashes of personality or feeling judged by other participants. One participant shared:

> 'I stopped going to the addiction groups because they comment on me weight and when I call them a name back the group runner blames me!!!!' [FS27]

Another experience shared within groups was participants feeling that they had to take on the trauma of others or feeling triggered by hearing the experience of others. One participant shared:

> 'I have been to recovery groups before but I didn't feel they were helpful and they dwelled on the past, I get that people need support and sometimes bad things happen and it helps to speak about it but I don't always want to speak about it or think about it or listen to other people, I have enough going on myself.' [FS29]

This experience of feeling that they need to support others when they may be emotionally vulnerable themselves points to the importance of ensuring that any groups with a therapeutic element are only offered at a time when it is mutually agreed all participants are safe and ready. This further emphasises the importance of expert facilitation and ensuring every group member feels well supported and empowered to leave the group if they need to.

These experiences combine to suggest that whilst there are likely to be benefits from group engagement, it is important that these are carefully managed to ensure that they are experienced positively by all members and do not cause any harm, or additional risk to participants. Additional work is suggested to explore the potential for group work with people who sell or exchange sex in more detail, and the appropriate methods of facilitating this safely.

5.3 Distinct challenges in accessing services, experiences and impact

The majority of participants in this study were women (n=65). This section briefly considers any distinct challenges which the research has been able to identify which may impact men, and non-binary individuals, as shared by these participants.

5.3.1 Men

The majority of experiences shared by the small number of men who participated in this study reflected the experiences shared by women, and their data has been included and

analysed alongside that of all other participants. However, there were a number of distinct challenges identified related to selling or exchanging sex as a male, which are outlined here.

5.3.1.1 Eligibility for Services

Related to the themes identified amongst all participants, male participants noted the benefits of services explicitly advertising who was eligible for support. Participants noted that in this sector, the legislative focus on violence against women and girls, means that where services specify 'adults' the default assumption can still be that support is for women. The implication here is that there would be value in services stating that support is available for men to ensure clarity around eligibility.

Additionally, none of the men reported being asked directly about selling or exchanging sex. The participants who had spoken to services, had told them proactively due to the relevance to the provision of sexual health and blood-borne virus (BBV) testing. With a small sample it is unclear whether this reflects the same issue that many women reported in services not asking directly, or if this is related to the assumption that they have not sold or exchanged sex, with the understanding that the majority of people who sell or exchange sex in Scotland are female. Further exploration into this may provide useful insights.

5.3.1.2 Judgement

The male participants reported experiencing judgement for selling or exchanging sex differently. One participant felt that he was judged less harshly for having sold sex than a woman might be. He explained:

> 'I've told my friends about it but as more as a funny story thing, I don't really need to go into it and talk about it in a serious way because the most serious thing is that it was a bit reckless of me. None of my friends have really judged me for it. They're a bit like, 'Wait, really?' That was it.' [I3]

> 'I don't think there are any negative stereotypes associated with [men selling sex]. I don't think there's any real image of it in people's heads. I think it's very easy for people to be a bit, 'Oh well, that's just a thing you do, so that's fine,' instead of a bunch a stigma attached to it.' [I3]

This participant usually has sex with men outside the sale of sex, and his sexuality is known by friends and family. Another participant reflected these experiences when he said:

> 'I don't feel like I am judged.' [FS51]

However, the participant who did not usually have sex with men reported that selling sex to men opened him up to additional stigma and judgement, both for selling sex, and for the people paying him for sex being male. As nearly all those who buy sex are believed to be male, this intersecting stigma and judgement represents an additional challenge for some men who sell or exchange sex.

5.3.1.3 Opportunity

The final distinctive feature of the men's reported selling or exchanging of sex was that for these participants, it is not seen as something that is an identity, rather something that is occasionally done, driven largely by opportunity. One participant spoke to the availability of opportunity, and the offers of money for sex he received frequently without soliciting them. He said:

> 'I have a Twitter which I post photos on, and someone reached out - I was, 'No thanks, you're 30 and I don't really do that for fun.' He was, 'Oh no, I'll pay you.' I was, 'No, I don't want to.' Then I was, 'Okay, well that's done, I've actually said no a few times.' He was, 'No, I'll pay you £1,000.' 'That's just a desperation thing. On Grindr, you have a lot of bots and spam things, saying, 'I'll pay you £4,000 a week.' [I3]

These experiences suggest that services may need to be aware that men who have sold sex, may not see this as something they do on an ongoing basis, and therefore may not identify with services that are for 'men who sell sex' as this may not be an identity they recognise in themselves. Another participant reflected this when he said participants likely do not access services because they are:

> 'In denial about what they are actually doing.' [FS51]

Whilst this may also have been the experience of female participants, they were much more likely to report selling or exchanging sex either as an identity they ascribed to themselves or one that was put on them by other such as escort, sex worker or prostitute.

Overall, these participants' experience provide useful insight into potential additional considerations required around supporting men who sell or exchange sex. It is likely that additional research in this area with a larger number of participants would be beneficial to ensuring support services meet the needs of men who sell or exchange as well as women.

5.3.2 Non-Binary Participants

The experiences of the three non-binary participants were considered as a subset to identify any distinct challenges or requirements for service access. The information and experiences shared by these participants largely aligned with those of the larger cohort of participants. However, reflecting the experiences of men selling sex to other men, one non-binary participant did indicate that they felt a heightened risk of judgement due to occupying two stigmatised identities: that of someone who sells or exchanges sex, and also as someone non-binary. They said:

> 'LGBT - can be treated differently after disclosing' [FS17]

No additional distinct needs were identified for non-binary people who sell or exchange sex within this group of participants.

6 Lived Experience: Future Service Design

For the final thematic area, participants were asked about support which may have helped them in the past, and what would be helpful for them currently. Their responses to these formed the basis for this section which seeks to address Research Aim 3:

To gather views from those with lived and living experience on future service design.

Additional suggestions were drawn from participants' suggestions on what would facilitate ease of access to their current service, and past experiences. The data is summarised in Table 7.

Table 7: Collated participant recommendations for Future Service Design.

Future Service Recommendation	**Key elements for consideration**
Improved Knowledge/Understanding	Increased knowledge in mainstream services Specialist mental health support Specialist sexual health services Appropriate and safe housing
Joined-up and Partnership Working	Cohesive support planning Fast-tracked benefits Shared awareness of risk One stop shop/Hub set-up (for some)
Combination of practical and emotional support	Options for projects around social change etc. offered as an addition, not an alternative
Range of support services for people at different stages or with different experiences of selling or exchanging sex	Exiting Services Support for those who have been trafficked Services for people who do not wish to exit
Long Term Support	Including support for people many years after they have been involved Flexibility around disengaging and re-engaging
Clear Advertising	Who is eligible for support e.g. men/women e.g. Sugar Dating[8]

[8] Sugar dating has been described in research as 'dating arrangements based on an exchange of intimacy and companionship for financial or other forms of support' (Gunnarson and Strid, 2021)

	Explicitly state people who sell or exchange sex are welcome Clear service offer Clear referral routes
Improved Accessibility	Located on bus routes Outreach Drop-in services Open at evenings/night Translation available quickly
Appropriate physical environment	Safe/Calm/Clean Managed to avoid crowds Being seen entering will not reveal involvement Options to meet elsewhere Female only spaces
Improved addictions services	Specialist alcohol support Support off methadone Option of longer-acting opioid replacement Detox Rehab – all female available Safety net if unable to collect methadone Nuanced understanding of the interplay between selling or exchanging sex and addiction
Improved public attitudes/understanding	To reduce judgement/stigma
Pre-emptive support offer	Safety planning including harm reduction Information on realities/risk/alternatives Education in schools - Discussion of social issues - How to access support - Healthy Relationships Improved employment support
Groups	For people at different stages e.g. exited women

	Activities Building social networks Education around trauma
Opportunities for continued engagement	Peer Facilitators Platforming people visible in exit or recovery Continued opportunity to influence service design

7 Conclusions

Research Aim 1: To map the current provision of services in Scotland for people who sell sex, and to identify any gaps in provision.

The mapping survey identified significant gaps geographically in provision. Whilst these areas are covered by the availability of limited online support, limited eligibility criteria prohibit access for many. Participant experiences identified that it is essential that in-person support is also made available in order to improve access for all. Ensuring good practice in partnership working, and improved consistency through the increased availability of uptake and training for those in mainstream services was firmly indicated as a way of improving support provision.

Research Aim 2: To understand how people who sell sex or exchange experience engaging with mainstream and specialist support services in Scotland including identifying barriers to access

Across all of the barriers and challenges shared in the research, there was existing evidence of good practice and reported instances where the same engagement had been achieved successfully, leaving the participant feeling supported and able to achieve positive outcomes. The strong conclusion to be drawn from this is that good practice already exists and is happening across Scotland. The main challenge therefore is not in creating a new style of good practice, but rather addressing the lack of consistency in understanding and response to people selling and exchanging sex, the lack of clarity and certainty around legality, and commonly expressed stigmatised and judgemental views. Central to any service design is ensuring that it is well advertised, clearly outlines what support it will and will not provide, and that it is individually tailored to meet the needs of the person seeking support. Flexibility in approach is central, both in anticipating that some people may disengage and re-engage with support multiple times before they are able to engage reliably, and in understanding that the range of experiences of selling or exchanging sex is substantial, and support needs will vary significantly within this.

Research Aim 3: To gather views from those with lived and living experience on future service design.

A core element in designing future services must be consideration of partnership and joined up working. All the evidence points to the value in clear referral routes and assistance with disclosure to allow people to access the large number of services they may require with ease, and without having to keep revisiting trauma experiences in telling their stories. Relationships with individuals within services are important, and adequate secure funding to allow consistency of provision is vital to any service success. Areas particularly highlighted

for improvements are support with addictions and housing, as well as a system of benefits which fosters a sense of stability and security.

Detailed conclusions spanning all three research aims are summarised in Table 8.

Table 8: Detailed Conclusions.

Thematic Area	Detailed Conclusions
Knowledge	Improved knowledge in mainstream services Widely accessible training for professionals offering: ▪ Consistent guidance ▪ Improved awareness of the depth of the impact that experiences selling or exchanging sex can have ▪ Understanding that individual presentation does not always reflect support needs, especially that the ability to present well does not mean an individual does not require support. ▪ Nuanced understandings of the interplay between addiction and selling or exchanging sex Reduced judgement and stigma through improved understanding. Suggestions for this include: ▪ More workers with lived experiences ▪ Specialist workers within mainstream services
Partnership Working	Improved partnership working ▪ Streamlined referrals ▪ Incentives to adopt clear position statements Considerations of the impact of siloed working, and acknowledgement that many people who sell or exchange sex will need to access multiple support services
Practicalities	Services should be long-term, with no limit on appointments ▪ No penalties for missed appointments or disengaging ▪ Attempts should be made to maintain contact with individuals when they disengage ▪ Opening hours to include evenings and weekends ▪ Options for appointments and drop-in ▪ No long waiting lists ▪ Accessibility built into service design including translation, and accessible buildings ▪ In an easy to access location, ideally on public transport routes ▪ Services should ensure access is away from crowds, particularly away from men, and consider offering staggered appointments to facilitate this

	▪ Provision of mobile phone, tablet etc. where support access requires it Options to access support via technology should be provided, but there must be elements of in-person support retained. Options should include: ▪ Telephone support ▪ Text Messaging ▪ Email ▪ Instant Messaging ▪ Video Calling
Service Provision	Services should be available to cover the range of experiences and support needs which people who sell or exchange sex may present with. These are likely to include ▪ exiting services ▪ support for people who do not wish to exit ▪ long-term support post-exit ▪ proactive outreach There must be services offering: ▪ Women-only support (including female staff being available as requested) ▪ Support for men, with clear advertising of services where they are welcomed ▪ Support considering intersectionality and people navigating multiple stigmatised identities Support offer should be a combination of practical and emotional support ▪ Practical support must be trauma-informed ▪ Emotional support must feel directional and as if there are tangible benefits ▪ Wider projects aimed at social change must also offer benefits to the individual Support should be holistic, tailored, and led by the individual ▪ Must include time to form genuine relationships ▪ Non-judgemental ▪ Appropriate time given for participants to tell their story and feel heard ▪ Believe participants account of their experiences and factor this in to support planning ▪ Designed around the goals of the individual Trauma-informed ▪ Must ensure participants are safe before leaving support appointments

	▪ Only pursue disclosures where safe
Communication	Services must be clear on what they can or will offer, and consistently deliver on this ▪ What is and is not offered ▪ Eligibility for support Services must offer clear routes in, including: ▪ Referral pathways from other services ▪ Self-referral options (clearly advertised) ▪ Drop-ins ▪ Proactive outreach (both on-street and in other venues Service information to be available at a central location such as a website, or app. Participant suggestions include: ▪ Function as a central reference point for individuals and professionals ▪ Be regularly updated as services and support provision evolve ▪ Provide information which is official and trusted Inclusion of questions about selling or exchanging sex on initial assessments or referrals into services There is likely benefit in more services asking directly whether people have sold or exchanged sex including normalising discussions and providing full support. However: ▪ There must be a clear benefit to disclosure e.g., onwards referral or additional testing ▪ Must only ask what is necessary not delve into trauma unless there are suitable safety measures in place ▪ Be aware of concerns around the impact on other support, and address these directly. Particular considerations include: - Clarity on the response from social services to selling sex - Reassurances around arrest and legality, especially to allow people to report crimes against them and access justice and associated support as a victim of crime - Clear information on the impact of selling and exchanging sex on benefit entitlements - Reassurances around confidentiality and information sharing
Future Research	Further research is suggested on: ▪ the experiences of men, and trans people. ▪ the potential for group work. Scoping studies are recommended to get a clear picture of the landscape of selling and exchanging sex across Scotland including in urban and rural areas, and smaller communities.

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Appendices

Appendix A: Mapping Survey Questions

1. I have read and understand the participant information
2. I agree to take part in this research, and for the information I provide to be used in the ways specified above.
3. Which local authority area do your answers relate to?
4. What type of organisation do you represent?
5. For our purposes, a specialist service is a service which only provides support for people who sell sex, or have sold sex in the past. This may be a standalone organisation, or sit within a larger organisation which provides broader services. Is there a specialist service providing support for those who sell sex in your area?
   Yes – One specialist service
   Yes – Multiple specialist services
   No **(If No – skip to Q15 Mainstream Services)**
   Unsure **(If Unsure – skip to Q15 Mainstream Services)**

6. Thinking about the (first) specialist service supporting people who sell sex in your area – what is the name of this service?

7. Is support available for -
   Women
   Men
   Trans/Non-Binary/Other

8. Is support available for
   Adults (Over 18)
   Young people (Under 18)
   All ages

9. How do people access the service?
   Self-referral
   Referral from other services
   Outreach
   Criminal Justice
   Other [Please specify]

10. What support is available? [Please select all that apply]

One-to-one mentoring support
Referrals and signposting
Counselling (specialist practitioner)
Emotional Support
Group work (Creative groups)
Group work (Activity/Walking/Sports Groups)
Group Work (Peer support/Therapy)
Other [Please specify]

11. Is there another specialist service in your area? **(If not – skip to Q23 Mainstream Services)**

[Questions Repeat]

12. Is there another specialist service in your area? **(If not – skip to Q23 Mainstream Services)**

[Questions Repeat]

13. Is there another specialist service in your area? **(If not – skip to Q23 Mainstream Services)**

[Questions Repeat]

14. Please provide the names of any specialist services in your area you have not yet provided information for.

15. The following questions refer to mainstream services such as housing, healthcare and addictions support. These are services that people who sell sex may access, but are not specifically designed to support people who sell sex. How would you rate the level of understanding of the needs of people selling sex in mainstream services in your area?

    Poor
    Basic
    Very Good
    Expert

16. Why have you chosen this rating?

17. What else would you like to add about service provision for people who sell sex in your area?

Appendix B: Specialist Survey Mapping Questions

Who is support available for in your service?
Men
Women
Trans/Non-Binary/Other (Please specify)

What age group does this service provide support for?
Adults (Over 18)
Young People (Under 18)
All ages
Other (Please specify) –

How do people access this service?
Self-referral
Referral from other services
Outreach
Criminal Justice Referral
Other (Please specify)

Do you support people who are involved in (Please select all that apply):
In-person selling of sex (street based)
In-person selling of sex (sauna/brothel based)
In-person selling of sex (Private flat/Escorting)
Webcamming
Stripping/Lapdancing
Selling of explicit images online
Other (Please specify)

What support is available at this service?
One-to-one mentoring
Referrals and Signposting
Counselling (specialist practitioner)
Emotional Support
Sexual Health Testing
Safer Injecting Equipment
Condoms
Personal Safety Alarms
Hygiene and Sanitary Products
Group Work (Creative Groups)
Group Work (Activity/Walking/Sports Group)
Group Work (Peer Support/Therapy)
Other (Please specify)

How many people does this service currently support?
Is there a waiting list for this service?
Approximately how many people are currently on it?

Appendix C: Facilitated Survey Participant Information

LKJ Research

Participant Information Sheet

Lived Experience Engagement: the experience of adults who sell or exchange sex and their interaction with support services

You are invited to take part in a research project. Before you decide whether or not you would like to participate, it is important that you read the information provided below. This will help you to understand why and how the research is being carried out and what participation will involve. Please let the worker who gave you this information know if you have any questions.

Who is conducting the research?

This research is being conducted by LKJ Research, a research organisation, on behalf of Scottish Government. The project lead is Laura Jones (laura@lkjresearch.com), and the research assistants are Emma Craig and Katerina Mentzou.

Who is funding the research?

This research is commissioned and funded by Scottish Government.

What is the purpose of the research?

This research aims to understand how people who sell sex experience engaging with mainstream and specialist services in Scotland. This includes identifying barriers to access.

The research also aims to gather views on future service design.

Why have I been invited to take part?

You have been invited to take part because you have sold sex in Scotland *or*, have experience of selling sex elsewhere and currently live in Scotland *or*, have experience of seeking support for selling sex from services in Scotland.

We are specifically looking to speak to adults who have exchanged in-person physical sexual contact for money, goods, or services (including protection, rent, reduction of a parking fine etc.)

Do I have to take part?

No. Taking part in this study is voluntary and choosing not to take part will not impact on your support or service access in any way. You may decide to stop the study at any time without explanation and without penalty - simply stop answering the questions and do not press done or submit. The research team will not see any information you have entered until that point. Once you press submit you cannot withdraw from the study because your answers will be stored with all the others, and there will be no way of identifying which were yours.

What will happen if I take part?

Your participation will involve completing a survey with the help of a worker. The questions are related to your personal experiences of services in Scotland. You are asked not to give any personal details or include anything that could be used to identify you, or anyone else.

The amount of time the research takes will vary depending on how much you want to say, but it is likely to take approximately 30 minutes.

Are there any risks in taking part?

For some people, answering questions about personal experiences can cause discomfort. Your participation is completely voluntary, and you are free to stop at any time. If you feel uncomfortable after participating in this study, please let the worker at the service you accessed the survey know. If you would prefer you may consider contacting one of the support services listed here: www.encompassnetwork.info

What are the possible benefits of taking part?

This research has been commissioned by Scottish Government, and the results will be fed back to the teams responsible for future policy recommendations.

As a thank you for sharing your time and experiences, you will receive a £20 Tesco voucher (or equivalent where this would impact on your benefits). You will be eligible for the voucher when you submit the survey.

Will my taking part in this project be kept confidential?

Yes. Nobody except the worker you complete the survey with will know you have taken part. The research team will not collect any identifying information about you in the study, so we will never know who you are.

What will happen to the information I provide?

Your data will be collected using the software SurveyMonkey and be accessible only to the immediate research team. When data collection is complete, we will download the data and keep it on a secure cloud-based storage system (OneDrive) where it will be encrypted, and password protected. In the event that any personal or identifying data is included in received responses, it will be immediately securely deleted and replaced with an anonymised version. The anonymous data will be stored for at least 6 months and may be shared on OneDrive among the research team. A weekly backup of data will be stored on the lead researchers encrypted and password protected laptop, and on an encrypted and password protected USB drive, which will be kept in a locked drawer for the project duration and then securely deleted. This will allow restoration of the data in the event of an incident. Following the completion of the research project a copy of the anonymised data will be provided to Scottish Government.

Your data will always be anonymous. The results from the study will shared with the Scottish Government and may be used in other research outputs. This includes direct quotes taken from what you have inputted in the survey – in all cases these will be thoroughly checked to make sure you cannot be identified. The final report will be published online by Scottish Government. You can alternatively obtain a copy of the results by emailing Laura Jones (laura@lkjresearch.com).

As the data is anonymous, there will be no potential to update, access, erase, or limit the use of your information once it has been submitted, as it will not be possible to identify your responses in the data set. We are happy to discuss that with you. Please contact Laura Jones (laura@lkjresearch.com)

All data will be processed in line with UK GDPR Requirements.

Is there someone I can complain to?

If you have any complaints or concerns about how this research has been conducted, please contact Laura Jones (laura@lkjresearch.com)

Appendix D: Interview Participant Information

LKJ Research

Participant Information Sheet

Individual Interviews

Lived Experience Engagement: the experience of adults with lived experience of selling sex and their interaction with support services

You are invited to take part in a research project. Before you decide whether or not you would like to participate, it is important that you read the information provided below. This will help you to understand why and how the research is being carried out and what participation will involve.

Who is conducting the research?

This research is being conducted by LKJ Research, a research organisation, on behalf of Scottish Government. The project lead is Laura Jones (laura@lkjresearch.com), and the research assistants are Emma Craig and Katerina Mentzou.

Who is funding the research?

This research is commissioned and funded by Scottish Government.

What is the purpose of the research?

This research aims to understand the experiences people who sell sex have with mainstream and specialist services. This includes identifying barriers to access.

The research also aims to gather views on future service design.

Why have I been invited to take part?

You have been invited to take part because you have sold sex in Scotland *or*, have experience of selling sex elsewhere and currently live in Scotland *or*, have experience of seeking support for selling sex from services in Scotland.

We are specifically looking to speak to adults who have exchanged in-person physical sexual contact for money, goods, or services (including protection, rent, reduction of a parking fine etc.)

Do I have to take part?

No. Taking part in this study is voluntary and choosing not to take part will not impact on your support or service access in any way. You may decide to stop the study at any time without explanation and without penalty - simply let researcher know and we will stop.

You are free withdraw from the research at any up until the report is submitted. Please contact Laura Jones (laura@lkjresearch.com) and let her know. After this point it may not be possible to remove your contributions.

What will happen if I take part?

Your participation will involve completing a short survey (estimated to take 5 minutes) and having a conversation with a researcher on Zoom/Teams (estimated to take about 30-60 minutes depending how much you want to say). If you choose to take part you will be asked to discuss your experiences with accessing support services, any challenges you have experienced in accessing services, and how you feel services could be changed or improved.

Are there any risks in taking part?

For some people, answering questions about personal experiences can cause discomfort. Your participation is completely voluntary, and you are free to stop at any time. If you feel uncomfortable after participating in this study, you may consider contacting one of the support services listed here: www.encompassnetwork.info

What are the possible benefits of taking part?

This research has been commissioned by Scottish Government, and the results will be fed back to the teams responsible for future policy recommendations. As a thank you for sharing your time and experiences, you will receive a £20 Tesco voucher.

Will my taking part in this project be kept confidential?

Yes. Participants will be asked to use a pseudonym, and any identifying remarks made will either be anonymised or removed.

What will happen to the information I provide?

During the conversation, audio will be recorded. This audio data will be accessed by the lead researcher and by a transcription service. If any identifying details have been included in the recording these will be removed to ensure the data is anonymised and fully pseudonymised at the point of transcription.

Anonymised transcripts will be kept on a secure cloud-based storage system (OneDrive) where they will be encrypted, and password protected. The data will be stored for at least 6 months and may be shared on OneDrive among the research team. A weekly backup of data will be stored on the lead researchers encrypted and password protected laptop, and on an encrypted and password protected USB drive, which will be kept in a locked drawer for the project duration and then securely deleted. This will allow restoration of the data in the event of an incident. Following the completion of the research project a copy of the anonymised data will be provided to Scottish Government.

The results from the study will shared with the Scottish Government and may be used in other research outputs. This includes direct quotes– in all cases these will be thoroughly checked to make sure you cannot be identified. The final report will be published online by Scottish Government. You can alternatively obtain a copy of the results by emailing Laura Jones (laura@lkjresearch.com).

All data will be processed in line with UK GDPR Requirements.

Is there someone I can complain to?

If you have any complaints or concerns about how this research has been conducted, please contact Laura Jones (laura@lkjresearch.com)

Appendix E: Easy Read Participant Information

LKJ Research

Participant Information Sheet

(Easy Read Version)

Lived Experience Engagement: the experience of adults who sell or exchange sex and their interaction with support services

We are conducting this research to understand the experiences people who sell or exchange sex have with services in Scotland. We want to know what good and bad experiences you have had with services, and what might make it better in the future.

The research is an online survey which will involve answering questions about your experiences at services. We expect it to take around 30 minutes. Your answers will be typed into an online form.

Your answers are anonymous so nobody in the research team will know who you are. We ask you to be very careful not to give any information about yourself or someone else which could be used to work out who you are.

You do not have to take part and you can stop at any time – you just need to stop answering the questions and do not press submit. You do not have to answer all the questions, just leave the ones you do not want to answer empty. After you have submitted your answers, you won't be able to change them, or change your mind about taking part, as we won't know which answers were yours.

If you agree complete the survey (even if you miss out some questions) you will receive a £20 Tesco voucher as a thank you.

Your participation in this research will be kept confidential – nobody apart from the person you filled it in with will know whether you have taken part.

The results from this survey will be shared with the Scottish Government, who will use it to help them make decisions about services in Scotland. The results may be used in other research outputs too. This might include some direct quotes from what you have said – but we will make sure nobody will know it was you that said it.

If you have any more questions please ask your worker, or you can email Laura Jones (laura@lkjresearch.com)

Appendix F: Facilitated Survey Questions

Lived Experience Engagement: Facilitated Survey

Consent

I have read the participant information sheet, or it has been read to me and I have been given the opportunity to ask questions. I would like to take part in this study

Yes

No

Mapping Survey Questions

1. Which services have you used? (Tick all that apply to you):

Addictions	
Advocacy	
Domestic Abuse	
Employment Advice	
Foodbanks	
Financial Advisory Services	
Faith-based and community organisations	
Housing	
Health Visitors	
Mental Health Services (including counselling)	
NHS: GP's, sexual health, maternity, accident and emergency services	
Criminal Justice	
Social Work	
Children and Families	
Other (please specify……)	

2. Did you speak to any of these services about your involvement in selling sex?

Yes all of them	

Yes some of them	
No	

Why was that? (Did they ask you?)

Theme A: Service Interaction

3. What do you like about the service you are currently completing this survey at?
4. How do you access this service?

In Person	
Online (Video chat)	
Online (Instant Messaging or Email)	
Phone Call	
Other [Please specify]	

5. How were you referred?

Outreach/Drop-In	
Self-referral	
Referral from another service	
Other [Please specify]	

6. How easy is it for you to engage with this service?
7. Is there anything you would change?
8. Can you tell me about good experiences you have had at other services?

Theme B: Barriers and Challenges

9. Can you tell me about a time you have stopped going to a service and why?
10. What stops you from going to some services in the first place?
11. Is there anything that would make it easier?
12. Why do other people you know who sell sex not come to services?
13. What were your experiences of accessing support throughout the pandemic? How about online support?

Theme C: Future Service Design

14. What extra support would help you right now?
15. What would have helped you in the past?
16. Is there anything else you want to add?

Demographics (If necessary, the worker may complete this information alone – with consent)

17. How old are you?

18-24	
25-34	
35-44	
45-54	
Over 55	

18. What is your sex?

Female	
Male	

19. Do you identify as (Tick any that apply)–

Trans	
Non-Binary	
Other (Please specify)	

Thank you!

Appendix G: Interview Schedule

Theme A: Service Interaction

20. Do you currently go to any services?
21. What do you like about this service?
22. How easy is it for you to engage with this service?
23. Is there anything you would change?
24. Can you tell me about good experiences you have had at other services?

Theme B: Barriers and Challenges

25. Can you tell me about a time you have stopped going to a service and why?
26. What stops you from going to some services in the first place?
27. Is there anything that would make it easier?
28. Why do other people you know who sell sex not come to services?
29. What were your experiences of accessing support throughout the pandemic? How about online support?

Theme C: Future Service Design

30. What extra support would help you right now?
31. What would have helped you in the past?
32. Do you think there is any support that might have stopped you selling sex in the first place?
33. Is there anything else you want to add?

Appendix H: Individual Survey

Consent

1. Pseudonym:

2. I have read and understand the participant information. (This has been sent to you by email, and a copy is also available here.)

3. I consent for our conversation to be audio recorded

4. I agree to take part in this study

Mapping Survey Questions

8. Have you engaged with any of the following services? (select all that apply to you):

Addictions
Advocacy
Domestic Abuse
Employment Advice
Foodbanks
Financial Advisory Services
Faith-based and community organisations
Housing
Health Visitors
Mental Health Services (including counselling)
NHS: GP's, sexual health, maternity, accident and emergency services
Criminal Justice
Social Work
Children and Families
Other (please specify……)

9. Did you speak to any of these services about selling sex?
   Yes all of them
   Yes some of them
   No
   Why was that? (Did they ask you?)

10. Have you ever engaged with a specialist service that supports people who sell sex?
    Yes No

11. How did you engage with this service? (Please select all that apply)
    In-person
    Online (Video Call)
    Online (Instant Messaging or email)
    Phone Call
    Other (Please specify)

12. How did you first engage with this service?
    Self-referral
    Referral from another service
    Drop-In/Outreach
    Other (please specify)

13. Did you stop using this service?
    Yes No

    If yes – can you explain why?

Demographics

14. How old are you?
15. What is your sex?
16. Do you identify as (Tick any that apply)–
    Trans
    Non-Binary
    Other

17. What area are you based in?

Ending Violence and Abuse Aberdeen (EVAA)		Aberdeen
Adults (18+) Young People (16+) Women	No waiting list	• Self-referral • Referral from other services
Information not verified by service		
EVAA offers trauma-informed support for women experiencing gender-based abuse including physical, emotional, financial or sexual abuse, sexual exploitation, human trafficking and coercive control. Support is provided one-to-one, through structured programmes and through peer support and befriending. Services include: Accommodation Safety planning Emotional and practical support Providing personal and home security items Crisis intervention Advocacy Referral to other agencies		
Quay Services – Alcohol and Drugs Action		Aberdeen
Adults (18+) Women	No waiting list	• Self-referral • Referral from other services • Outreach
Information not verified by service		
Quay Services provides holistic support to women who are involved in any kind of selling of exchanging sex. Services include: One-to-one mentoring support Weekly outreach service Safety advice Personal alarms Free condoms and lube Needle Exchange		

Snacks and drinks

Referrals to other services

Access to all other ADA services and groups

Operation Begonia		Aberdeen
Young People Adults (18+) Women Men All	50-100 people supported No waiting list	• Outreach

Operation Begonia is a police-led partnership offering support through outreach and onwards referrals to anyone with any experience of in-person selling or exchanging sex. The assistance is person-centred, and typically includes advice and signposting. Services include:

Referrals and signposting

Emotional Support

Sexual Health Testing

Safer Injecting Equipment

Condoms

Personal Safety Alarms

Hygiene and Sanitary Products

Group Work (Peer support/Therapy)

Vice Versa		Dundee
Adults (18+) Women Transwomen Non binary	16 in service 2 on waiting list	• Self-referral • Referral from other services • Outreach

Vice Versa offer support to all women with any involvement in selling or exchanging sex, including remotely or online. Support can be what women want and need it to be, and there is no obligation to stop selling sex in order to get support. Services include:

One-to-one mentoring support

Referrals and signposting

Emotional Support

Condoms

Personal Safety Alarms

Hygiene and Sanitary Products

Advocacy to engage with other services

Naloxone

Fast Track referrals to sexual health

Provision of mobile phones

FedCap (Pilot Programme)		Edinburgh and the Lothians
Adults (18+) Men Women All	No waiting list	• Referrals from other services

FedCap (pilot programme with Remploy) provide tailored employability support for anyone with experience of selling or exchanging sex. Designated female workers who have received specialist training. Services include: Employment advice

Self-employment support

Referrals and signposting

Continued support once in employment

Roam		Edinburgh and the Lothians
Adults Young People (16+) Men	No waiting list	• Self-referral • Referral from other services • Outreach

The Roam team provide support to all men who have sex with men, including those who sell or exchange sex. Services include: One-to-one mentoring support

Referrals and signposting

	Emotional Support Sexual Health Testing Safer Injecting Equipment Condoms Vaccinations PrEP	
Sacro - Another Way		Edinburgh, Midlothian, East Lothian and the Borders
Adults (18+) Women Non binary	Around 30 in service No waiting list	• Self-referral • Referral from other services • Outreach • Criminal Justice Referral
Another Way offer holistic, person-led support for adult women with experience of any kind of selling or exchanging of sex, including remote or online only. Services include: One-to-one mentoring support Referrals and signposting Emotional Support Safer Injecting Equipment Condoms Personal Safety Alarms Hygiene and Sanitary Products		
The Street Project – The Salvation Army		Edinburgh
Adults (18+) Women	10 engaged in service No waiting list	• Outreach
The Street Project aims to meet the physical, emotional and spiritual needs of women involved in selling or exchanging sex. Outreach is provided using a campervan parked on Duncan Place in Leith, Edinburgh to create a safe, women-only space to get refreshments,		

injecting equipment, condoms, toiletries and to catch up on any safety alerts through Ugly Mugs. Services include:

Referrals and signposting

Emotional Support

Safer Injecting Equipment

Condoms

Personal Safety Alarms

Hygiene and Sanitary Products

Refreshments, tea, coffee, hot chocolate, biscuits.

WISHES		Edinburgh and the Lothians
Adults (18+) Women Transwomen Non-binary	80-100 patients each month No waiting list	• Self-referral • Referral from other services • Outreach • Criminal Justice Referral

WISHES provides a safe space with opportunities to take a holistic approach to health, to all women. They provide specialist sexual health services, alongside support from Another Way. Services include:

Referrals and signposting

Emotional Support

Sexual Health Testing

Condoms

Personal Safety Alarms

Hygiene and Sanitary Products

Leith Partnership		Edinburgh
Young People Adults (18+) All	Up to 40 people engaged No waiting list	• Outreach

Information not verified by service		
The Leith Partnership is a police-led partnership offering support through outreach and onwards referrals to anyone with any experience of in-person selling or exchanging sex. The assistance is person-centred, and typically includes advice and signposting. Services include: Referrals and signposting Condoms Personal Safety Alarms Hygiene and Sanitary Products		
Routes Out		Glasgow
Adults (18+) Women Men Transwomen Transmen Non-Binary	30 in service No waiting list	• Self-referral • Referral from other services • Outreach
The evening drop-in and outreach service seeks to engage with women involved in on street prostitution to provide safety advice and harm reduction items with a focus on discussing and exploring alternatives to being involved in selling sex. The Case Management Team provides one to one person-led support to those involved in any form of commercial sexual exploitation. There are no conditions attached to accessing any part of The Routes Out Service (i.e., commitment to exit prostitution). Services include: One-to-one mentoring support Referrals and signposting Emotional Support Sexual Health Testing Safer Injecting Equipment		

	Condoms Personal Safety Alarms Hygiene and Sanitary Products	
The TARA project		Glasgow (referrals taken from across Scotland)
Adults (18+) Women Transwomen Non-binary	58 in service No Waiting List	• Open referrals • Police Scotland • Health colleagues • UKVI/Home Office/SCA • Immigration advisors
Support is provided to women trafficked to meet the demands of the sex industry. The crisis accommodation and team are based in Glasgow but can support women remotely or reimburse travel if preferred. TARA undertake a holistic woman centred approach, advocating across a wide range of issues. Services include: One-to-one mentoring support Referrals and signposting Emotional Support Hygiene and Sanitary Products Creative groups Activity/Walking/Sports Groups Crisis accommodation Financial support Specialist legal advice via a weekly legal surgery Support through National Referral Mechanism process Advocacy Safety planning		
RASAC Perth and Kinross		Perth and Kinross
Young People	Waiting list in place	• Self-referral

Adults (18+) Women Transwomen Non-Binary		• Referral from other services • Outreach • Criminal Justice Referral
RASAC offers specialist holistic person-centred support to all women, who have had any experiences of selling or exchanging sex. Services include: Referrals and signposting Emotional Support Therapeutic Support Personal Safety Alarms Hygiene and Sanitary Products Creative groups Activity/Walking/Sports Groups Peer support/Therapy Groups		
Remploy (Pilot Programme)		South Lanarkshire
Adults (18+) Women Men All	No waiting list	• Referral from other services
Remploy (pilot programme with FedCap) provide tailored employability support for anyone with experience of selling or exchanging sex. Designated female workers who have received specialist training. Services include: Employment advice Self-employment support Referrals and signposting Continued support once in employment		
National Ugly Mugs		UK-Wide
Adults Women Men All	No waiting list	• Self-referral

NUM co-ordinate and deliver an alert service to warn people who sell or exchange sex of predatory sex-buyer or those who are known to be abusive. They are currently developing a Scotland-based service and consultation is underway to decide upon the support and services that will be provided from this location.		
You My Sister		UK-Wide, International
Adults (18+) Women	8-10 supported on each course 3-4 on waiting list	• Self-referral • Referral from other services • Outreach • Criminal Justice Referral
You My Sister offers support to any women who have experience of selling or exchanging sex but are no longer involved. They offer unique mental health self-management programmes using the globally recognised 'Recovery College model'. These are programmes, co-produced/delivered with peers (women with lived experience), based on peer support and self-management of mental health issues, and can be highly therapeutic		

This publication is available at **www.gov.scot**

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