

If not
you
...**who?**

Dundee Violence Against
Women Partnership



**Dundee Multi-Agency Guidance
for supporting those involved in
Commercial Sexual Exploitation**

January 2021

www.dundeeprotects.co.uk



Dundee
**Violence Against
Women Partnership**



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Context, Purpose and Scope of the Guidance

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Context

This guidance has been developed by the Dundee Violence Against Women Partnership (VAWP) working group on commercial sexual exploitation.

Purpose

The implementation of this guidance is intended to assist professionals, police, social care teams, voluntary sector partners, health and education (hereinafter referred to as practitioners) to effectively, consistently and safely respond to people involved in commercial sexual exploitation including:

- early identification of commercial sexual exploitation cases.
- reducing the risk once these cases are identified.
- initiating proportionate and effective joint short, and longer-term plans, in order to support the victim and deal effectively with perpetrators of crime.
- maintaining and enhancing public confidence in the partner agencies, to respond safely and proportionately to commercial sexual exploitation and,
- facilitating the effective use of legislative powers, national guidance and best practice, in order to protect those living in Dundee from harm.

The guidance should:

- outline the processes involved in identifying and supporting victims, and how the agencies involved at each stage can best co-ordinate their actions and,
- provide a framework for sharing of information to assist the disruption of commercial sexual exploitation.

Scope

This guidance refers to the geographical area covered by Dundee City Council. This geographical area is also the concern of Police Scotland, D Division and NHS Tayside.

This guidance can be applied to all victims or potential victims of commercial sexual exploitation, however, there is a focus on female victims which is explained below. Any victims of CSE aged less than 18 years of age must be dealt with under **multi-agency child protection procedures** which can be found on <https://www.dundeeprotectschildren.co.uk/sites/default/files/docs/Inter-AgencyCPIInstructions.pdf>. Where the age of a victim is uncertain and there are reasons to believe they may be a child it must be presumed they are a child and be dealt with under child protection arrangements pending verification of their age.

Where a child is thought to be at risk of significant harm, the primary concern will be for their safety and the planning process must reflect this.

Human Rights Based

There are several international measures and instruments which address CSE/prostitution from a human rights perspective. These identify prostitution as a form of violence against women; an obstacle to gender equality; and a violation of human rights, and include obligations to reduce the demand for sexual services which underpins it. They include:

- 1949 UN Convention for the Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others (articles 1, 2 and 6).
- 1966 UN International Covenant on Economic, Cultural, and Social Rights (article 10).
- 1979 UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW) includes the right not to experience the 'exploitation of prostitution' (article 6).
- 1994 UN Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children.
- 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children, supplementing the UN Convention against Transnational Organised Crime (also known as the Palermo Protocol). The Palermo Protocol states parties shall adopt or strengthen legislative or other measures, such as educational, social or cultural measures, including through bilateral and multilateral cooperation, to discourage the demand that fosters all forms of exploitation of persons, especially women and children that leads to trafficking (UNOHCHR, 2013) (article 9).
- 2005 Council of Europe Convention on Action against Trafficking in Human Beings requires member states to 'discourage the demand that fosters all forms of exploitation of persons, especially women and children that leads to trafficking' (Article 6).
- EU Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its victims with member states needing to establish or strengthen measures to discourage and reduce demand.

Current Scottish Legislation

Human Trafficking – (within UK or Foreign Travel)

Human Trafficking and Exploitation (Scotland) Act, 2015 Section 1(1) – Trafficking for the purposes of exercising control, direction or influence over prostitution.

Brothel Keeping/Immoral Earning

Brothel Keeping/Immoral Earnings - Criminal Law (Consolidation)(Scotland) Act, 1995, Section 11(1)(a)

On Street Prostitution

Civic Government (Scotland) Act, 1982, Section 46 (1). The Lord Advocates Guidelines to Chief Constables on the Enforcement of Soliciting and Loitering Offences by Prostitutes should be followed when a person is committing an offence under this section.

On Street Prostitution (in relation to the purchaser)

Section 2 of the Prostitution (Public Places) (Scotland) Act, 2007. The Lord Advocates Guidelines to Chief Constables on the Enforcement of Soliciting and Loitering Offences by Prostitutes should be followed when a person is committing an offence under this section.

Policies

Equally Safe: Scotland's Strategy for preventing and eradicating violence against women and girls (June 2014)

Dundee Violence Against Women Partnership Position Statement (Commercial Sexual Exploitation (CSE)) 3

The Dundee Violence Against Women Partnership recognises:

- that CSE is a significant social problem affecting individuals, families and communities in the city. The majority of those involved in CSE in Dundee are adult women, however, the VAWP also recognises that men and young people may be involved in CSE. All those affected by this issue are vulnerable and at risk of significant harm and when young people are involved a specific approach is required in line with child protection procedures.
- that women involved in CSE find it difficult to fully participate in the life of the city and are marginalised within communities.
- that there is a need to develop a proactive approach to support women to exit, and to tackle the wider issues of social marginalisation and gender inequality which women face.

Crucially there is also a need to recognise the harm caused by those who perpetrate CSE (the majority of whom are men) by demonstrating that their criminal and anti-social behaviour diminishes the quality of life for all residents of the city. More broadly, there is a need to address the people in Dundee who think it is acceptable to buy sex and the impact this has on individuals, communities and the city more generally.

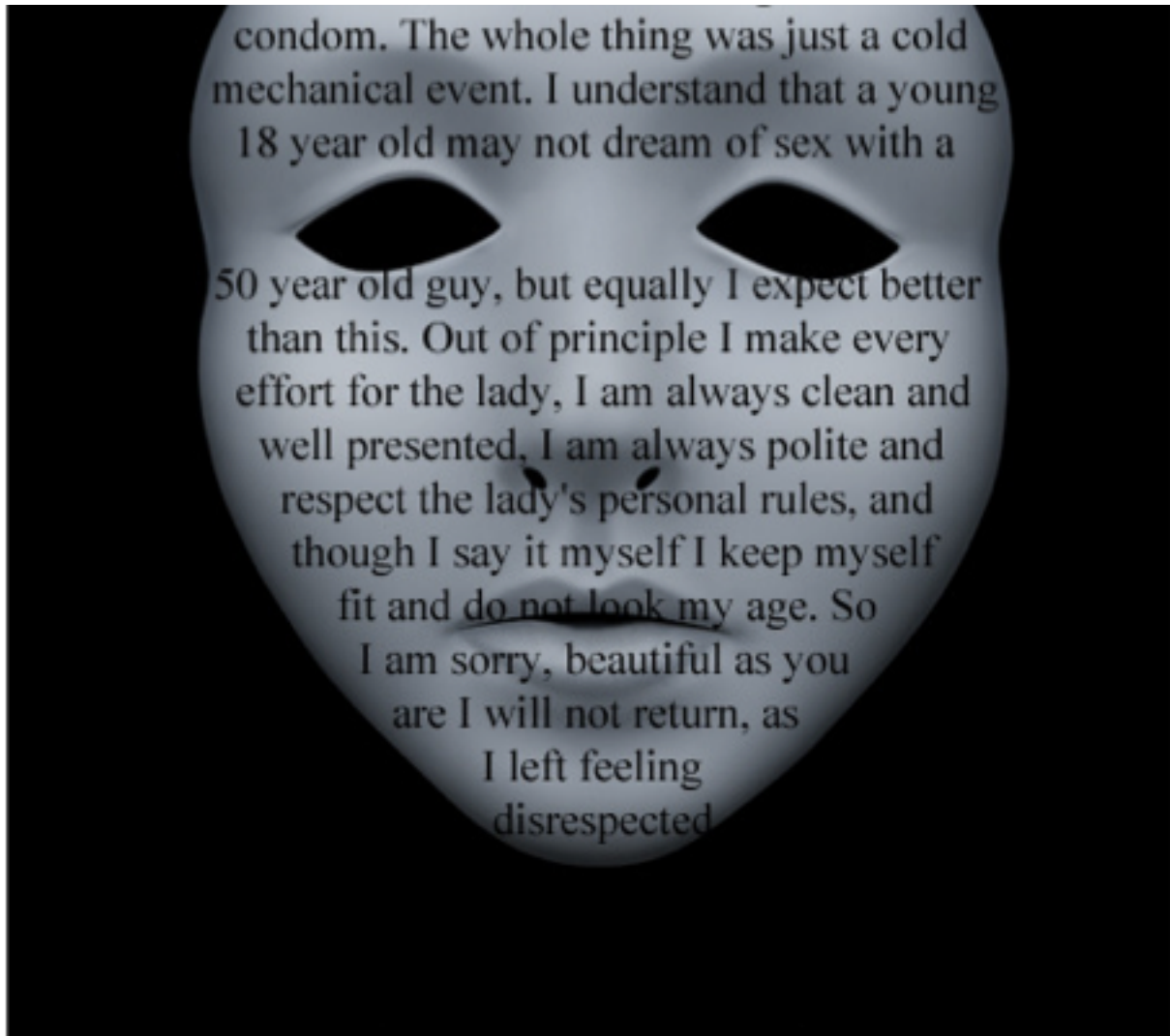
The reality on the ground:

Women involved in prostitution routinely and regularly experience violence, abuse, homelessness, poverty and substance use.

The Dundee Violence Against Women Partnership:

- **rejects** the view that CSE (including prostitution) is a valid form of work and / or a civil right, which should simply be legalised and regulated.
- **believes** that CSE is harmful to the all involved.
- **advocates** that those involved require appropriate support to reduce the intrinsic harm and increase their options for exiting prostitution.

What we know about men who buy sex is that they are a small percentage of the male population. There is no specific profile i.e. they are normal men of all ages, married/unmarried, working/not working, educated/not educated. What they have in common is a feeling of entitlement that they can buy women's bodies.



Quote is from Punternet - a website which allows men to review their experiences with prostitution.

Indicators of Commercial Sexual Exploitation 4

Signs professionals should be alert to:

Women sofa surfing/unstable accommodation	Method of payment for substances and/or alcohol – is sex being exchanged for them?
Being main provider financially for a partner	Difficulty getting to appointments during normal working hours
Disclosure of child sexual abuse or domestic abuse	Evidence to suggest control or domination by a partner or pimp
Signs of trafficking (Appendix 9)	There may be particular presentations in sexual and reproductive care with vaginal and urinary tract infections, STIs, pelvic pain injury to the genitals, unplanned pregnancies and repeated terminations of pregnancies
Shows signs of physical or psychological abuse, look malnourished or unkempt, anxious/agitated or appear withdrawn, depressed and neglected. They may have untreated injuries (including from self-harm)	May show signs of physical abuse, including bruising, scarring and cigarette burns (Appendix 6)
They may have no access to their own money	Be alert to women who are regularly being picked up by men in cars or being met by men loitering outside the accommodation they are in
Women escorted from where they live to where they work and back and appear never to go out socially.	Women working long hours or having no or few days off.
Sexual debris such as condoms, used tissues or calling cards	Male callers day and night only for a short time

Risk Factors

The characteristics of “social exclusion” are associated with the risks of involvement in prostitution and remain risks well into adulthood. These can include:

Untreated or poorly managed mental health problems	Family breakdown and experiences of being “looked after” outside the family- inconsistency in placements and staff contact
Experience of childhood sexual and physical abuse - no action taken against the abuser	Parental drug and alcohol use, mental health problems and/or involvement in prostitution.
Underachievement at school and lack of employment skills/unemployment.	Insecure housing/homelessness.
Poverty- in particular lone parenting and lack of familial, financial and structural supports which afford women other options	Domestic abuse
A lack of knowledge about prostitution and not knowing what they were getting themselves involved in, particularly it’s mental health impact.	The belief that they have freely chosen to become involved and do not associate their experiences, which led to involvement, as exploitation.

Impact

It is widely acknowledged that CSE adversely affects physical, sexual and mental health and is a serious public health issue. The health impact of CSE can be profound, both as a result of coping with the consequences of exploitation and because of the greater exposure to violence and other forms of abuse inherent in this activity. CSE impacts on women, children, men and communities.

Many people being exploited have already experienced significant neglect, violence and abuse. A small Scottish study highlighted that 50% had been in local authority care and 93% had been roofless/homeless. These are people whose vulnerabilities are exploited for others pleasure and gain and who may need additional services to deal with harms.

Emotional and Psychological Harm

Research has highlighted there is harmful emotional and psychological impacts on both men and women in prostitution. Many studies show that those who sell sex need to develop coping strategies to enable them to offer sexual services to clients and to block out their experiences. A small needs assessment of men and women involved in prostitution in Ayrshire and Arran

(Connell J 2008) found 93% suffered depression and 78.5% had self-harmed. According to NHS Scotland CSE is linked with chronic mental health problems;

- depression.
- suicidal thoughts.
- dependence on drugs/alcohol as a coping mechanism.
- mood swings and low self-esteem.
- PTSD and complex PTSD and
- dissociation.

Physical Harm

In Scotland, studies with both men and women in prostitution have also shown high levels of violence with clients the most likely source. 91% were concerned about their safety during prostitution, 78% of women in street prostitution had experienced violence from buyers. One study found that 73 % of respondents were exposed to physical assaults, rapes, confinement and threats of murder. On top of physical harm is negative impacts on physical health. According to NHS Scotland CSE is also linked with chronic or recurrent physical, sexual and reproductive health problems:

- untreated health problems including gastrointestinal disorders, injuries.
- STIs including HIV, Syphilis and Hepatitis.
- pelvic inflammatory disease.
- cervical cancer.
- period problems.
- infertility or
- unplanned pregnancies and repeat terminations of pregnancy.

Cultural Harm

The sex industries need inequality to exist and encourage discrimination and objectification of women. Some believe it supports a “conducive culture” for violence against women. These industries’ existence encourages inequality and objectification and the attitudes that contribute to making women more vulnerable. The negative impact of prostitution on the “clients’ is often overlooked. Buying sex can have a significant long-term impact on men’s sense of self-worth and self-esteem. One Scottish study found that 25% of men who had bought sex in prostitution expressed “significant regret or shame” about having done so.

For more information see Appendix 2.

Barriers to Seeking Help

Lack of suitable/flexible employment	Lack of affordable and accessible childcare
Insecure employment and job contracts	Difficulties navigating the welfare benefits system
Poverty and financial pressures	Unstable, insecure or unaffordable housing
Substance use	Mental health issues including trauma related issues
Insecure immigration status and no access to support/resources because of no recourse to public funds status	Fear of perpetrators including those involved in serious and organised crime
Fear of children being removed or involvement of services	Coercive control by a partner – being forced to carry out acts/threatened to continue
Pressure from peer group especially where substance use is an issue	Stigma and shame
Lack of legislation to protect	Fear of violence

Reducing Immediate Harm 6

Specialist support organisations and services available in Dundee (for contact details please see useful contact section and Appendix 3)

Vice Versa

Vice Versa is a project based at the Women's Rape and Sexual Abuse Centre Dundee which supports women involved in on-street prostitution.

To reduce immediate harm, Vice Versa can provide women currently involved in prostitution with a safety pack (includes condoms and safety alarm), as well as a phone and safety advice and information. Vice Versa can provide ongoing practical and emotional support for women experiencing CSE.

Vice Versa aims to support women to exit prostitution however take a harm reduction approach at the woman's pace – this may involve support with benefits, housing and substance use as well as providing food parcels and other essentials in order to reduce the amount of time women are forced to be involved in prostitution thus increasing their safety. Women can be referred and re-referred at any time and there is no obligation or time limit for exiting. Women and services can access our safety tips at: <https://www.wrasac.org.uk/think-safety/>

CLiCK

CLiCK is a partnership of organisations working together across Scotland to support women (including transwomen and non-binary people) who sell or exchange sex or sexual images online.

CLiCK can provide:

- practical advice on issues related to money, food, housing, and safety/wellbeing via their live chat service.
- emotional support, practical support, and advocacy to other services via local CLiCK Women's Workers who can provide support over phone, text, and WhatsApp.
- safety tips, including advice on keeping safe on platforms like OnlyFans and AdmireMe.
- blogs with advice and information on services in local areas that are providing support during the coronavirus pandemic and
- a platform to make women's urgent needs heard by decision makers and help develop CLiCK via Your Voice.

See <https://www.click.scot/> for more information

Helpline: Monday, Tuesday, Friday 09:00-11:00 and Thursday 18:00-21:00

Online chat: Monday and Tuesday 12:00-16:00

Facebook messenger: Tuesday 18:00-21:00

Scottie Centre

The Scottie Centre Project was formed in July 2019 to increase the support provided locally (Maryfield) to the vulnerable group of women involved in sexual exploitation. Mindful of community concerns, a balanced and focused partnership approach was formed with We Are with You, Maryfield Community Police Team, Maryfield NHS Keep Well Team with the support of Vice Versa and Click Project. The Scottie Centre Project offers women a safe drop-in to access a range of support and advice for substance use, health assessments, benefit and housing. They are given access to food and toiletries, sanitary products, panic alarms, mobile phones, condoms, clothes and naloxone. Furthermore, they are always encouraged to seek additional support through the Community Hub (Boots/Albert Street). The project is currently open from 7.30pm -10.30pm on a bi-monthly basis (with no referral required) in an attempt to make access as easy as possible.

PROCESSES TO SUPPORT WOMEN

Sexual Assault - If someone does not want report a sexual assault to the police, they still could be supported to access the Sexual Assault Referral Network for a forensic examination. This is available to people 16 years old or over and have been raped or sexually assaulted within the last 7 days. The SARN is a joint project between the Women's Rape and Sexual Abuse Centre, Dundee and Angus (WRASAC), Rape and Sexual Abuse Centre - Perth and Kinross and NHS Tayside. The SARN offers the opportunity for people to be referred for forensic medical examination following a rape and/or sexual assault who do not wish to report the incident to the police at that time. Having a forensic medical examination can mean that if they later (within 8 years) decided to make a report to Police Scotland that any valuable forensic evidence will have been stored.

The contact number is 0300 365 2001 to speak to a Rape Crisis. This is available every day weekday 9.30am to 4.30pm and from 6pm until midnight every day of the week, with the possibility to leave a voicemail when the phone line is not covered.

Domestic Abuse - Where a practitioner has serious concerns about a client's situation with regards to domestic abuse, including LGBT relationships, 'honour'-based violence and family violence, they should complete the Safe lives DASH risk indicator checklist with their client or refer to MIA (Multiagency Independent Advocacy) to assist with this if required to do so.

For more information see www.safelives.org.uk

If 14 or more boxes have been ticked "yes" or there is significant cause for concern (may include repeat victim cases) a referral to MARAC (Multi-agency Risk Assessment Conference) should be considered. A MARAC is a regular local meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist police, children's social services, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information. The meeting is confidential.

Multi-agency Independent Advocacy (MIA) contact information – 01382 596 100

MARAC email – taysidemarac@scotland.pnn.police.uk

MARAC Co-ordinator – 01382 596637

Human Trafficking

If you suspect someone has been trafficked please refer to the Dundee trafficking guidance linked in Appendix 1.

No Recourse to Public Funds

No Recourse to Public Funds (thereafter known as NRPF) applies to a person who is subject to immigration control in the UK and has no entitlement, or a limited entitlement to, welfare benefits, public (local authority) housing.

These restrictions are set out in Section 115 Immigration and Asylum Act 1999 (IAA). 'No recourse to public funds' may be stamped on the visa of a foreign national living in the UK. Other groups of migrants who have NRPF include: - Asylum Seekers, Refused Asylum Seekers, Visa Over Stayers, Non EEA Nationals, Sponsoree's, Overseas Visitors and Other Irregular Migrants.

Dundee has a NRPF Procedure and this is currently under review. To request a copy of the procedure please contact the Welfare Rights team.

Sexual and Reproductive Health

A fast-track referral form for non-medical Dundee City and Third Sector staff for vulnerable women with contraceptive needs into Sexual and Reproductive Health Service has been developed. The Walk-In and online booking service are currently on hold and the service now accept only self-referrals by phone via the telephone triage line (01382 42 55 42, Mon-Fri - 9-12) and GP or Secondary Care referrals. Since then to ensure the accessibility of the service to the most vulnerable women with contraceptive needs the fast track system has been developed.

The fast track referral letter (Appendix 7) can be sent or e-mailed to the service. They aim to arrange an appointment within 10 working days after receiving the letter. The telephone line is for any more urgent concern (for example need for emergency contraception or acute STI symptoms) or sign-post to Primary Care, if appropriate. Due to the complex needs of these women to make a new contraceptive choice safe and appropriate, they will be assessed first before they are internally referred (fast-track) on for a implant or coil insertion or a further consultation, if appropriate.

Sexual Health Staff Checklist:

A lot of women in crisis may have unmet sexual health needs but these needs may not be a priority at the point of crisis. However, many professionals may lack knowledge and confidence around sexual health to assess needs and support women to the appropriate services. The checklist in Appendix 8 is a few short questions for professionals to assess sexual health needs and a crib sheet for further information. This was created by Tayside Sexual and Reproductive Health Service and The Corner.

Police Response

Police Scotland's response to prostitution is supported by existing legislation, the Lord Advocate's Guidelines and Police Scotland's Prostitution Policy.

The response to 'sellers' must be victim centred and consideration must always include whether an individual has been trafficked, is being controlled or is being exploited. Existing legislation

supported by The Lord Advocates Guidelines and local arrangements/working partnerships endorse intervention and signposting for individuals involved in prostitution regardless of gender as a viable option that should always be considered.

The Police response to ‘purchasers’ is supported by existing legislation and the Lord Advocates Guidelines. The Guidelines indicate that those who attend communities across Scotland for the sole purpose of procuring the services of individuals involved in prostitution should be the focus of police action and where offences are identified, there is a strong presumption in favour of formal action. The response to those that control and exploit individuals involved in prostitution must be innovative, pro-active and robust. They will employ every investigative tactic at our disposal to identify, target and prosecute those who benefit from this organised criminality.

If there is a concern that a person is at immediate risk of harm call Police Scotland on 999. If there is any welfare concerns or information to share call Police Scotland 101. Any information received by Police Scotland will be assessed, actioned and developed according to Force Guidelines.

Single point of contact for passing on Intelligence:

Police Scotland have identified a local single point of contact (SPOC). The contact has a wider role within the intelligence department and a focus on disrupting serious and organised crime (trafficking, county lines etc). The SPOC role means:

- Agencies can contact with information about prostitution and this would then be entered onto Police systems so it could be accessed by relevant departments, it can also be passed on to different teams who may be able to take action e.g. anti-social behaviour.
- The SPOC may be able to offer advice if people have concerns.
- Passing intelligence will also assist us building a picture of what is happening in Dundee re prostitution.

It should be stressed that this shouldn’t replace good local connections with Police that agencies currently have but is an additional resource.

It is also important to note that with any information passed, the source of the information is always protected and Police fully risk assess any action they may take. In the event that anyone is still worried about contacting the SPOC, Crimestoppers is completely anonymous.

Tel: 01382 596466 Email: audrey.watt2@scotland.pnn.police.uk

Other sources of support:

Emergency Housing:

The Housing Options Service is based at the East District Housing Office, 169 Pitkerro Road, Dundee DD4 8ES. Buses that pass near to the Office are the 15 and 17.

You can call the Homelessness Advice Line 0800 633 5843 or 01382 432001, 24 hours a day. Information can also be found within the Homelessness page on our website: <https://www.dundee.gov.uk/service-area/neighbourhood-services/housing-and-communities/housing-options-in-dundee/homeless>

The Housing Options Service can:

- Provide you in safe secure temporary accommodation
- Give you advice about your housing options and your rights
- Help you to contact Housing Associations and private landlords

Substance Use:

Integrated Substance Misuse Service

The Integrated Substance Misuse Service (ISMS) comprises of Administrative Staff, Nurses, Social Workers, Doctors, Psychologists, Pharmacists, Support workers who provide opiate and alcohol assessment and treatment. Their main focus is providing community treatment in various locations in Dundee, which is complemented by the inpatient facility at the Kinclaven ward, Murray Royal Hospital which provides residential opiate and alcohol detox.

ISMS provide recovery orientated treatment for individuals experiencing problems with opiate and alcohol dependence in Dundee. They can also arrange for ISMS social work staff to carry out a community care needs assessment if this intervention is required.

ISMS want to make it as easy as possible for people to access the service for opiate and alcohol assessment and treatment. Currently people can telephone to self-refer; the number is 01382-632542 (or drop in at Wallacetown HC when not in pandemic). Assessment will include both nursing and prescriber assessment. Assessment will initially be by telephone though they are aware that this may not always be possible for some patients to engage in due to possible language barriers or not having access to a telephone. In this case they would offer an in-person appointment at Constitution House.

At initial appointment the ISMS staff will ask about substance use, work, family and housing situation, physical and mental health. They will also focus on supporting people with harm reduction so that they are safer, staff will explain how to avoid overdose and train on how to use naloxone which can reverse the effects of opiates like heroin and methadone to help keep someone alive until an ambulance arrives.

Services offered by ISMS

- **Opiate** - If a person needs to start on medication ISMS can help by prescribing medication such as Buprenorphine and Methadone; these are opiates which stay in the system much longer than heroin and other opiates so only have to be taken once a day. Following assessment an appointment will be arranged with either ISMS prescribing staff or medical staff to talk through prescribing choices. Individuals will also have support from a key worker who will meet with them to provide support.
- **Alcohol** - ISMS have the following interventions for alcohol dependence. At Kinclaven ward individuals can be safely detoxed from alcohol during a 7-day hospital admission. There is also possible community / home detoxification though this is assessed on an individual's daily levels of alcohol use.
- **Relapse Prevention Prescribing** - There are other prescribing interventions which can assist and aid recovery. Discussion with prescribing staff would take place before being prescribed. Examples of such relapse prevention medications are Naltrexone, Disulfiram, and Acamprosate.
- **Harm Reduction** - ISMS can provide testing for HIV, Hepatitis C and Hepatitis B and can help a person to get in contact with other treatment services if needed.

Benefits and welfare rights

Some GP surgeries in Dundee have specialist debt and benefits advisers. If a woman has benefits or debt issues, it is best to first of all contact the organisation that works with your GP Surgery.

- Whitfield GP Surgery - Brooksbank Centre (01382 432450)
- Hillbank Health Centre - Brooksbank Centre (01382 432450)
- Taybank Medical Centre - Welfare Rights (01382 431188, option 2)
- Family Medical Group, Douglas Medical Centre - Welfare Rights (01382 431188, option 2)
- Family Medical Group, Wallacetown Health Centre - Welfare Rights (01382 431188, option 2)
- Mill Practice - Welfare Rights (01382 431188, option 2)
- Erskine Practice - Welfare Rights (01382 431188, option 2)
- Lochee Health Centre - Welfare Rights (01382 431188, option 2)
- Maryfield Medical Centre - Welfare Rights (01382 431188, option 2)

Welfare Rights Services in wider Dundee

If a woman needs advice and is NOT registered with one of the above GP surgeries, she will still be able to request help.

Services will try to help by phone or email, if possible. Following government guidance, Welfare services can only offer a face to face appointment if the issue is regarding welfare, debt or income maximisation and only if someone will struggle to understand advice by email or phone.

Welfare Rights Team

The Welfare Rights Team can help Dundee residents sort out a wide range of benefit and debt issues. They can identify what benefits a woman may be entitled to, assess the merits of the case if a woman wanted to challenge a decision, and represent her at tribunal if she has a case. They can also provide a range of debt relief options.

Email: welfare.rights@dundeecity.gov.uk

Phone: 01382 431188 (option 2) (Advice Line Monday to Friday 9.30am - 4.30pm)

Brooksbank's Debt & Benefits Advice Service

Brooksbank's Debt & Benefits Advice team can help women with a range of issues, whether its help finding out what benefits she may be entitled to or dealing with debts. Our advice is free and strictly confidential, just call 01382 432450 for more information.

Where a woman needs to attend her first appointment in person, and has no transport of her own, we may be able to a return taxi and meet the cost. Please tell us when booking the appointment if this is required. If a woman's child/children are attending, let us know and we can provide a tablet at the appointment pre-loaded with educational games.

Citizens Advice Bureaux (CAB) Dundee

The CAB can provide free, specialist advice and assistance on a range of issues, including: benefits, debts, energy and employment.

To request help from CAB, phone: 01382 214633.

Shelter

Shelter offers specialist advice on Housing, Money & Debt, and Welfare Benefits as well as having a team of solicitors who make sure rights are represented and fairly enforced. Support services are available to help those who require ongoing support. Shelter can support anyone dealing with issues affecting their ability to find or keep a home.

To contact Shelter Dundee, please call: 0344 515 1562.

Scottish Welfare Fund

The Scottish Welfare Fund helps families and people in Scotland who are on low incomes through Crisis Grants and Community Care Grants.

You can apply for a:

- Crisis Grant – if you're in crisis because of a disaster (like a fire or flood), or an emergency (like losing your money or an unexpected expense).
- Community Care Grant – to help you or someone you care for to start to live, or to carry on living, a settled life in the community.

You can apply to the Scottish Welfare Fund in Dundee by phone on 01382 431188 (Option 1) or online.

Dundee Keep Well Community Team

The Keep Well service uses anticipatory care health checks to engage with populations who are at higher risk of health inequalities in Dundee. This can include homelessness, people affected by substance and alcohol use, offenders, prison leavers and carers.

The Keep Well nursing team offer comprehensive health and wellbeing checks to anyone over the age of 18 years old over one or more appointments, depending on the needs of the individual. Relevant person-centred information and advice is shared, as well as referral and signposting to other statutory and non-statutory services. The Keep Well health check focuses on supporting people to alter their modifiable risk factors which may include smoking, blood pressure, cholesterol, diet, weight and physical activity, but also addresses the wider determinants that affect health e.g. literacy, employment, financial issues and other aspects important to the person.

The health check is delivered in local community venues by a registered nurse and it includes checking blood pressure, height and weight, blood sugar levels, cholesterol, risk of diabetes, mental health screening, healthy eating, physical activity etc. It can also include blood borne virus (BBV) discussions and testing if required. Any identified issues are followed up by the Keep Well nurse or the GP.

For those who lack confidence to engage independently with other services or positive community-based activities, support to engage is offered by a Keep Well Associate Practitioner. The healthcare professional can also refer/signpost to existing community-based services for group or one-to-one support to help with the issues the person wishes to address e.g. weight management, dental health, physical activity, smoking cessation, alcohol, substance use, addiction, stress, literacy, finance, employability and training.

Anyone can refer in to the Keep Well Service by calling the Keep Well Office on (01382) 424014 or 424052.

Health and Homeless Outreach Team (HHOT)

The objectives of the Health and Homelessness Outreach Team (HHOT) are to support people who are Homeless, at risk of becoming homeless and other vulnerable groups. The current team of NHS nurses comprises 2.5 Adult Nurses and 2 part-time Mental Health Nurses.

They support those who have disengaged with services both statutory and non-statutory and those who hard to reach and difficult to engage. They are an assertive outreach team and are often the first point of contact for people in crisis and bridge the gap to provide support for people to enable them to engage with services.

They support people with multiple complex needs and provide holistic and comprehensive assessments to ensure they have the needs of the client understood. They support people with the following: physical health, mental health, addiction, trauma, housing issues, socio-economic and any other complex needs.

The Team can be contacted on:

- Maria Barty (Mental Health Nurse) maria.barty@nhs.scot T- 07815558488
- Hazel Douglas (Adult Nurse) hazel.douglas2@nhs.scot T- 07500105928
- Sandra Connelly (Mental Nurse) sandra.connely2@nhs.scot T-07976710327
- Beverley Knight (Keep Well Nurse) beverley.knight2@nhs.scot T-07816488913
- Rachel McReady (Adult Nurse) rachel.mcready@nhs.scot T- 07562366872

Parish Nursing at The Steeple Church

A team of three Registered Nurses runs a Drop-in service at The Steeple, currently on a Monday afternoon. At present they are also working alongside Eagles Wings at their Douglas Street centre on Tuesdays, Wednesdays and Thursdays. People who come often express, or more often have difficulty expressing complex needs. The team are equipped to assess unmet needs and to signpost people and often support them to access the support they need through a wide range of local services, both statutory and voluntary. One of the Nurses holds a post-grad qualification in Sexual Health and they are all trained in safeguarding, and the confidentiality, respect and dignity of the individual are central to their philosophy of care. The team work very closely with the NHS Homeless Outreach Team, and with the NHS Community Dental Outreach Team both of which come to the Steeple on Mondays. The Dundee Recovery Road Map is a substantial resource. Spiritual need is a much-neglected area, and the team are trained to help people to look at problems they may express relating to feelings of guilt, worthlessness, hopelessness, the need for reconciliation, always without the expectation that they will take up or follow any particular faith tradition – they respect what matters to the individual, and what will help them to keep on keeping on in very challenging circumstances.

As the team all work different hours, a text may be the most effective means of contact and they will call you back to arrange a suitable time to take a referral or answer a query. Contact details:

- Rachel McReady QNIS mob: 07562 366872
- Kirsty Nelson mob: 07938 191450
- Barbara MacFarlane FQNIS mob: 07999 542043

The Corner

The Corner Health & Wellbeing Service is a confidential service for young people aged 11-19 (up to 25 years if vulnerable). The Corner offers sexual health services, crisis support, counselling services and emotional health support. The multi-disciplinary team includes Sexual Health Nurses, Counsellors, Health Promotion, Digital Content Officer and Youth work staff.

The Corner strives to redress the inequalities experienced by young people in a manner which reflects the principles stated in the “UN Convention on the Rights of the Child”, offering assistance to develop skills and confidence, and support to move forward and make positive choices in their lives. The Corner also supports Police Scotland by being a third party reporting centre for Hate Crimes.

Key Services offered include:

- Sexual Health Provision
- Contraception
- STI screening and testing
- Pregnancy Tests
- Condoms & Condom demonstrations
- Emotional wellbeing support, including crisis and practical support
- Crisis Support
- Support U- short term emotional and practical support
- Listening Service: Person centred asset based short term support
- Counselling- for mild to moderate emotional health and wellbeing issues
- Services delivered via:
 - Drop In
 - Appointments
 - Outreach
 - Online services

Contact details:

Email: office.corner@nhs.scot Telephone: 01382 206060

Facebook: the corner Dundee Instagram: @cornerdundee Twitter: @thecornerdundee

Addressing the Complex Trauma Associated with Prostitution

Link to video introducing trauma is listed in Appendix 4 along with the National Trauma Training website.

The first step in this process may be to support someone to identify the behaviours of others and the situations they are in as abusive.

Key points to consider when addressing trauma (please note that we refer to women, however, the points would apply to anyone experiencing trauma):

Initial considerations and practice points

- Provide a supportive environment to help disclosure.
- If possible, give the victim the option of seeing a health worker of the same sex.
- Ensure that the discussion takes place in private without other staff coming into the room, or where it can be overheard by other staff, the woman's partner or other service users.
- Gather information on the problems associated with the abuse.
- Assess immediate and long-term health and safety needs.
- Provide information/signposting and referring on where appropriate.
- Provide information which will enable her to consider her options, and provide a realistic assessment of how much you will be able to help her achieve them.
- Document disclosure of abuse and action taken in her records.

Additional considerations

- Arrange an independent interpreter if the victim's first language is not English or they have a hearing impairment.
- Do not use family members or friends.
- Be aware of cultural or language difficulties.
- Avoid jargon.

Reflective Practice Points

- Do not assume that the victim is heterosexual.
- Respond to disclosure sympathetically and validate the victim's experience.
- Remember that 'self-esteem' can mean different things to women who have been abused in prostitution.
- Do not assume to know her definition; explore.
- Do remember that you are her worker not her friend. Consistent boundaries are the cornerstone of building trust.
- Accept that you are working to a long-term goal, and that this may be interrupted by a crisis or her disappearance for long periods.
- Fully accept that she will need to have the opportunity to deal with issues of violence and trauma.
- Be aware that exactly as for women leaving any violent situation it may take her several attempts to be successful.
- Remember her involvement in prostitution and the money she gets may be used as an excuse for violence/abuse from her partner/pimp.

The three- stage trauma model

This model was initially developed by the psychologist, Judith Herman. Years after Herman's work the diagnostic term Complex Post Traumatic Stress Disorder (CPTSD) was developed and applies to those who have experienced interpersonal trauma or repeated exposure to abuse/harm deliberately targeted at the individual. This model is now global expert consensus.

It is important to emphasise that this is a fluid model and although it is distinct in the stages, the reality is that people will often spend a lot of time in Phase 1, and may never need to or be able to move into phase 2. People often move between phases and this is perfectly normal, particularly where the risks associated with CSE may mean the safety is never truly established. This model is more straightforward to apply when abuse and trauma is historical, but it's a bit less distinct when the trauma and risk are ongoing, as in CSE.

Phased Intervention Model (Herman, 1997)



Bullets summarise suggested outcomes at each stage.

Phase 1 – Establishing safety and stabilising symptoms/problems

The priority is addressing physiological safety needs before progressing onto more complex mental and social tasks:

- Normalising/Validating the woman's difficulties as an understandable reaction to their adverse experiences.
- Addressing basic physical health needs including sexual health needs.
- Promoting self-care physically and emotionally including adequate sleeping, eating patterns and exercise.
- Safe housing/living situation.
- Promoting self-protection and safety, engaging safety plan.
- Abstinence from illicit drug use and/or alcohol use

Additional Note: In early stages a person may struggle to abstain from use, particularly in the absence of alternative coping strategies. If the abuse is ongoing the substance use may function as means of surviving traumatic events and may also be a form of coercive control by abuser(s). It would therefore be useful to consider the woman's understanding of her substance use, the context in which it occurs and engage her in a conversation around what realistic goals might be for making a change to her use.

- Engaging in drug stabilisation programme

Additional Note: This needs to be the person's choice taking into account the context mentioned above. Initial conversations may be around whether person would like support to engage with specialist drug and alcohol services with an initial focus on assessment and understanding of use. Depending on outcome of assessment and motivation early goals may be on harm reduction and rationalising use. Establishing stabilisation with regards to substance use is important for moving on to higher intensity (phase 2 interventions) however this would not always mean complete abstinence, this often needs to happen in parallel. For example, we would differentiate between a lapse to illicit use in response to a discrete trauma related trigger (flashback for example) versus daily dependent use where the person is seeking intoxication and presenting intoxicated and where there is no sense a person can regulate emotions without relying on substances. Higher intensity intervention has the potential to be destabilising therefore it is important to be aware of the potential for relapse and to be able to access additional supports.

- Addressing financial issues such as budgeting and debt.
- Management of mental health symptoms (such as anxiety, depression) and developing skills to help manage these e.g. Grounding Techniques, self-soothing techniques that reduce the intensity of emotional distress.
- Developing crisis management and problem-solving skills.
- Identifying and engaging support networks.

- Develop responsibility for active engagement with supports available.
- Learning/Relearning skills to manage tenancy.
- Engaging routines such as keeping appointments.

Phase 2 – Dealing with and healing from trauma

This phase is usually undertaken by specialist services who have specialist training in delivering evidence-based interventions for trauma and complex trauma. This specialist work can be really helpfully augmented by staff who can support:

- Continued reinforcement with issues from stage one, safety remains paramount as does normalising/validating the woman's experiences.
- Extending healthy coping techniques.
- Relapse prevention.
- Building confidence and self-esteem.
- Development of longer-term goals.

In general, specialist intervention will usually involve:

- Exploration of woman's route into prostitution.
- Reframing woman's experience.
- Helping the woman to develop a coherent narrative of her experiences that she can identify with without her ability to function becoming impaired by overwhelming emotional distress.
- Exposure to memories that are avoided because of the distress the memory causes in the present.

Phase 3 – Moving On

- Seeking mutual friendships and developing new healthy relationships.
- Recovering/Developing aspirations and ambitions.
- Engaging more actively within community.
- Developing autonomy.
- Renewing family contact if it is safe to do so.
- Accessing training, education and employment.

WRASAC helpline	01382 201 291
Rape Crisis Scotland Helpline	08088 010302 (6pm - 12am)
Scottish Domestic Abuse	0800 027 1234 (open 24 hours)
Click free helpline	0300 124 5564 Monday, Tuesday, Friday: 09.00-11.00 Thursday: 18.00-21.00 Online chat: Monday and Tuesday: 12.00-16.00 Facebook messenger: Tuesday 18.00-21.00
Sexual and Reproductive Health telephone triage line	01382 42 55 42 (Monday - Friday: 9.00 - 12.00)
Homelessness Advice Line	0800 633 5843 or 01382 432001 (24 hours)
Multi-agency Independent Advocacy (MIA) contact information	01382 596 100
MARAC co-ordinator	01382 596637
Sexual Assault Referral Network	0300 365 2001
Keep Well Service	01382 424014 or 424052
Health and Homeless Outreach Team:	
Maria Barty (Mental Health Nurse)	e: maria.barty@nhs.scot / t: 07815 558 488
Hazel Douglas (Adult Nurse)	e: hazel.douglas2@nhs.scot / t: 07500 105 928
Sandra Connelly (Mental Health Nurse)	e: sandra.connelly2@nhs.scot / t: 07976 710 327
Beverley Knight (Adult Keep Well Nurse)	e: beverley.knight2@nhs.scot / t: 07816 488 913
Rachel McReady (Adult Nurse)	e: rachel.mcready@nhs.scot / t: 07562 366 872
Dundee Women's Aid	01382 207099
The Corner	e: office.corner@nhs.scot / t: 01382 206060
ISMS	t: 01382 632542

Appendix 1

Human Trafficking Guidance

<http://www.dundeeprotects.co.uk/HTguidance.pdf>

Appendix 2

Improvement Services Elected Members Briefing Note on Commercial Sexual Exploitation:

http://www.improvementservice.org.uk/documents/em_briefing_notes EM-Briefing-CSE.pdf

Employee Commercial Sexual Exploitation Guidance for NHS Staff (Scotland):

<http://www.healthscotland.scot/media/2098/gbv-commercial-sexual-exploitation.pdf>

Appendix 3

Services for Women directory

<https://www.dvawp.co.uk/adult-experiencing-VAW/Specialist-Support>

Appendix 4

Opening Doors Trauma Video

<https://vimeo.com/274703693>

Appendix 5

Recovery Road Map

This is now downloadable as an app from your app store

Appendix 6

<http://www.healthscotland.scot/publications/commercial-sexual-exploitation-what-health-workers-need-to-know>

Appendix 7

Sexual and Reproductive Health Fast Track Referral Form (contraceptive counselling)

Sent or email to:

Val Clark

Medical Secretary

Tayside Sexual & Reproductive Health Service

Ninewells Hospital, South Block, Level 7

Dundee DD1 9SY

Telephone: 01382 42 55 33 Email: TAY.tsrh@nhs.scot

Sexual & Reproductive Health Service (TSRHS) for non-urgent Sexual & Reproductive Health appointments for vulnerable clients

We aim to arrange an appointment for your client within 10 working days after receiving your letter.

Please call us or ask your client to call one of our triage nurses at the TSRHS Central Line (01382 425542; Monday - Friday 9:00am - 12:00am) to arrange a more urgent appointment (for example for emergency contraception, acute STI symptoms etc.) if necessary.

Client details

First and last name:

CHI number:

Address:

Landline number:

Mobile number:

Any additional requirements (interpreter etc):

Please delete below any mode of communication the client is NOT consenting to:

The patient is consenting to be contacted by Tayside Sexual & Reproductive Health Service (TSRHS) by letter/ phone call (landline)/ phone call (mobile).

Date:

Dear Sexual & Reproductive Health Service team,

Please arrange contraceptive counselling in one of your clinics for this client who is at risk of pregnancy and unable to find an acceptable and suitable contraceptive method.

Problems with contraceptive methods (side effects, method failure, complications):

Additional relevant information (please tick which applicable and give details):

- Repeat termination(s) and/or unplanned pregnancies:
- Child(ren) in care:
- Learning disability:
- Gender- based violence:
- Drug use:
- Alcohol use:
- Mental health problems:
- Homelessness:
- Complex medical history, drug interactions or contraindications to contraception:
- Other:

Any other comment:

Other agencies involved:

Kind regards,

Referring project or support worker (name):

Referring project or support worker (signature):

Job title:

Referring organisation/agency/ service:

Contact number:

E-mail:

Additional information:

We are happy to acknowledge the receipt of your referral and share the details of the appointment time and location made if required. Any support to help the client to attend her appointment is very much appreciated. Nonetheless, we will not be able to keep you informed if the client attended or not. Additionally, due to the confidential nature of a medical consultation, support workers usually not invited into a consultation or informed about the outcome of the consultation.

Appendix 8

Sexual Health Questions for staff to ask - The questions that would be most sensitive to detect STI risk/pregnancy risk/contraceptive and smear need are:

Women

- Are you up to date with your smear tests?
- Are you sexually active and if so are you using contraception or planning to get pregnant?
- When was your last period and have you had sex without contraception since your last period or within the last three weeks?

Women and men

- Have you had a new partner in the last year or since your last STI test?
- Do you have any symptoms that make you think you might have an STI?

Sexual and Reproductive Health: Frequently Asked Questions

About sexually transmitted infections (STIs)

1. Why should I have an STI test?

STIs are common and often have no symptoms. Anyone can get an STI from sexual partner but you might be at higher risk if:

- you have had a new sexual partner in the last year
- you have not used condoms every time
- you are under 25 years old
- you either pay for sex or been paid for sex (in money or favours)
- you have been sexually assaulted
- you are a gay or bisexual man

2. What symptoms should I look out for?

All STIs can be silent so you might not notice any symptoms. If you think you are at risk of an STI get tested anyway. Some symptoms might be:

Men

- Pain or burning passing urine
- Discharge from the end of your penis
- Pain or swelling in your testicles
- Genital ulcers or lumps
- Unexplained rashes

Women

- Change in vaginal discharge
- Lower abdominal pain
- Bleeding between periods or after sex
- Genital ulcers or lumps
- Unexplained rashes

If you feel unwell or have serious symptoms it is important that you seek urgent medical advice from your GP, NHS 24 or Accident and Emergency.

3. Where can I get an STI test and what tests will I get?

You can get a test from:

- The Cairn Centre: Harm reduction nurse
Ask staff or your key worker for the best time to get a test.
You can also get tested at the Sexual Health Clinic at Ninewells Hospital.

You will be offered tests for the following infections:

- Chlamydia
- Gonorrhoea
- HIV
- Syphilis
- Hepatitis B and C (if you haven't been checked recently)
- Thrush/bacterial vaginosis/trichomonas (depending on your symptoms)
Genital warts and herpes can be diagnosed if you have symptoms

4. How can I protect myself against STIs?

The best way to protect you against STIs is to use condoms every time with every partner. If you want to stop using condoms with a regular partner then you should both get tested before you have sex without a condom.

You can get a vaccine (3 or 4 jags) to prevent hepatitis B. Ask staff where you can get this from.

If you are a man who has sex with other men sexual health could offer you a vaccine that helps prevent anal/ throat cancer and genital warts, and discuss medication to prevent HIV infection.

About smear tests

1. Why should I get a smear test?

Smear tests help prevent developing cervical cancer by finding changes on your cervix (neck of your womb) that might become cancer in the future without treatment.

2. When should I get a smear test?

Smear tests now start when you are 25 years old and you should have one every five years. As long as your GP has an up-to-date address for you then you will automatically be sent a letter every time you need one. It is important that your GP knows your current address. If you think you need a smear and haven't received a letter then please speak to your key worker or ask your GP.

About pregnancy tests

1. Where can I get a pregnancy test?

You can get a test from:

- The Cairn Centre: Harm reduction nurse
- Sexual Health clinic at Ninewells Hospital
- Your GP or practice nurse
- Your pharmacy/supermarket (but you will have to pay for it)

Ask staff or your key worker about getting a test

2. When is the best time to do a pregnancy test?

A pregnancy test will be able to tell you if you are pregnant three weeks after having sex without any contraception or if there was a condom failure. If you have had sex without contraception in the last 5 days then you might get emergency contraception. See the details below for how to get this.

3. What should I do if I want to get pregnant?

Your key worker will be happy to discuss your plans with you. If you are trying to get pregnant then make sure you take folic acid and make plans with your key worker so that you are in the best possible health to support a healthy pregnancy.

About contraception

1. Do I need emergency contraception?

If you have had sex without any contraception in the last 5 days then you might get emergency contraception. You may be able to get emergency contraception at other times, please contact Sexual Health services to speak to someone. There are two types of pills emergency oral contraception as well as an emergency coil. These will help prevent an unwanted pregnancy.

2. Do I need contraception if I don't get periods?

You can still get pregnant if you don't have periods. If you don't want to be pregnant then you should get a pregnancy test to check you are not pregnant and start using contraception.

3. What types of contraception can I get?

- The implant ("rod") – this is a plastic rod that lasts for 3 years. It is inserted into the skin under your arm using local anaesthetic and you will not feel it. This is a very reliable method as you don't have to remember anything.
- The IUD/IUS ("coil") – this is a small device that lasts for 5 to 10 years. It is inserted into your womb by a nurse or doctor. This is a very reliable method as you don't have to remember anything. The hormone coil (Mirena) can also help with heavy or painful periods.
- The pill – this is a good method if you remember to take it every day
- The patch – this is like the pill except it is worn like a sticker which you change every week. This is a good method if you remember to keep an eye on it and change it every week.

4. Where can I get contraception?

- Sexual Health clinic at Ninewells Hospital
- Your GP or practice nurse
- A chemist or pharmacist (for emergency contraception only)

Contact details

- Sexual and Reproductive Health Service at Ninewells Hospital
Tel: 01382 425542
www.sexualhealthtayside.org
- NHS 24 (for urgent advice about symptoms or concerns)
Tel: 111
Developed by Tayside Sexual and Reproductive Health Service
November 2020

Appendix 9

Signs of trafficking and exploitation

SEXUAL EXPLOITATION INDICATORS

- Women escorted from where they live to where they work and back and appear never to go out socially.
- Women working long hours or having no or few days off.
- Women with very limited amounts of clothing of which a large proportion is sexual
- Never going to the shop, doctors, bank etc without an escort.
- Not having cash or seen handing cash over to others.
- Food etc paid for by others.
- No ID when asked for it
- Multiple female foreign nationals living at the same address.
- Occupants or premises change frequently
- Make callers day and night only for a short time
- Sexual debris such as condoms, calling cards

LABOUR EXPLOITATION INDICATORS

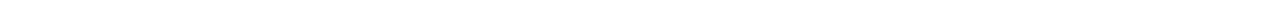
- Individuals or group of people living on industrial properties and leaving only infrequently or not at all
- No proper sleeping place
- Degraded overcrowded conditions ie, 12 people in a 2 bed house
- Any evidence that people are having to pay for equipment, clothing food or accommodation that is deducted from pay.
- Subject to insults threats or violence
- Never or rarely leaving premises for social reasons
- Occupents change regularly.
- Van transported at unusual times of the day and/or night.
- Workers movements are monitored and/or controlled by others.
- Workers may seem fearful of employers, police or any other external agency and poorly integrate with the wider community.
- Employers, or someone else, is holding their passport and/or legal documents.
- Workers have no days off or holiday time.
- Workers display signs of physical abuse i.e. bruises, cuts and signs of untreated medical problems.
- Workers display signs of malnutrition, dehydration, exhaustion and poor personal hygiene

DOMESTIC SERVITUDE INDICATORS

- Living with a family but not eating with the rest of the family
- Rarely allowed to leave the house unless employer is with them.
- No proper sleeping place
- They are subject to mental, physical, sexual abuse, threats or other cruelty.
- A child, may have poor attendance at school, no access to education and no time to play with its peers
- Only given left over food to eat, show signs of malnutrition, dehydration
- Subjected to insults, abuse, threats or violence.

ADDITIONAL GENERAL TRAFFICKING INDICATORS

- Their appearance suggests general physical neglect
- They may move location frequently
- They are not registered with a GP, Nursery or School
- They have old or serious injuries left untreated or treated late and are vague and reluctant to explain the injury
- They give a vague and inconsistent explanation of where they live, attend school or work
- Poor nutrition
- May appear withdrawn and submissive



What I
need!
from you!

Protecting People Team

Friarfield House

Barrack Street

Dundee DD1 1PQ

t: 01382 436264

e: dundeeprotects@dundeecity.gov.uk

www.dundeeprotects.co.uk



Dundee
**Violence Against
Women Partnership**