

## Greater Glasgow NHS Board

### Board Meeting

Tuesday 22<sup>nd</sup> February 2005

Board Paper No. 2005/13

Director of Planning and Community Care  
Women's Health Coordinator  
SHPO Sexual Health

### **Being Outside: Constructing a Response to Street Prostitution - Report of the Expert Group on Prostitution in Scotland Response to Consultation**

#### Recommendation:

The Board is asked to

- welcome the Being Outside report as a response to address the important issue of street prostitution;
- agree that the concerns detailed in this paper are submitted as a response to the consultation

#### A. BACKGROUND AND PURPOSE

- 1.1 Prostitution is a major issue for the NHS in Greater Glasgow for a number of reasons.
1. The health consequences of involvement in prostitution are significant. Some key features of ill health in relation to prostitution include:
    - women involved are likely to have experienced poverty, abuse, and mental health problems such as depression, eating disorders and self-harm as a result of that abuse;
    - in Glasgow, most of this group of women have a drug habit and report entering prostitution as a survival strategy to pay for their drugs;
    - a considerable proportion of women have reported experience of emotional abuse, physical violence, sexual abuse and rape and sexual assault;
    - there is the associated emotional trauma of coping with providing sex for often abusive strangers in difficult physical surroundings;
    - the covert circumstances increase risk to women's safety resulting in regular reporting of physical abuse, rape and sexual assault which can

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lead to facial and bodily injuries, gynaecological problems and mental health problems;

- coping with providing sex for often abusive strangers in difficult physical surroundings can be highly damaging. Women experience flashbacks, depression, and self-harm;
- services working with women report that drug use increases following entry into prostitution as it assists women to cope;
- poor health consequences also impact on the health of the families of the women involved, especially their children, on the men who purchase sex, on health of partners of these men and on the social health of the wider community;
- there is emerging evidence that women and children trafficked for sexual exploitation are exploited by the same criminal networks that exploit indigenous populations which means it is now less easy to differentiate between trafficking and other forms of prostitution

2. The magnitude and complexity of health problems exhibited by women involved in prostitution means that they are likely to use a range of health services in both primary and secondary care as well as to seek support from voluntary sector organisations. There is a need therefore for health care providers to be sensitive to the aetiology of the health problems that women present and to assess their health problems sensitively. Poor uptake of services and the existence of specialist health problems have led, in some areas, to the establishment of targeted services specifically for women involved in prostitution.

The view in Glasgow is that mainstream and specialist NHS services need to be available to all women involved in prostitution. There is also the view that services have a responsibility to make themselves as accessible as possible regardless of which geographical location a woman is prostituting in. The NHS in Glasgow has developed and funded specialist services such as Base 75, the Supporting Women Abused through Prostitution Project (SWAPP), the Centre for Women's Health and local Addiction Projects. As part of its objective of improving the sensitivity of mainstream health services to the needs of women, it has also invested in the Sandyford Initiative (which brings together sexual health, reproductive health and women's health services using a social model of health care) and a range of other initiatives designed to improve the health service response to women who have been abused. All of these services are known to be used by women who are involved in prostitution.

3. GGNHSB has made a commitment to participate in the Routes Out of Prostitution Social Inclusion Partnership as it views the aims of the partnership as being contiguous with its overall approach to women's and public health. The view of the SIP is that it "views prostitution as one form of commercial sexual exploitation and absolutely rejects the view of prostitution as work which merely requires legalising and regulating in recognition of the damage it causes." Uniquely, Glasgow has also developed a service under the auspices of the Routes Out SIP which aims to address the health consequences of prostitution by supporting women to exit.

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4. Examination of data from men attending the Sandyford Initiative GUM service reveals that 1 in 10 men has ever paid for sex. There are an estimated 1400 women involved in street prostitution in Glasgow, the highest number per any single local authority in the UK. This indicates that the area of prostitution requires measures that are aimed at both women and men.
  5. Greater Glasgow NHS Board (GGNHSB) has supported the development and implementation of a strategic approach to improving the health of women for many years. It has adopted the Women's Health Policy for Glasgow. As part of its women's health programme, GGNHSB has recognised the significance of gender-based violence as a significant public health issue. It has funded a range of activities aimed at addressing the health consequences of gender-based violence and at improving the nature of the health service response in Glasgow to survivors of such violence.
  6. Arguably, women involved in prostitution bear the biggest burden of inequality and discrimination of any group in the city. Responding effectively to their needs is therefore one key aspect of the NHSGGG commitment to address inequalities and health in a more systematic manner.
- 1.2 The purpose of this paper is to set out for Board members the outcome of the Working Group's report and a proposed consultation response anchored in the context outlined above.

### **B. THE REPORT FROM THE EXPERT GROUP**

- 2.1 The Scottish Executive established an Expert Group in 2003 to explore legal, planning, health and social justice issues surrounding prostitution and to generate public policy on the issue.

Being Outside: Constructing a Response to street Prostitution (2004) is the first product for consultation from the Expert Group. (the remaining on indoor prostitution and male prostitution to follow over the next 2 years)

The report makes recommendations in 4 key areas:

- preventing involvement;
- early intervention;
- reducing harm;
- exiting.

In addition there are recommendations for comprehensive co-ordinated approaches which would involve the NHS and also recommendations in relation to the legal framework.

- 2.2 The summary and conclusions of the group are reproduced below. The full report is available at [www.scotland.gov.uk/consultations](http://www.scotland.gov.uk/consultations).

The Expert Group was set up in August 2003, with the remit of carrying out a comprehensive review, on behalf of the Scottish Executive, of the wide-ranging issues

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surrounding prostitution in Scotland. The Group adopted a phased approach to this complex task, and this report reflects the findings of the Group with regard to the first phase of work - which has addressed women involved in street-based prostitution. The next two phases are planned to address issues relating to women involved in indoor prostitution, followed by consideration of men involved in prostitution.

2.3 Street prostitution is overwhelmingly an urban phenomenon, concentrated in the four large Scottish cities. The numbers of women involved are difficult to quantify, but informed estimates have been made for each of the four cities, which shows a total, Scotland-wide, of about 1,400 women involved, of whom about 180 are likely to be on the streets of the four cities each night. Each city has its own characteristics and problems with regard to the occurrence of street prostitution, and each has adopted different approaches to tackling the phenomenon. These are described in the report. There are however a number of key common challenges. We regard these as defining the strategic objectives which any strategy to respond to the problem must fulfil:

- to safeguard women involved in prostitution, reduce the harm they experience, tackle the concurrent behaviours such as drug misuse and help them towards exiting prostitution;
- to protect residential and commercial communities from the effects of soliciting and prostitution;
- to prevent children and young women who may be vulnerable to becoming involved in prostitution from taking that step;
- to influence the attitudes which lead to the abuse of women sexually and physically through street prostitution.

These objectives contain dilemmas to which policy and practice must respond and these questions have dominated the considerations of the Group.

2.4 Any response will be multi-faceted because this set of objectives, of necessity, faces in several different directions simultaneously:

- addressing the needs of women involved or at risk of becoming involved,
- addressing the needs of the different communities affected;
- tackling the attitudes which fuel the persistence of prostitution.

2.5 Key factors applicable to street prostitution across Scotland have been identified.:

- street prostitution is overwhelmingly a survival behaviour for the women involved, who have an accumulation of serious personal difficulties and few resources with which to develop a less damaging way of life;
- poverty, drug misuse, and to a lesser extent alcohol misuse, are intrinsically linked to most street prostitution in Scotland;
- redevelopment is affecting the context of street prostitution - and complicating the capacity to respond effectively;
- service responses which are deployed need to be specific to the task of tackling street prostitution if they are to work.

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2.6 The way forward proposed by the Group is as follows:

1. A **national strategic framework** is necessary, requiring local identification of whether a need exists, action where evidence of street prostitution is identified, and setting out the core content of any local approach and the standards of service and principles of good practice which should be applicable to the local response.
2. In those localities where evidence of need is identified a local implementation plan should be drawn up, involving the full range of local service interests. The plan should include a strategy for preventing the involvement of vulnerable people in street prostitution; early intervention measures with those beginning to become actively involved; services for reducing harm with those more deeply involved; arrangements for managing risk and public offence; and services supporting women to exit street prostitution, prevent relapse and sustain non-involvement in prostitution.
3. Responding to street prostitution should be seen as a corporate and multi-agency responsibility. The local plan must centre on women involved in street prostitution, but should also look beyond the individual needs of those women involved, or at risk, and should seek to ensure that the impact from redevelopment of areas traditionally used for street prostitution be managed, to reduce adverse effects arising from dispersal and loss of service access. Development of the plan should follow the principles and practice of Community Planning.
4. Implementation of the plan should be monitored at regular intervals against agreed targets and prescribed standards of performance.
5. Arising from the national strategic framework there should be a range of national and local initiatives, to influence and educate public opinion regarding the risks of prostitution-based sexual relationships and the abusive elements they contain.
6. The law remains the key means to ensure continued protection from exploitation through prostitution to vulnerable groups, including young people and vulnerable adult women. Effective enforcement of these aspects of the law should be a priority in the local plan.
7. The law should be reviewed with regard to soliciting. The changes would seek to ensure that the law should:
  - not criminalise on a moral basis;
  - address the imbalance between men and women arising from the present emphasis on the person soliciting, without reference to the potential purchaser of sexual services;
  - seek to reduce stigma which attaches disproportionately to the person soliciting as against the potential purchaser;
  - minimise the use of imprisonment for women involved in prostitution;
  - ensure continued protection to vulnerable groups, including young people and vulnerable adult men and women, from exploitation;

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- provide effective protection to the general public from offensive behaviour;
- avoid any tendency to increase risk to vulnerable people and to communities through unplanned displacement; and
- provide a constructive legal framework to support the achievement of broader strategic obligations for tackling prostitution in Scotland.

The Group concluded that the law should be changed to repeal the criminalisation of soliciting *per se*, and replace this with an offence targeting offensive behaviour or conduct arising from a prostitution related sexual transaction - whether caused by purchaser or seller. The Group considered 3 options for taking this forward.

- 2.7 On any of the 3 options, this approach would obviate the need for specific legislative action regarding “kerbcrawling” - which could be policed on a basis of public offence. It would also amend the case for “managed zones” as a possible useful local strategy for focusing service delivery and managing nuisance arising from street prostitution. This would change from a case based on discretionary suspension of the criminal law to one which is within the law and can be considered and used in the right circumstances as part of the agreed local strategy.

### C. CONSULTATION RESPONSE

- 3.1 It is proposed that our response should include a number of key points:

- the decision to examine the area of outdoor prostitution in relation to women in Year One, women’s involvement in off street prostitution in year two and male prostitution in year three, risks missing some key underpinning issues associated with all three arenas;
- the important issue of men’s involvement as purchasers is entirely absent . Given that without male demand, prostitution could not exist, attempts should be made to tackle men’s entitlement of being able to pay for sex. Sweden has recently adopted this approach and reaped considerable success in minimising prostitution. Without this the health consequences of prostitution on families (of women and purchasers) on communities and male purchasers themselves are unlikely to be minimised;
- the proposed legal framework proposed does not make efforts to minimise prostitution and therefore limits the options for prevention and support as well as prolonging the involvement of women and increasing their risk of serious harm and ill health;
- the report does not make sufficient recommendations in relation to prevention of women entering prostitution especially in relation to the education of young women and young men and public awareness of the realities of what prostitution is;
- the expectation of health services response to prostitution is not clear. While there is an expectation that sexual health services have a responsibility to distribute condoms as a harm reduction approach, there is no indication of how wider health services can support exiting issues or engage with men in relation to the demand for prostitution;

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- managed or “tolerance” zones, which are proposed are not proven to reduce harm and increase health for women. There is evidence that they can act as a means to keep women involved in prostitution by increasing men’s expectations and they are known to damage communities by encouraging kerbcrawling and lead to harassment of men and women living in the area.

### **D. CONCLUSION**

- 4.1 Street prostitution is a major health issue - in terms of health status as well as health services. The Expert Group report is welcome in that it provides a greater focus on this important issue but a number of the detailed recommendations are not adequate to seriously tackle such a significant public policy challenge.

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