

Support to Overcome Trauma for Adult Survivors of Grooming and Sexual Exploitation – a Toolkit

June 2021



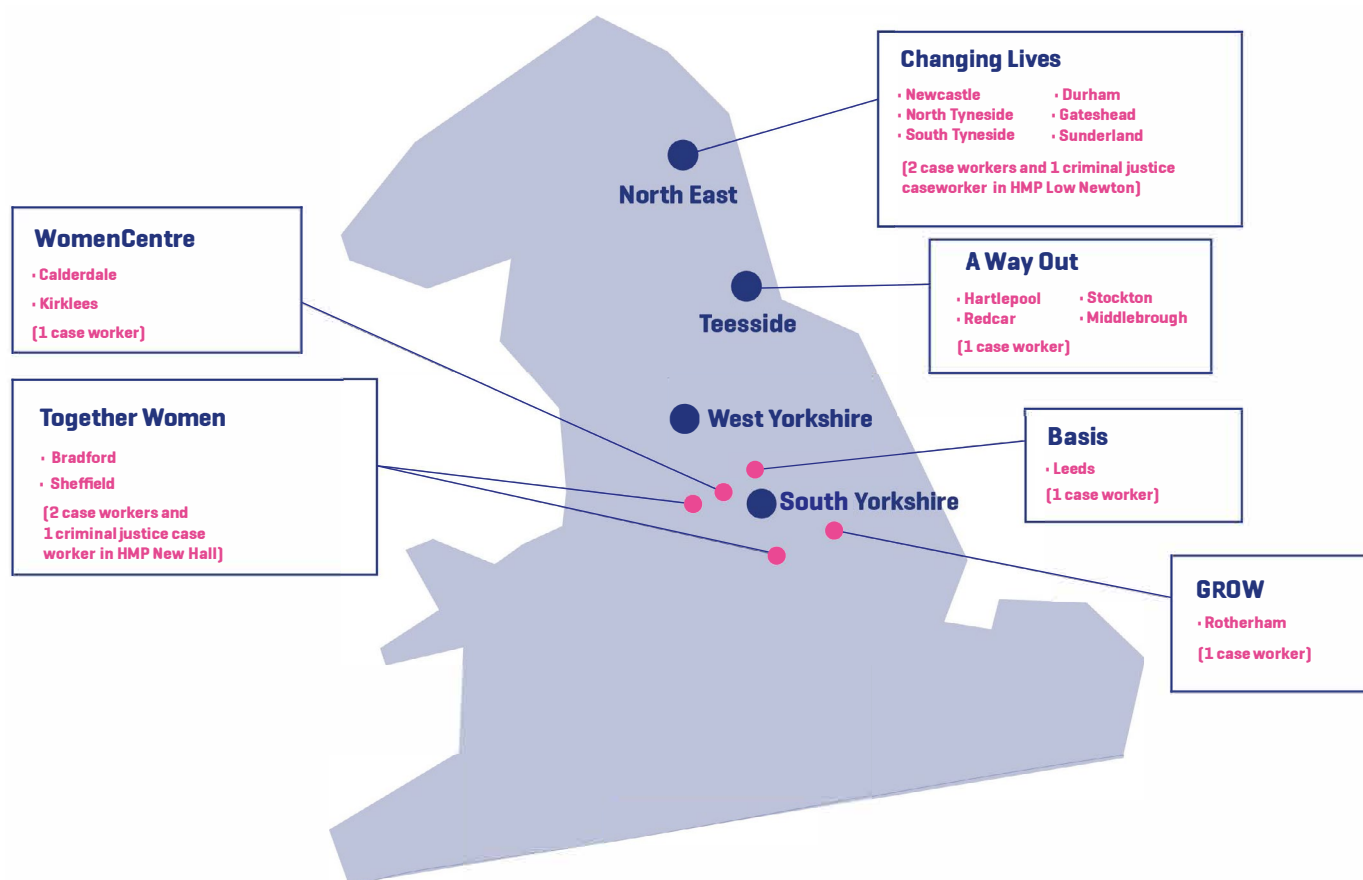
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Our thanks go to the women we have worked with for supplying us with the artwork and photography that we have used to illustrate this toolkit.

Introduction

The STAGE Project brings together charities Changing Lives, GROW, A Way Out, Together Women, Basis and WomenCentre to provide trauma-informed support for women who have been groomed for sexual exploitation across the North East and Yorkshire. The partnership also works together to influence change to policy and practice at local and national levels, to systemically improve outcomes for women who are experiencing/have experienced sexual exploitation. Funded by the Department for Digital, Media, Culture and Sport (DCMS), STAGE have worked together in this way since 2019. The partners have additionally all supported women who have unmet needs and/or who are exposed to sexual exploitation for several years prior to this. They developed the partnership to share good practice, amplify the voices of the women they support and work together towards structural changes to improve women's lives.



All of the partners in STAGE support each individual woman using a trauma informed and trauma responsive approach, where the women's voice is central to the care and support she receives. Partners ensure that staff offer consistent, empathic, strength-based support, whilst also ensuring safe, supportive boundaries. STAGE priority is to work towards helping women to overcome and recover from sexual abuse and exploitation, and go on to live flourishing lives. This toolkit shares STAGE's learning, with the voices of survivors and partner agencies guiding its development and format, using a series of interviews and workshops held in 2020-21.

This tool is aimed at organisations and practitioners looking to provide support to women who have been groomed for sexual exploitation and to improve outcomes for those who've experienced this type of abuse. It provides guidance to key elements of understanding women, developing support models that meet their needs and guidance to working with third party services who can help women achieve their aims. The STAGE partnership recognises the need for services and frontline practitioners to navigate information quickly when delivering support to women who have unmet needs and have experienced a lot of trauma in their lives. This toolkit therefore also provides direct links to guidance and further information where appropriate. The STAGE partners intend to roll out training to disseminate learning from this toolkit, in their local areas.

A special thank you is extended to the women supported by STAGE for their contributions and for defining the best practice shared in this toolkit. This would be nothing without you.

Thank you to STAGE staff, partner agencies and external partners for exceptional contributions to this toolkit and to DCMS, for making the STAGE project possible.



Department for
Digital, Culture
Media & Sport



List of Abbreviations

ABE	Achieving Best Evidence
ACES	Adverse Childhood Experiences
BPD	Borderline Personality Disorder
CJS	Criminal justice System
CPTSD	Complex Post-Traumatic Stress Disorder
CSE	Child Sexual Exploitation
DCMS	Department for Digital, Culture, Media and Sport
DoLS	Deprivation of Liberty Safeguards
DSM5	Diagnostic and Statistical Manual of Mental Disorders (5th Edition)
EMDR	Eye Movement Desensitization and Reprocessing therapy
EUPD	Emotionally Unstable Personality Disorder
GAP	Girls Are Proud
GDPR	General Data Protection Regulation
ICD-11	International Classification of Diseases (11th Revision)
ISVA	Independent Sexual Violence Adviser
MAP	Male Action Project
MASH	Multi-Agency Safeguarding Hub
NCA	National Crime Agency
NFA	No Further Action
NHS	National Health Service
NPCC	National Police Chiefs Council
NRM	National Referral Mechanism
NSAB	Newcastle Safeguarding Adult's Board
NSCB	Newcastle Safeguarding Children's Board
OIC	Officer in Case
PTSD	Post-Traumatic Stress Disorder
RSE	Relationships and Sex Education
SARC	Sexual Assault Referral Centre
SE	Sexual exploitation
STI	Sexually Transmitted Infection
TOEX	Tackling Organised Exploitation Programme
VPS	Victim Personal Statement



Language used throughout this toolkit

Women – STAGE is available to all women including trans women and non-binary women who determine that a gender-specific service is suitable to meet their needs. STAGE works with young women aged 16+ to meet their needs as adolescents who are transitioning to adulthood and require transitional services to meet their developmental stage¹.

Victim/survivors - are both used in this toolkit to describe women who have experienced or who are experiencing sexual exploitation. The women supported by the STAGE project can alternate between these terms to describe the dynamic they experience from their exploitation to their recovery. This can mean that some women use 'victim' soon after their abuse and 'survivor' after some time has gone by. The journey from 'victim' to 'survivor' isn't often a linear process however, and time is not a deciding factor. As one woman told STAGE, women might refer to themselves as 'victims' when they feel like they **"hold onto abuse, get used to closing yourself off, feel like everything is against you, feel worthless"** but like a 'survivor' when they can **"manage triggers, process abuse and move forward"**. The effects of trauma and barriers that women come up against when trying to access support and/or justice can result in women feeling re-victimised. The women who are supported by STAGE talk about their experiences in different ways and how this impacts on how they are referred to when accessing support.

"I am a strong woman, a very strong woman, I didn't realise how strong I was. I've been put in some very toxic places but I've rode it out, like I said it was either you stay a victim or you become a survivor."

Unmet Needs - many women report that they feel their needs have not been met after making previous disclosures of abuse, or when asking for help. Women can therefore feel unheard and excluded from services. The term 'unmet needs' acknowledges that women have a range of needs that can be supported using trauma informed approaches, if delivered in the right way. It counters assumptions that women are 'too complex' to support, which can be inferred by the term 'multiple and complex needs'. The women supported by STAGE are trauma survivors and require specialist support that is non-judgmental and tailored to their needs.

Perpetrator(s) – STAGE's standpoint is to always believe the woman. Perpetrator(s) is therefore used to describe those who have committed sexual exploitation and other forms of abuse against women, regardless of whether there has been a conviction or not.

Cuckooing – the practice of someone taking over the home of another to use the property to facilitate exploitation



Section 1

Sexual exploitation – the context

1.1 What is sexual exploitation?

Over the past decade, there has rightly been a growth of concern over child sexual exploitation (CSE) in the UK, with several high-profile operations identifying thousands of victims and survivors, who may or may not have had access to justice through the criminal justice system (CJS). In addition to this focus on the exploitation of children, the Spicer Review² - the Serious Case Review that followed Newcastle's Operation Sanctuary, also recognised what the STAGE partners had known for some time - that adults, as well as children, are being groomed for sexual exploitation.

The report recognised that a child does not stop getting exploited once they become a legal adult, at the age of 18. Additionally, that adults can be initially targeted for sexual exploitation after their 18th birthday. Despite this being well-known amongst partners and other services who support people who have been sexually exploited, the Spicer Review also highlighted the lack of evidence about the impact of sexual exploitation on adult women. It referenced the need for longer-term support for survivors of exploitation, including from childhood into adult life.

The UK Government gave a statutory definition of CSE in 2017. This changed the trajectory and life chances for children who were being sexually exploited. The definition formalised CSE as a specific form of abuse. Children who were once erroneously considered 'prostitutes' or as 'making poor lifestyle choices' were now recognised as groomed, abused, exploited and in need of care and support. The definition allowed a focus on offences committed in Sexual Offences Act (2003) and justice for children, rather than speculation over a child's ability to consent to their abuse. There is yet to be such a recognition for adults who are experiencing sexual exploitation.

It is recognised by STAGE that sexual exploitation, whether it's happening to adults or children, can follow similar patterns of abuse, exploitation and criminal activity. Sexual exploitation has a traumatic impact, regardless of the age of victims/survivors.

UK Government definition of CSE

"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity [a] in exchange for something the victim needs or wants, and/or [b] for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

STAGE know that much of the definition can also be applied to adults. Many of the women and girls that STAGE support have a number of support needs, normally due to ongoing complex trauma. Perpetrators become very skilled in targeting women who have unmet needs and will exploit these situations as opportunities to create an imbalance of power to coerce, manipulate, deceive and abuse women. Many women supported by STAGE, for example, have had previous experiences of trauma and/or social exclusion, the effects of which are compounded by the trauma of being sexually exploited. Women can, additionally, be specifically targeted at vulnerable moments in their lives. These moments of vulnerability could include when women are experiencing problems with substance misuse, homelessness, domestic violence, criminal activity or are seeking out sexual relationships in a way that would not be received well by families and peers. Perpetrators take advantage of these situations as opportunities to exploit women.

Most adult women are presumed to have capacity to make decisions over their lives and to consent to sexual activity. The impact of grooming, however, which involves coercion, control, manipulation and deceit, has a negative impact on women's ability to truly consent and make capacitated decisions.

Section 74 of The Sexual Offences Act 2003: definition of consent:

"A person consents if he agrees by choice, and has the freedom and capacity to make that choice."

Sexual exploitation not only exposes women to these forms of control, potentially resulting in the exchange of something the victim needs or wants, it also involves serious crimes being carried out against women - sometimes also purely for the gratification of the perpetrator. This can include rape, sexual assault by penetration (including the use of weapons), oral rape, gang rape, causing sexual activity, serious assault, drugging and/or the creation of substance dependence, domestic abuse, treatment that amounts to torture, humiliation and degradation, kidnap, trafficking (internally in the UK or between national borders) and cuckooing – to name just a few. Yet, while there is no legal or statutory definition of adult sexual exploitation, women can still be considered 'prostitutes' or as 'making poor choices'. This misrecognition can impact women's ability to access mainstream services to meet their support needs and to access justice through the criminal justice system. Women are often labelled as 'complicated', 'volatile', 'harmful' or 'unreliable', when services focus on presenting behaviour, rather than their complex trauma and experiences of exploitation.

Women cannot consent to their abuse and therefore deserve proper, statutory, recognition of their experiences as exploitation. Along with this recognition would come statutory responsibilities and in the availability of long-term support, to respond to the complex trauma experienced by women, when they are subject to these crimes and abuse of power.

The sexual exploitation of adults is therefore also a form of sexual abuse in which an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a person into sexually violent situations potentially [a] in exchange for something the victim needs or wants, and/or [b] for the financial advantage or increased status of the perpetrator or facilitator and/or [c] for the gratification of the perpetrator. Also, adult women may have been sexually exploited even if the sexual activity appears consensual.



1.2 - Myths about sexual exploitation

'It doesn't happen to young people who are 16+ or adults as they can consent'.

When being explicit about the crimes endured by women who are sexually exploited, it becomes clear that sexual exploitation is a form of systemic sexual abuse.

Women cannot consent to abuse – this is exploitation.

Children (even those aged 16-17) cannot consent to exchanging sex - there is no such thing as a child 'prostitute' – this is exploitation.

'She didn't leave so she is consenting'.

When women have been groomed, they undergo a similar process to those who have been coerced and controlled in intimate partner relationships or family settings. Coercive control is a deliberate process to limit the freedoms of an individual by gaining control over their lives and actions (for example through isolating an individual from their family, peers and social networks, through controlling an individual's access to communication, housing, sustenance or substances). It can involve, threat, humiliation, degradation and violence. It is recognised in law that adult women can experience coercive control in intimate partner relationships or within a family setting. It is also recognised that women may not feel able to leave relationships due to this coercion and control. Sexual exploitation involves coercive control, which may take place in an intimate relationship but not always, as models of exploitation vary (as below).

There may be further reasons that women do not leave exploitative situations such as dependency on the perpetrator(s) for material (e.g. lack of alternative housing), physiological (e.g. substance dependence or a perpetrator controlling medication) and psychological reasons (e.g. due to bonds formed by trauma) and/or the fear of being criminalised if they leave (e.g. if they are being sexual exploited in a gang or county lines scenario). Women may also stay in exploitative situations if they fear that they will not be believed if they disclose what's happening to them (this fear is often based on lived experience or the experiences of other women) or that they will be blamed for their exploitation, if they have concerns over their immigration status or if they are not sure if what is happening to them is abuse. These fears and confusions can be further compounded by the grooming they undergo.

Coercive control and grooming create fear and dependence. This limits the ability for people experiencing sexual exploitation to consent - to 'agree by choice and have the freedom and capacity to make that choice' - and to easily exit an exploitative situation.

'Women who are sexually exploited are sex workers'.

Many professionals and members of the public conflate sex work with sexual exploitation. STAGE recognise that whilst there are a portion of women that may be coerced/forced into sex work (which is indeed sexual exploitation and/or modern slavery), there are also those women who choose to sex work (either because they enjoy it or because they feel this best fits their needs in terms of earning an income) or to sell or swap sex, and that this is based on consensual sex between adults.

Some of the STAGE partners do offer dedicated support to people who sell sex as a business and who openly talk about their work in the sex industry, either off street or on street. Some partners also offer dedicated support for those engaging in survival sex, though not everyone uses this term. Understanding the distinctions and potential dynamics between sex work, survival sex, selling/ swapping sex and sexual exploitation can enable services to provide the right type of support to women at the right time, and to reduce stigma and discrimination towards all women.

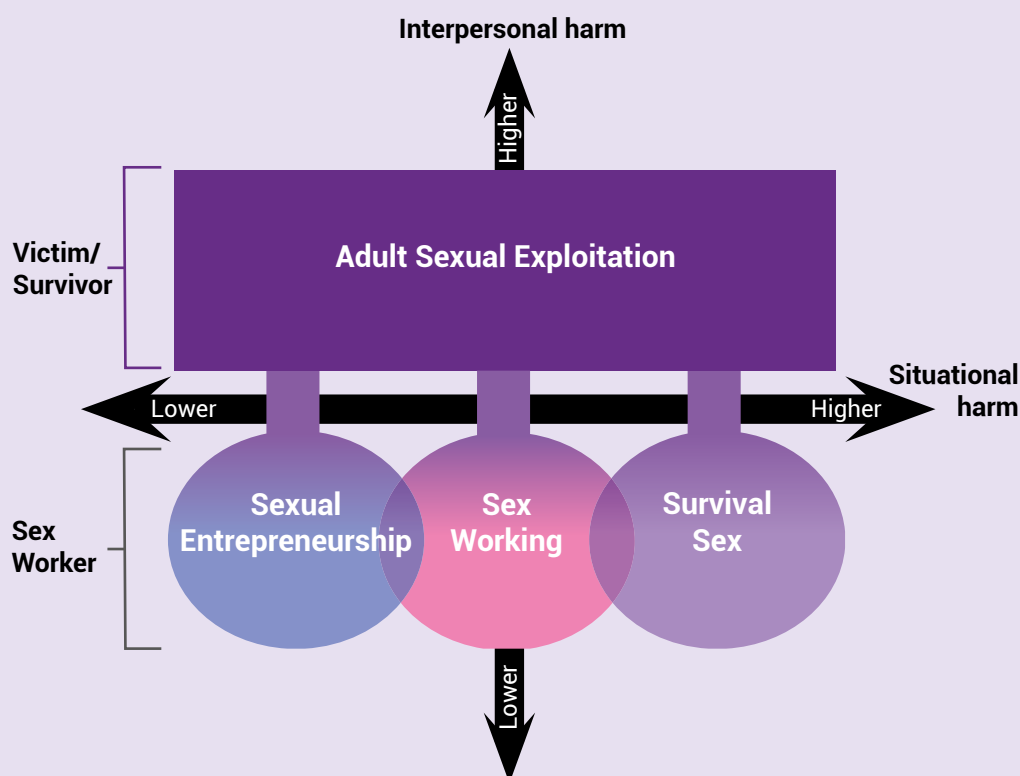
The term **sex work** implies that women (in this instance but including men, more broadly) are making free choices to engage in activities that involve an exchange of sexual acts for money, goods or gifts (or the equivalent). This may take place either in person (for example via escorting services, on-street sex work, sex shows, stripping or lap-dancing) or remotely (for example, via web-cams, phones or the selling of photographs).

Survival sex implies that women (or men) are engaging in sexual exchanges to meet a survival need. This can include housing/shelter, food, tobacco, remittances, protection, alcohol and/or substances. It can be more opportunistic – carried out when women need to meet a need.

Selling/swapping sex encompasses both of the above types of exchange without distinguishing women's (or men's) means of selling/swapping sex.

Sexual exploitation is distinct from both sex work, survival sex and selling/swapping sex. While there is a potential for violence and coercion to take place in each form, it is inherent to sexual exploitation.

[‘The Harm Reduction Compass’](#) model³ describes and represents how the police might treat this dynamic, from a perspective of safeguarding and operational decision making:



Reproduced from 'The Harm Reduction Compass' presentation by Dan Vajzovik

The terms sex work, survival sex, selling/swapping sex and sexual exploitation may not initially resonate with individuals who are referred into services but later come to identify with one or more of these characterisations, based on their experiences.

The reality for most women is complex; sexual exploitation and the different forms of selling or swapping sex are not mutually exclusive, and they should not be seen as a dichotomy. Conflating sex work and sexual exploitation, for example, can lead to further vulnerabilities for sex workers. This misrecognition can deter women from accessing services and advice about safe working practices, if they perceive that they'll be simply seen as exploited women, without services recognising their sense of agency (even if this is limited). Many women involved in sex work, for example, do not feel that language relating to 'victim' and 'survivor' are reflective of their experiences and can feel excluded from services who might mean well, but can stigmatise with their language and approach. Equally when sex work and sexual exploitation are conflated it can lead to women not being identified for the right support.

Women who are engaging in survival sex and women who are being actively exploited, trafficked and who may be victims of other crimes (such as cuckooing) might also be overlooked and viewed as sex workers. Their situation can be seen as their "choice" which can limit support from adult social care (as in section 4) and can lead to them being criminalised themselves.

Due to these dynamics, STAGE have received referrals for women who were identified as sex workers by professionals. The referral process and subsequent assessment process have been vital in assessing which women actually fell within the project's remit of sexual exploitation (as in section 2).

Services are encouraged to understand diversity and tailor support to the presenting needs. STAGE was set up to meet the specific needs of women who have experienced or who are experiencing sexual exploitation, meaning that sex work projects could operate without judgement or preconceived ideas that all women who access support from partners are being sexually exploited.

'Sexual exploitation only happens to girls'.

Though the STAGE partnership provides gender-specific support to women and girls who have experienced/are experiencing exploitation, it is known that boys and men can also experience this type of abuse. Support to boys and men (and those who identify as men) is offered by STAGE partners, A Way Out (for boys aged 8-12), Basis (for those aged 10-25), and Changing Lives (through their MAP project for those aged 16+).

'It only happens to girls from certain backgrounds'.

Sexual exploitation can affect women and girls from all backgrounds. Media portrayal since Rotherham has focussed on one form of grooming and exploitation, but the reality of exploitation extends beyond this. Perpetrators target women according to real or perceived vulnerability and accessibility – they can also target women who they think will be less credible to services and in a court of law.

"I lived with my grandparents - they didn't used to let me go out past 6pm. They used to monitor my social media... So I always used to think, well it won't happen to me. But it did.... They made it out to us that it would be the kids that go drinking on a Friday night... that were going to fall victim because they were out and they were drinking and they were intoxicated. Or kids whose parents were always at work or kids whose parents didn't check their phones. They made out to us that those were the kids that were going to fall victim. That's not true, it can be anybody."

STAGE have supported women with varying ethnicities, religions, ages, socio-economic classes, from both urban and rural areas and both women who have been in care and those who have not. Ignoring the potential for sexual exploitation taking place outside of the stereotyped background of white, working class, urban victim/survivors results in opportunities being missed, that could otherwise safeguard women and prevent abuse taking place.

"It is important for the police to know the difference between what is cultural and what is a religion as sometimes people mask one as the other. I feel like I have had to beg for everything rather than being offered support"

'Perpetrators are all gangs of Asian men'.

Sexual exploitation takes many forms. It can be carried out by individuals, groups, gangs or those with access to victims through institutions. It can be carried out by someone who is previously known to the victim/survivor, people who have met with the explicit purpose to exploit, by older perpetrators or those who are the same age as the victim/survivor. Victim/survivors might be targeted online or face to face (for example at a 'party' or in the night-time economy).

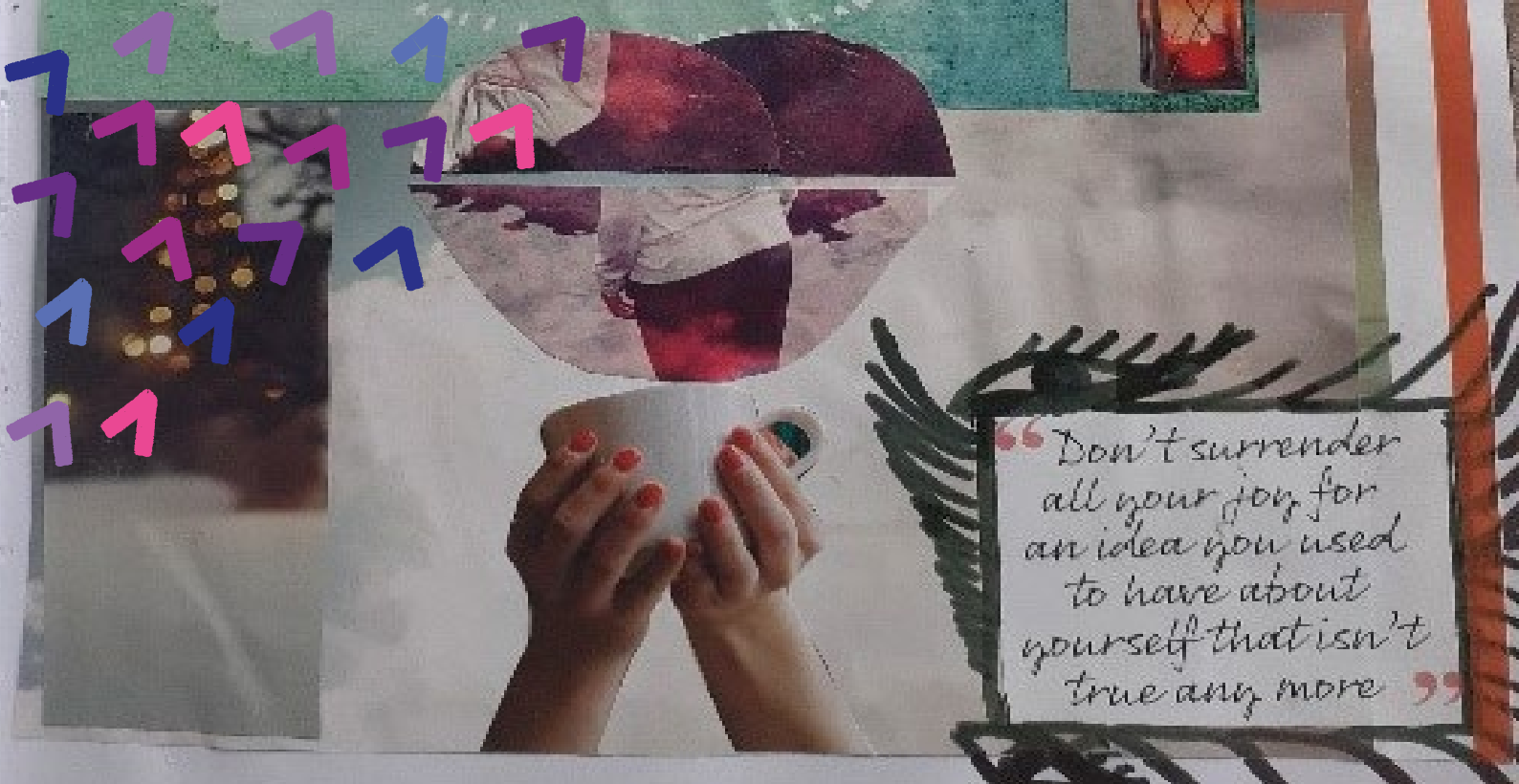
Criminals and perpetrators are defined by the offence(s) they carry out – not their ethnicity or cultural background. While several of the areas covered by the STAGE project have had sexual exploitation cases in which the perpetrators are groups of Asian men, the high-profile nature of these cases can conceal the nature and extent of sexual exploitation in the UK, as well as limiting opportunities for victim/survivors to recognise what's happening to them, seek support and justice.

"Personally, my abuse included a whole range of ethnicities, jobs, ages etc.

We speak out about our abuse and challenge the stereotype of 'Muslim grooming gangs' because we want the same public outcry for all the white British men, doctors, police, teachers, people in power, [the list goes on...] who abused us.

I was equally as scared of the white British doctor who repeatedly paid to rape me as I was scared of the Muslim man who prayed after he paid to rape me."

Grooming can be carried out to the extent that a woman can appear complicit in sexual exploitation. There have therefore also been some women implicated in sexual exploitation cases as perpetrators. They might be caught up in the criminal activity of the main perpetrator(s) or appear to be 'recruiting' other women into exploitation. Some women engage in this activity as a means to protect themselves from further sexual violence and/or as they are coerced into doing so by their abusers.



Section 2

Identifying women and getting the right information

Sexual exploitation can be difficult to detect without an understanding of how it takes place and the barriers to women disclosing. Services should be sensitive to possible identifying factors, as below, but also to the reasons why a woman might not speak about what's happening to her. This might include a woman believing:

- **'What's the point?'** - after having disclosed exploitation or abuse in the past and received an unsatisfactory response (e.g. from police, social care, health or voluntary services or from someone in their personal lives)
- **'Why would they believe me over him?'** - if perpetrators are well respected or connected in the area or if a woman believes this to be the case
- **'I'll be judged if I tell anyone'** - as there can be lack of understanding and empathy surrounding the sexual exploitation of adults, victim blaming is not uncommon
- **'I'd be worse off if I told anyone'** - as grooming involves high levels of control and coercion, a woman might believe (or know) she would suffer if she disclosed her abuse. This suffering could be caused by direct violence, threat, being made to witness something violent, harm being caused to a friend, loved one or pet, restrictions to resources (e.g. substances, money, housing) or being exposed to authorities on grounds of immigration status, for example

- **'I just want to move on'** - if a woman does not believe that disclosing her exploitation will help her recovery
- **'But they're my friends/he's my boyfriend/husband'** - a woman might not have come to terms with identifying her experiences as exploitation. The woman may also be experiencing trauma bonding with her perpetrator(s) (as explored in section 4)
- **'I know something isn't right but I let it happen – so why would anyone believe me?'** - a woman might believe, due to commonly held societal misconceptions, that 'fight' or 'flight' are the brain's sole threat responses. She may therefore not understand how she reacted to an instance or instances of exploitation. She might benefit from understanding the additional instinctive responses of 'flop, friend or freeze', which act in the same way 'fight and flight' to protect us when in danger. She might also only come to experience trauma responses years after exploitation took place, for example if she believed that she was in a consensual relationship at the time then comes to process the sexual violence she experienced at a later date⁴.
- **"I just thought that I was sex working"** - if a woman's close associates or services around her have responded to previous disclosures or indicators of exploitation by telling a woman she is consensually selling or swapping sex, a sex worker or, at worst, has been a 'child prostitute' in the past, her view of what's happened to her might be altered until a time comes in which she can safely explore what exploitation is and her experiences within this.

In all instances, a woman's choice to disclose as much or as little as she chooses is to be respected. Services should be willing to meet a woman 'where she's at' on first encounter as well as throughout support.

2.1 Risk assessment

Assessments to determine risk or presence of sexual exploitation may support professionals to understand what's happening to a woman who presents at their service. They can also support referrals into safeguarding or the police. These assessments (sometimes referred to as screening tools) are common in the CSE sector, with services and local authorities contextualising tools to meet local needs, resulting in a range of assessment/screening tools across England. In the majority, assessments have a specific focus on children. Adults feature in few of these tools, indicating a lack of institutional recognition of common risk factors or indicators for both children and adults experiencing sexual exploitation⁵.

Common risk factors do exist, however, and adult women benefit from this recognition, particularly when structures are in place to identify the risk and presence of sexual exploitation and when institutions are ready to respond and safeguard. Some local authority safeguarding boards have started to get to grips with this, adapting CSE risk assessments to include adults, so that frontline practitioners are able to identify vulnerability factors that exist across age groups.

When tools work well, they enable professional judgements to be made about what might be happening in a woman's life. They include space for the inclusion of professional judgement and understanding of the situation, rather than yes/no responses, which leave little room for context and exploration of a situation. Detailed assessments are better equipped to aid understanding of a woman's situation and view her as a whole person. They can support professionals to refer into safeguarding where appropriate and can additionally support the development of support plans and risk assessments for the women who are referred to specialist or additional services.

Reproduced from the [Newcastle Safeguarding Children Board \(NSCB\) and the Newcastle Safeguarding Adults Board \(NSAB\) sexual exploitation risk assessment checklist](#), common risk factors include:

Vulnerability Factors

- | | |
|--|--|
| 1. Isolation, lack of strong social networks | 7. Low self-esteem |
| 2. Breakdown of family relationships | 8. Susceptible to grooming |
| 3. Lack of engagement / inconsistent engagement with support networks (i.e. often misses appointments) | 9. Bereavement or loss |
| 4. Friends/peers are victims of sexual exploitation | 10. Dependency on alleged perpetrator(s) |
| 5. History of local authority care | 11. Substance misuse/dependency |
| 6. History of abuse (including as a child) | 12. Needs for care and support |
| | 13. Learning disability/difficulty |
| | 14. Unstable housing situation |

At Risk Indicators

1. Forced or coerced into making decisions
2. Going missing for periods of time
3. Unexplained increase in goods or monies
4. Reduced contact with family, friends and other support networks.
5. Concerning use of internet, social media and mobile phone.
6. Meeting adults / older peers through the internet
7. Evidence of risky/inappropriate sexual behaviour
8. Inconsistent use of contraception (risk of STI's)
9. Regular and/or concerning access of sexual health services
10. Self-harming
11. Change in presentation or demeanour
12. Change in appearance and/or sexualised dressing
13. Involvement in petty crime
14. Funding use of drugs / alcohol / legal highs or tobacco through unknown sources
15. Unexplained contact with hotels/ taxis/fast food outlets
16. Reported to have been in locations where there are known concerns relating to sexual exploitation
17. Associating with known perpetrators of sexual exploitation
18. Unexplained patterns of engagement i.e. disappearing from support systems with no contact or explanation.

Critical Risk Indicators

1. Groomed or abused via internet or mobile technology
2. Physical injuries without plausible explanation
3. Controlling partner e.g. preventing access to services
4. Fear of partner
5. Disclosure of domestic abuse
6. Exchanging sexual activity for accommodation
7. Being trafficked for the purpose of sex
8. Disclosure of sexual assault/ exploitation
9. Withdrawing allegations of sexual assault / exploitation
10. Abduction and forced imprisonment
11. Being bought/sold for sex
12. Multiple pregnancies, miscarriages or terminations
13. Recruiting others into sexual exploitation

The tool gives space for yes/no/don't know responses but also space for notes that can be used to explain the source of information and why a judgement was made. Crucially, the assessment later includes space for a narrative assessment on "any information which (the professional completing the assessment) feel(s) is relevant. Consider(ing) the victim's situation in relation to factors such as needs for care and support, cultural or language barriers and their willingness to engage with services."⁶ It goes on to ask:

- What are the primary risks?
- Are there any protective factors?
- What are the views of the individual?
- Professional judgement
- What needs to happen next?

There are additional indicators to be taken into account that might rely on local knowledge. This can include if a woman is known to;

- **Usually engage with a range of services and suddenly stops attending appointments**
- **Regularly collect treatment for substance dependence and hasn't collected for a while**
- **Regularly offend then suddenly stops offending**
- **Frequent areas that are known for on-street sex work**
- **Be involved in gang activity or organised crime groups**

In all cases, communicating with the woman is crucial so that her views can be taken into consideration. The professional judgement of other professionals involved should also be considered.

Risk assessments must be carried out in the context of the life of the woman who is being assessed. Her opinions should be sought wherever possible, exploring both the indication of sexual exploitation but also her strengths and the protective factors around her. Women should be emotionally supported through this process and through any actions that follow it.

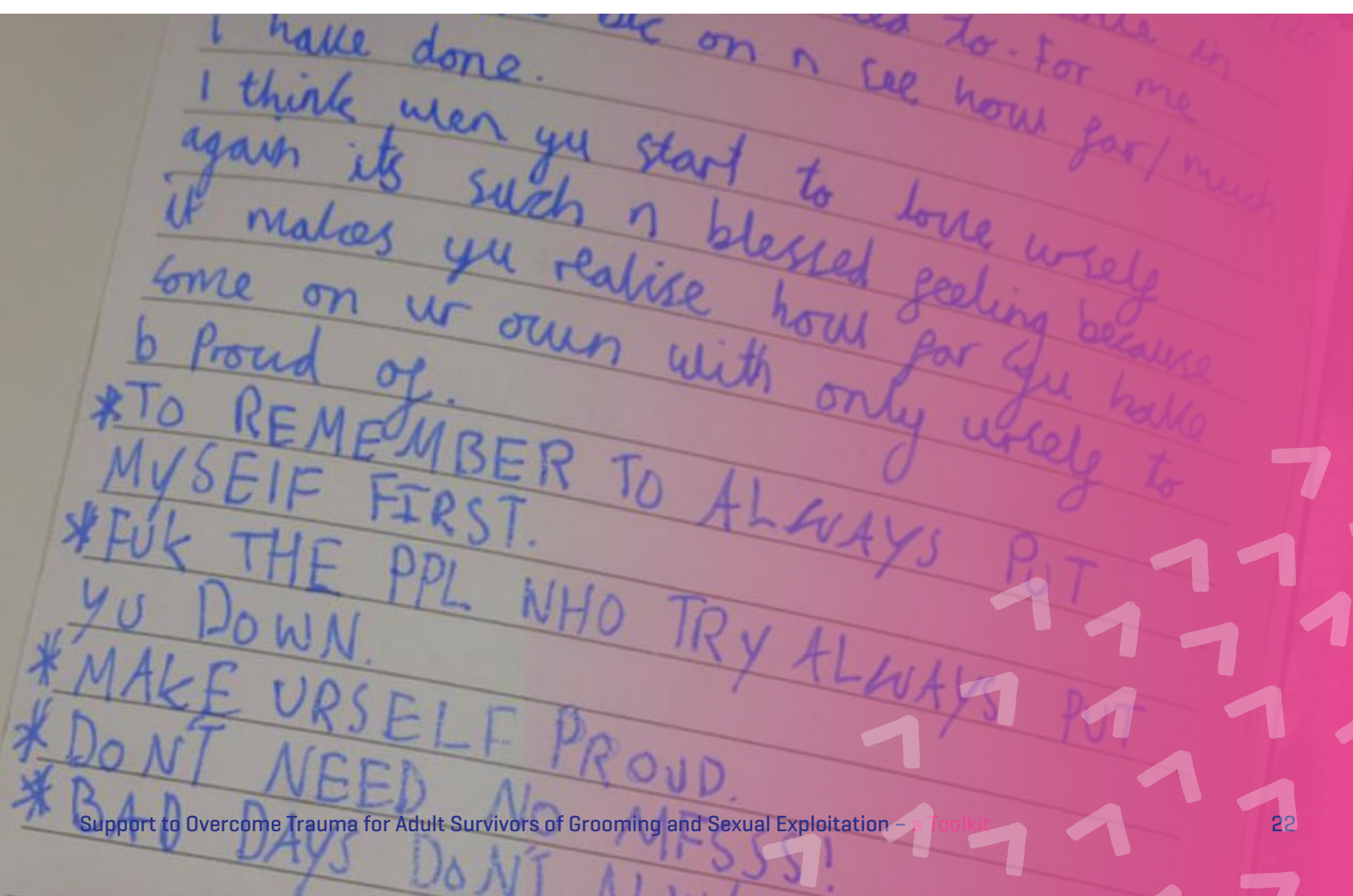
While the presence of an indicator may not automatically result in the risk of sexual exploitation, combinations of these factors and the context surrounding them could raise alarm and require further investigation. Where there are critical risk factors identified, immediate action should be taken to safeguard individuals, including referring into safeguarding hubs, when these are available, to trigger a process that could enable multi-agency coordination to safeguard women. Immediate action might also include reporting incidents to police where appropriate.

These tools can be useful to professionals but should not be seen as a panacea to identifying and managing risk or presence of sexual exploitation. Professionals should therefore be aware of common pitfalls when carrying out assessments:

- **Sexual exploitation might be taking place even if none of the indicators are obviously showing⁷** – for example if it's taking place online or in an intimate partner relationship.
- **Indicators may demonstrate vulnerabilities associated with risk other than sexual exploitation** – context and an understanding of the person being assessed helps to understand this and to make appropriate onward referrals if needed.
- **An assessment is a snapshot in time.** Completing a sexual exploitation risk assessment should not be seen as an end, with regular review periods as and when appropriate. While support agencies should have processes in place to regularly review internal risk assessments and support plans, this does not always align with sexual exploitation risk assessments but there is opportunity for assessment factors to be aligned.
- **Vulnerability factors can be seen as woman 'putting herself at risk'.** This approach tends towards victim blaming rather than assessing vulnerability. A trauma informed approach must be adopted to working with women and identifying vulnerability (as in section 3) e.g. an approach that preferences the exploration of the presence of an indicator with the woman in question, over professionals simply attributing an indicator to 'poor decision making' and a woman having 'capacity'.
- **Risk can be conflated with the presence of exploitation⁸.** If there is actual presence of sexual exploitation, immediate action should be taken to safeguard the individual. It can be difficult to reach safeguarding thresholds of local authorities, particularly for adults who can be assumed to have capacity to consent. Safeguarding bodies should be notified of the presence of sexual exploitation, however, along with police (e.g. through ringing 999 if there is

immediate danger, 101 if there is a non-urgent crime and/or by submitting anonymous intelligence) so that statutory services are aware of what's happening in their area and can decide whether to take action. The woman should always be given opportunity to say what she wants to happen next, including exploring the possibility of a referral into specialist services, should they be available.

- **Risk assessment tools might not meet the needs of non-stereotypical victims of sexual exploitation.** Much of the public narrative on sexual exploitation is centred on female, white-British children in urban geographies who are being exploited through the night-time economy. Tools are developed based on what is known about sexual exploitation nationally and locally⁹. It must be recognised, however, that there is much that is unknown, resulting in much that is missed via the over-reliance on tools, particularly if they are solely tick-box, without space for a narrative exploration of a situation. Additionally, the professionals completing assessments have subjective opinions that, depending on their positionality, can either enable or disable effective assessment of risk, particularly when assessing risk associated with individuals who are minoritised or stereotyped through ethnicity, religion, immigration status, physical or mental ability, sexuality or gender identity (including men and boys, trans people, non-binary people and gender non-confirming people), for example.



Services who have limited and rapid contact with women may not have sufficient time to undertake in-depth assessments, in the first instance, but may still wish to explore whether there is a risk or presence of sexual exploitation. In those cases, there are context-specific vulnerability factors to look out for and questions to ask, dependent on the service. While such tools may be, in the majority of cases, used to assess risk or presence of CSE, there are questions that might be applicable to both age groups e.g.:

Child only	Have you ever stayed out overnight or longer without permission from your parent(s) or guardian?
Child/Adult	Has anyone ever given you a gift for no reason including drugs or alcohol?
Child/Adult	Is there any place that you go where you feel scared or afraid, or people are worried about your safety? Do you have someone that you do sexual things with?
Child but may be pertinent to ask with adult	How old is the person(s) you have sex with? Age of partner ____ Age of client/patient ____ Age difference ____
Child/Adult	Does the person(s) you do sexual things with stop you from doing things you want to do, or make you do things you don't want to?

Reproduced from Gateshead Health NHS Foundation Trust: Safeguarding Children Policy

If risk or presence of sexual exploitation is identified through this process, organisational safeguarding procedures should be followed. Services should also raise concerns with local Multi-agency safeguarding hubs (MASHs), where possible.

The Centre of Expertise on Child Sexual Abuse produced **7 principles** for assessing the risk of CSE¹⁰, that can equally be applied to adults.

2.2 Referring into specialist services

Whilst tools that help identify risk and vulnerability factors are extremely important methods to help professionals recognise how sexual exploitation may happen, it is also important to bear in mind the next steps. If an onward referral is to be made, seek the woman's voice, so that she has agency within her support.

In this conversation it may become suspected or clear that she has experienced/is experiencing and/or at risk of sexual exploitation. Bearing in mind the relationship between sex work, survival sex, selling or swapping sex and sexual exploitation, professionals should continue to explore support needs of the individual woman, despite the initial view of her situation, as an ongoing process. A woman may, for example, identify as a sex worker but also want support around (current or historic) exploitation, or she may feel this does not represent her experience.

Case Study 1

Madison was receiving support from a sex work service run by one of the STAGE partners. She identified herself as a sex worker, engaging in street sex work. While working with her caseworker, she came to realise that the sex work she was involved in was exploitative, as she was being controlled by dangerous men. She also realised that the exploitation she had experienced as a child (CSE) had continued into adulthood and had become normalised to the extent that she classed herself as a sex worker. Once this was identified, support was offered through STAGE, enabling Madison to receive specialist support around her experiences of exploitation.

Equally services must not assume a woman is sex working if she has not identified herself as such, allowing space and opportunity to explore her support needs, without the stigma that labelling can bring. It may also become clear that the woman doesn't want support for sexual exploitation as this is not the presenting need. She may, for example, have experienced historic, interfamilial child sexual abuse and require support for this rather than sexual exploitation.

Case study 2

Mia was referred to STAGE by adult social care. She was labelled as a “prostitute” in the referral, as she was having sex with men in exchange for food or accommodation. The caseworker followed up the referral with a phone call and was able to help the social worker to see that this woman was, at the bear minimum assessment of risk, engaging in survival sex. Upon further exploration, it was found the woman was being exploited by multiple men in exchange for the promise of status within her community. Through this process the caseworker was able to work with adult social care to safeguard Mia.

In all instances, the woman should be given opportunity to understand her options and explore whether she wishes to engage in additional support. How to handle this conversation:

- Have the conversation in a private place
- Explain confidentiality and its limitations
- Listen to the woman, believe her
- Don't probe or pry
- Assess her immediate safety
- Assess the presenting support need
- Explain what steps you could take next and why (e.g. your support, safeguarding, police, force intelligence, onward referral to and who)
- Respect her right to choose what happens next
- While respecting the woman's right to choose, also recognise that she might change her mind and try to leave contact details if safe to do so. Some services have innovated ways to leave contact details in a discrete manner, to protect a woman's safety – for example using commissioned lip balm or chocolate wrappers, with telephone numbers in the barcode.
- Take notes to document the conversation

If the woman does want additional support – check what's available in your area and what sort of support can be given.

Services should seek to understand the reasoning behind an incoming referral, discussing referrals with social workers, police and other referring agencies to identify the support needs and vulnerability/risk factors of women in greater depth. Understanding a woman's situation and what sort of support she wants

is crucial to getting a referral, and therefore a woman's support, correct. A woman's choice and agency are central to this process, bearing in mind that her own perspective of her situation might change over time. Referring agencies are encouraged to speak to services and/or check referral criteria before sending referrals, to ensure the referral is appropriate. Services should be clear about their criteria and feel confident in having conversations with referring agencies to understand a woman's life to help her to get the right support. This may include speaking to the woman directly before making decisions and/or finding more appropriate services for women, if needed.

An intersectional approach to meeting women's needs

Not all women experience sexual exploitation or support services in the same ways. Just as sexual exploitation risk assessments can tend towards a design that is based on what is commonly known – risking not meeting the needs of people whose identity is outside of the stereotyped perception of a victim of sexual exploitation – services and individual professionals can also fall into this trap. The impact of this, despite best intentions, is that services and individual professionals are likely to be missing women who might otherwise access support. Furthermore, once women are engaging in support, services might not fully appreciate how a woman's multiple identities intersect with her experiences, therefore not recognise the support she needs to best meet her needs and prolong her journey towards recovery¹¹.

Intersectionality is an approach which can enable services to critically self-reflect on how they understand and respond to the needs of women. Developed by Kimberlé Crenshaw¹² and the black feminist movement, intersectionality is the conceptual framework that appreciates that our identities – such as ethnicity, sexuality, religion, gender-identity, ability, class, socioeconomic status and other cultural, social and political classifications – are mutually constituted. This understanding, that parts of women's identities are interdependent with each other, is fundamental to understanding how discrimination, power and privilege are experienced and endured – in society, in sexual exploitation and in the services that interact with survivors.

An intersectional lens aids understanding of how inequality is compounded by systems of power and privilege, resulting in varied outcomes and support for women who have experienced similar forms of abuse.

Case study

Yasmin, a young, British-Asian Muslim woman with learning difficulties, was supported by the STAGE project due to concerns around sexual exploitation. Getting married was important to Yasmin and she was looking forward to meeting her future husband. She used the app Muzmatch to speak to men, sometimes meeting up with those who said that they wanted to marry her.

She had sexual boundaries that were sometimes tied to her interpretation of her faith. She had a clear understanding of what sexual acts she was willing to engage in before marriage and what she did not want to do. Several men she met on the app breached these boundaries, resulting in the woman experiencing sexual exploitation. The men presented their exploitative behavior as acceptable, as part of the grooming process.

The woman reported some of the exploitation to the police. She then attended the Sexual Assault Referral Centre (SARC) and told staff that she wanted to report some things to police but not all. This confused staff and police. The police went on to perceive the situation as the woman pushing the boundaries of a restrictive family and culture, rather than her experiencing sexual exploitation. They believed that she was reporting exploitation to avoid familial judgement over her use of Muzmatch and engaging in sexual activity with men.

Yasmin's family were indeed unhappy with her meeting men on apps and could be obstructive to the criminal justice process, but this was not the reason why she reported sexual violence. She reported sexual violence as this is what she had experienced. Yasmin spoke to her case worker about this and how her experiences of her culture, family and faith interacted with her experiences of seeking a partner then surviving sexual exploitation. The case worker was able to use resources to support Yasmin's understanding of the situation, using resources that were designed to meet her learning needs. The police were preoccupied with safeguarding Yasmin from her family and her culture rather than bringing her exploiters to justice. This diverted attention from her experiences of exploitation.

This assessment was entrenched with stereotypes about the faith of Islam, families that follow the religion and a reductionist stereotype how black and minoritised women experience violence¹³. This ultimately misrecognised the exploitation that was being perpetrated against the woman and restricted her access to justice.

Should an intersectional lens have been applied to this woman's case, the criminal justice services around Yasmin would have listened to and valued her experiences as a young, British-Asian Muslim woman with learning difficulties. They would have also reflected on, and questioned, their own stereotyped perceptions, perhaps even seeking training to increase their understanding. This would have allowed professionals to move closer to an objective assessment of the case, what Yasmin's faith meant to her, how this interacted with her seeking relationships with men, how many families of all backgrounds might react to their young daughter who has learning difficulties being exploited by men she met over the internet. The woman's experiences would have been preferenced over racialised stereotypes about her and her family's identity.

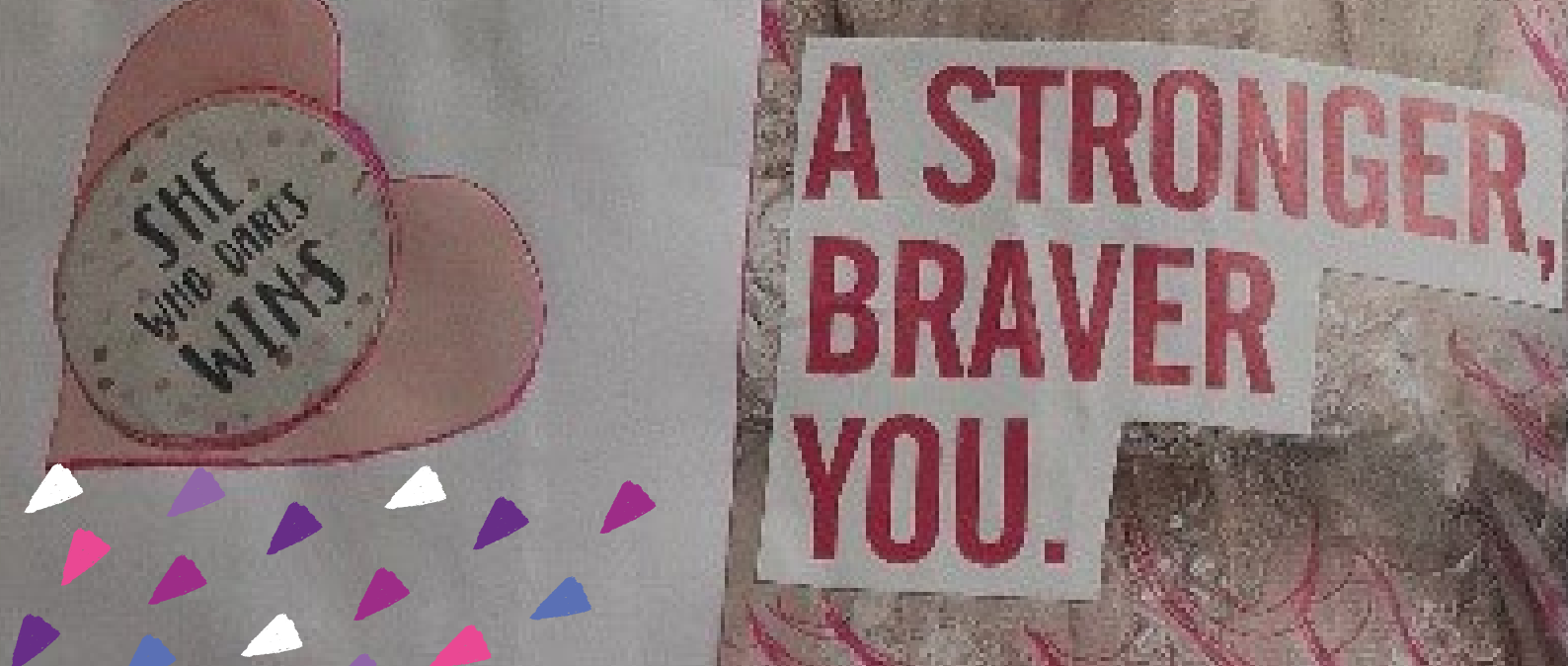
Intersectionality is a concept that is comprised of multifaceted social realities, interlocked lived experiences and connected and reciprocal power systems, allowing services and individuals to be aware of different concepts of subjectivity, agency, and equality¹⁴. It can support services to be better equipped to deliver person centred approach that reflects the identity of women who access support.

The term intersectional invisibility, coined by Purdie-Vaughans and Eibach¹⁵, describes the hiddenness of individuals who do not fit the stereotype determined by the dominant social group within wider society (or a sub-section of it). It can help services to understand how they might be missing women who are experiencing sexual exploitation, as they are rendered invisible by commonly held stereotypes about which types of women can experience this form of abuse.

To begin to overcome this, services and individual staff can engage in a process of critical self-reflexivity to understand their intersectional invisibility and unconscious biases. Should this process turn into action, unpicking 'one-size fits all' approaches to adopt an intersectional lens to their work, there is a potential for accessibility to be increased, therefore more women having access to specialist support that understands their experiences of sexual exploitation.

Self-reflexivity for services is contextual but may involve asking questions such as:

- What do we know/not know about how sexual exploitation is happening in our area?
- What are our assumptions?
- Which women are we not reaching and why?
- Does our service reflect our local area (e.g. via location, style of delivery, staff make up)?
- How do we reach out to communities in the area?
- Do staff have capacity to build relationships with communities and services?
- Are our communication materials understandable and accessible (e.g. via the use of language, jargon, imagery, where they're placed either physically or electronically)?
- How are we describing sexual exploitation when we publicise our service/are we talking about different forms of exploitation or describing only one scenario?
- Do staff recognise different models of sexual exploitation?
- Are we taking time to learn about intersectionality and how this interacts with key facets of our service delivery e.g. trauma, holistic support, multi-agency working?
- Have we provided sufficient training and supervision to staff to appreciate intersectionality (i.e. going beyond equality and diversity) and how this interacts with both their sense of self, their approach to sexual exploitation and their work with the women they support¹⁶?
- Have staff had opportunity to reflect on unconscious bias and how this relates to perceptions of women and sexual exploitation?
- Do we have conversations with women we support about their identities and what it means to them?
- Do we systemically collect and review demographic data?



Section 3

The STAGE method of support

The STAGE project operates across different contexts in the North East and Yorkshire, requiring contextual service design that is responsive to local needs and availability of support in an area. There are, however, transferrable principles and methods of delivery that can support the development of professional practice to effectively support women who have experienced, or who are experiencing, sexual exploitation.

If sexual exploitation is a woman's presenting need, she should, wherever possible, be offered **specialist provision of support** in a service that understands what sexual exploitation is, along with impact and potential repercussions. Women should be told why they are being referred into a particular service and given the choice whether they want this support. What they choose is often dependent on their priority need at that moment in time. Regardless of where women access support, they should be reassured that they are believed and that they will not have to explain or disclose what's happened to them to receive support, or at any stage of their engagement with support, if they so wish. Women should be offered an insight into what sort of support they will receive and how a service operates before choosing whether to engage with the support.

Women who are supported by STAGE told us what specialist provision meant to them:

"I preferred the fact that her position was around what I'm going through... because actually, she was already aware of certain, not about my case necessarily, but she was aware of all of this, what happens and stuff."

"It's not having to say it, and even when I say it, she's not surprised."

"She just asked me how I was feeling and it went from there, she weren't intrusive, oh what you on court case for or anything like that, there were none of that, her responses were just what I were saying sort of thing and it just felt like she'd known me for ever. That's how it were, I didn't feel like she were a stranger."

If a woman does choose to engage with specialist provision, she should receive a service that provides:

- 1. Trauma-informed working**
- 2. Gender focused support**
- 3. Holistic, long-term support with a one-to-one caseworker**
- 4. Support for frontline staff**

3.1 What is meant by trauma-informed working?

Many women who access STAGE talk about the multiple disadvantages they experience. This includes being affected by sexual exploitation but also perhaps addictions, homelessness, crime, poverty, social exclusion and other forms of abuse and exploitation. Using trauma informed and trauma responsive approaches means seeking to understand women and rejecting the assumptions that they are 'too complex' to support.

Women's responses to their experiences are individual, and are completely normal responses to sexual violence and abuse. Despite this, women's coping strategies are often described as 'challenging', which is not informed by an understanding of trauma. The help and support women need is also individual, and should be strength-based. This includes being led by the woman and that she is fully part of the design of her care and support.

Trauma informed practice is one that:

- ***Recognises the presence of trauma***
- ***Recognises the impact of trauma***
- ***Responds effectively***

This approach should be applied to both direct work with women but is also crucial to supporting staff through a range of processes (as below). Prioritising staff wellbeing, as well as their development as trauma informed practitioners, will create excellent models of care to women and those who interact with them.

It is possible to deliver trauma informed support without being a therapist. While trauma-informed working involves an understanding of the causation, impact and dynamics of trauma (and the risk of it), it is not a replacement for counselling, therapy or medical treatment. While women benefit from this approach within their support, for example through working with their caseworker to understand themselves their emotions and what their recovery might look like, they should also be supported to access medical help if/when appropriate. Likewise, while staff benefit from their employer being aware of the potential traumatisation deriving from their work, they should also be supported to access medical help if/when appropriate.

“Certain therapies work for different people but the main thing is having someone there who’s accessible, that you know you can talk to and rely on”

Recognising the presence of trauma

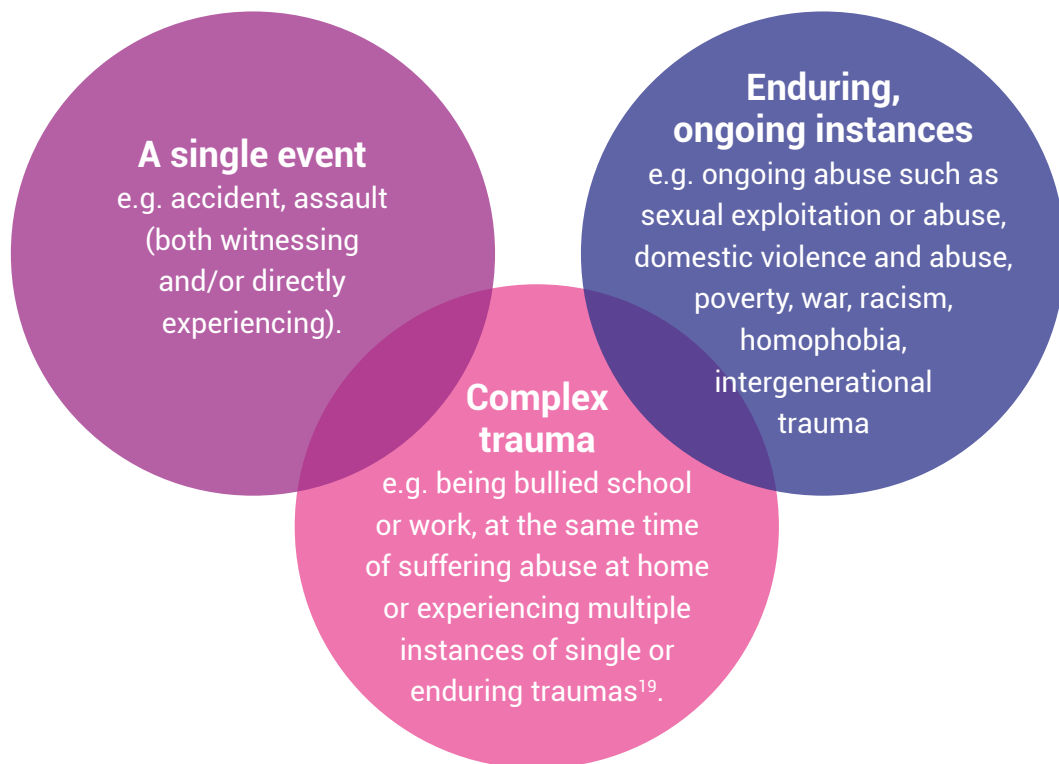
While trauma – and the response to it – is individual to each person, it is medically defined as:

“Exposure to actual or threatened death, serious injury, or sexual violence”
(DSM5¹⁷)

While the medical definition goes some way to describe how someone might experience trauma, it is rather narrow. Pathologising trauma is therefore not always necessary or useful. The medical definition does not fully capture the complexity of the trauma response in the same way as:

“Psychological trauma is the unique individual experience of an event, a series of events, or a set of enduring conditions, in which, the individual’s ability to integrate his or her emotional experience is overwhelmed and/or the individual experiences (objectively or subjectively) a threat to life, bodily integrity, or sanity.”
(Saakvitne et al¹⁸)

It can be caused by:



It can be created by forms of abuse or neglect but also by natural disasters e.g. tsunami, earthquakes, floods. What is seen as traumatic is based on individual susceptibility and vulnerability.

Trauma involves both the event and the response to that event e.g. if a woman has experienced abuse or neglect in childhood and received an adverse or unsatisfactory response that does not enable them to make sense of the situation, this can lead to trauma. Likewise, if a woman has experienced abuse or neglect in adulthood, she requires a response (e.g. from her peers and/or from the institutions around her) that enables her to make sense of the situation, so that the impact of trauma on her body and mind is minimised.

Recognises the impact of trauma

Women who have experienced sexual exploitation have experienced trauma (often multiple instances, that they have both directly experienced and witnessed) directly attributed to this abuse. Many of them have experienced additional traumas in childhood or in their adult life.

Trauma can impact on both the development of the brain and the development of behaviour and coping mechanisms. This can have a long-term impact on women's mental and physical health outcomes, as well as how they're received by services when presenting with behaviours associated with the impact of trauma.

Adverse Childhood Experiences (ACEs)

As children are reliant on their caregivers for their survival and safety, they are extremely vulnerable to traumatisation. This can be as result of many different experiences resulting from the behaviour of a caregiver, the death of a caregiver, exposure to physical and verbal violence, accidents or medical emergencies to physical and sexual abuse.

“Suppose it don’t matter how old you are on the inside, for me, because I didn’t have that guidance and grew up without the guidance on boundaries that maybe I should have. You feel like you are young. I feel like I’m a young girl. So, whether I’m my age, or 60, or even 70, when you’ve been through certain trauma, you feel like a child on the inside.”

If a child has experienced trauma(s), there is evidence to suggest that the parts of their brains that learn how to regulate emotions and process stress are affected. This is especially apparent if children have not had the chance to practice these skills with an appropriate adult. For people who’ve experienced these ACES, particularly those who’ve had to exist in states of high adrenaline, there can be long lasting effects on the ability to respond to stressful situations, impacting on the way they present socially, emotionally and developmentally²⁰.

High threat state

For both adults and children who’ve experienced trauma, the brain can very quickly get used to maintaining a high threat state, always alert to potential danger, with negative impacts on brain and body functioning. This can result in behaviours associated with ‘hyper or hypo-arousal’ (as below) and/or the adoption of coping mechanisms that can be used to regulate emotions, such as substance misuse or self-harm.

Shame & guilt

There are levels of shame and guilt that are connected to development of societal and interpersonal connections e.g. when they are connected to the healthy functioning of social or family groups. This can support the development of social norms and cooperation that are context and culturally specific. It exists in all cultures and is likely to be experienced by most humans to varying degrees, for example when errors are made to social etiquette or there is a failure to meet an expectation.

There are, however, deeper issues with shame when it becomes attached to distress, humiliation, dishonour, personal burden and control. While guilt allows the acknowledgement that something might have gone wrong and for responsibility to be taken (either where needed or erroneously), shame attaches a value judgement to this responsibility – e.g. 'that happened so/because I'm an awful person, I'm bad, I'm stupid'. At its worst, the self-judgement that is attached to shame can result in feelings of worthlessness and that a person is somehow deserving of an abuse they have suffered.

Shame can be acquired throughout life and in both abusive and non-abusive situations, depending on how repair is carried out after a potentially shaming incident – for example, how a parent repairs a relationship with their child after an argument or how an adult either holds grudges about, or moves on positively from, a relationship misdemeanour which occurred at the hands of their partner.

In the case of sexual exploitation, it can be acquired in the exploitative relationship(s) and used as a form of control but equally, from the way society can look upon survivors – e.g. using language that blames women for their exploitation or describes them as 'mad, sad or bad'. This can further compound and embed feelings of worthlessness, which many will have experienced at the hands of their abusers. These feelings can lead to women adopting maladaptive defences in order to avoid experiencing more shame, which can further limit their ability to cope with uncomfortable or difficult emotions.

So while healthy shame can promote social affiliation and promote pro-social notions of community, empathy and cooperation, toxic shame is associated with negative self-perception that severs connection to the self and society. The internalised negative beliefs about the self can lead to harmful coping strategies such as disassociation, hostility towards themselves or others, self-harm, substance misuse, eating disorders or taking one's own life.

- The words I need to hear from the person who is important to me

13 I'm Proud of you.
14 You mean alot to me.
16 I'm always here for you.
18 You have done alot for me.
20 Thank you!

Trauma bond

Trauma bonds – within which a victim and perpetrator have an intense emotional bond - are formed between victim and perpetrators as part of the development of dependent and abusive relationships. The bond can be developed as a direct result of grooming, coercion and control or indirectly, through a victim's threat response. A perpetrator, for example, may alternate between 'loving' behaviour and direct violence, all the time telling a woman that he is the only one that cares for her or who can protect her from other abusers. Both, or either, of the victim or perpetrator may have experienced abuse in the past, in which the relationship feels familiar and destructive patterns are repeated. This often takes place in the context of isolation from healthy social networks, so that a woman's sense of acceptable behaviour is altered. A perpetrator may create an emotional attachment that feels unbreakable, no matter how abusive or violent the relationship gets.

This may present to services as a woman returning to her abuser, despite seeking support to help her cope with what's happening. It may result in her trusting the word of her abuser(s) over services, with the perpetrator using this to his advantage to further isolate a woman from means of recovery.

Responds effectively

Services who work with people who've experienced trauma may experience the external manifestations of the impact of trauma when delivering services. Trauma impacts different people in different ways, from how women relate to the world around them to physical to mental health. This can materialise in supportive relationships and, without due understanding of the impact of trauma, can further ostracise women. The majority of women who have been supported by STAGE, for example, have spoken about being treated as 'difficult', 'disruptive' or 'dangerous' when interacting with professionals who have been unable to take time to listen to them and understand their perspectives.

“When you’re so emotional and you’re hurting, gathering your thoughts on a day-to-day basis – even what you’re cooking for tea – is quite difficult.”

As a result of this presentation, women can be labelled as having borderline, or emotionally unstable, personality disorders (BPD and EUPD, respectively). This may be attributed to a woman correctly, through a medical diagnosis from a psychiatrist (sometimes diagnoses can be reversed at a later date, perhaps replaced with diagnoses of complex post-traumatic stress disorder (CPTSD), other mental health conditions and/or learning disabilities). It more often, however, is attributed to women having labels attached by professionals who

are seeking to define behaviour, often at the expense of seeking to understand experiences. This label can stigmatise and alienate women, who can come to believe that their personality is flawed, and they are somehow 'bad'.

While non-medical practitioners can improve their understanding of the impact of trauma and, therefore, their responses to women, they cannot diagnose. It is therefore recommended that non-medical practitioners learn more about trauma and its impacts so that they can validate women's experiences, rather than attributing diagnoses to women.

If a woman has had a diagnosis and has not had the opportunity to understand the meaning of this through the support received to date, it's important for her to seek medical advice and to be supported to understand the diagnosis and advice given.

“When I was younger they thought I had BPD, then when I was about 20 they diagnosed me with it, and then when I came back into the mental health service they kinda turned round to me and said no, I hadn't got BPD and it seemed more like complex trauma and then asked me about stuff and like, I'd been through some stuff when I was younger as well so I think that plays a massive part in it because I think... it literally changes the way you develop.

I think with that kind of stuff literally your brain develops in a different way, and then I think some of the stuff I went through when I was younger was the reason why I went through some of the stuff I went through when I turned 16, umm, I think that that played into it quite a lot, and it were kind of weird how everything that had been going on with me was actually due to trauma... cos I did think for a long time that I had quite a lot of different mental health stuff that they told me, and they threw all sorts of different diagnoses at me, and when it all came down to trauma I was like oh, like it made a lot of sense but it was quite a lot to take in really but it all plays into each other, and I think my whole mental health is just trauma, literally.”

While non-medical professionals cannot diagnose, they can learn about trauma and support women to understand its impact so they can support women to understand their own experiences and behaviours on their journey to recovery.

This understanding can also enable women to receive appropriate, empathetic responses from services when presenting with trauma. By adopting empathetic, open and explorative practices, services can begin to build bridges with women who may have been previously seen as 'hard to reach'.

Empathetic, open and explorative practices can present in the following ways:

Before understanding trauma

"She's not engaging"

"She hasn't attended, I'm going to close her case"

"You can't trust her"

"She's always under the influence, she doesn't want to change"

"She's always kicking off"

"She's self-harming again – it's just attention seeking"

When trauma is understood

"What barriers are there to engagement?"


"We haven't seen her for some time, I'm going to reach out and find out what's going on with her at the moment"

"She's finding it hard to open up. We need to recognise the impact of shame and guilt and take time to build a trusting relationship"

"Using substances is her coping strategy. She may not be ready to give that up yet"

"How is our service / the way that we're communicating not meeting this woman's needs?"

"I wonder what's going on with her and what she's dealing with. It may be a 'cry for help' but I'll take this seriously as it deserves attention"



Sally, one of the women supported by STAGE, told us her story:

Hi Sally, welcome to mental health services.

I see you have tried to take your life?

Are you looking for attention?

You have a personality disorder, you have lived a reckless lifestyle and your coping mechanisms aren't appropriate.

This will stay on your record for the rest of your life and there's nothing you can do about it, if you try complain your disorder will be used against you.

I see you like to have relationships with older men, do you realise how reckless your actions are? This is part of your disorder.

I can see in your notes you have been abused, but why are you trying to talk to professionals about your sex life Sally? I'm a mental health nurse, this is not appropriate to discuss.

You need DBT, you self-harm, you behave recklessly, and you present inappropriate coping mechanisms. You need to face your behaviour choices and change it.

Here's some medication. They're anti-psychotics, they will help numb you and block out the memories.

We can't offer you therapy, you are too unstable, you need to forget about the past and learn to move on.

You are being sent 200 miles away to a secure unit. You kicked a male member of staff after they restrained you when you were upset.

You are violent.

You are aggressive.

You're not trying hard enough.

Hi Sally it's the police.

You're not a credible witness, a jury would not believe you.

Your mental health means they'll say you're a liar

Your history of self-harm and suicide confirm you are unstable, and who's going to believe someone who is unstable?

I mean, did you get into their car because of the thrill? People with your diagnosis love drama.

Are you a prostitute? People who have a personality disorder have unstable relationships, did you just become beyond your depth?

If you don't like it Sally you say no, you walk away.

You don't meet up with them, do you like putting yourself in danger?

Is this part of your disorder? We see many like you who are mentally ill and love the thrill of danger.

You will never get justice with a personality disorder.

Hi Sally, I'm you're abusive friend.

You are way too sensitive. I'm gonna be hard on you cos you need to learn to not be so sensitive.

You need to think positively and move on.

I can't have negativity in my life.

Yeah, but you fit all the criteria for BPD, why can't you just accept you have it?

Sally how can you say personality disorder doesn't exist when there's specialist hospitals for people with them?

I work with people with PD and many of them are just in denial about their disorder, you must just be the same.

You are always playing victim.

I never do anything wrong, it's just you, interpreting that I do because you've got a personality disorder.

I'm headstrong because I don't suffer from depression - maybe you should learn to be stronger?

Am I really that worthless`?

I'm an attention seeker.

I'm dramatic.

I'm fucked up and disordered.

A crazy unstable person.

I hate myself.

Hi Sally,

What you have been through is massive, this wasn't okay.

Saying your personality is disordered protects the actions of your abusers.

You were a child, it wasn't your responsibility to stop them. Your mind has experienced severe trauma, of course you're going to struggle to cope.

I completely understand why life feels unbearable and you want to die.

This should never have happened to you. Let's use this time now to talk through what happened. This is a safe space, you can be as open as you need to be, no filters, because this is your truth. I want to hear about Sally, I want to hear about who she is and what happened to her. We can find a way to work through this. It will take time. You are a person, not a set of symptoms or a disorder. How can you possibly move on if you have not had the chance to come to terms and explore what happened? Life is going to be hard and you deserve support. You are not violent, you reacted to someone restraining you, it's understandable and being locked up, and stuffed up in hospital just mirrors being locked in a room you were abused in doesn't it? Your mind and body are reacting to things a mind and body should never have to experience. I see so many positives in you Sally, you've fought to start to build a life, a future. You help others, you are sensitive to other's feelings. There is nothing wrong with you or your personality.

STAGE have used the following principles and methodologies as central trauma informed service delivery:

“Being, Becoming, Belonging” - the theory of change

The Power of Positive Change



Being, Becoming, Belonging, developed by Changing Lives and adopted across the STAGE partnership when working with women supported by the project, is a three-stage model of change which is utilised as a foundation to help women to transform their lives. Changing Lives additionally use this model for every person who accesses their various services.

The theory of change is an underpinning framework used to ensure services are meeting the aspirations and needs of women. It ensures that support is led by the woman accessing it, that women are validated and that she is both in control of the support she receives and also aware of the boundaries in which it's provided – power is shared.

The model recognises that women have been (and can remain) affected by a wide range of interconnected social, psychological, physical and economic factors which have not only caused them to experience extreme difficulty and disadvantage in their lives, but which continue to prevent them from living healthier and more fulfilled lives. This includes trauma but also wider determinants such as:

- **Poverty:** Financial, emotional, mental and spiritual poverty is a significant factor in trapping women and preventing change.
- **Poor Health:** including physical and mental health and addiction, which can sometimes be seen as self-medication to manage untreated mental health issues.

- **Diminished Social Capital:** A lack of social relations that have productive benefits, instead having 'survival groups' where people with a common problem band together to cope.
- **Diminished Hope, Aspiration and Self-Efficacy:** Preventing women from believing things can be different.

It also recognises that change is possible, working with women so that they can recognise their strengths as well as their traps, through the three stages of 'being, becoming and belonging'.

BEING



- Reaching out and engaging with people
- Accepting women where they are at now
- Getting to know women and their aspirations
- Consistent, reliable, honest, empathetic communication and actions
- Creating environments in which women feel safe and comfortable
- Clarity about what the service can and can't do, where, when and how

"You can't go on to love someone else if you don't love yourself first."

You've gotta find what you like to do, what food you like. You have to learn what your choices are. For someone who's in an abusive relationship, if they get forced to eat something or they get forced to wear certain clothes - if that person says "you're wearing this today", that's not their choice then. So if they go out shopping, they can say "ee well I can buy that", no one's telling us you can't or you can. So it's about having your own choice to do stuff.

BECOMING



- Starting the journey of recovery and building emotional resilience
- Acknowledging trauma and helping to understand intense emotions
- Develop the skills to manage distressing emotions and better regulate feelings
- Focus on the internal and external assets required to initiate and sustain long-term recovery
- Strengths-based work to build a sense of self and increase self-efficacy

**Learning if you like swimming,
if you like ice-skating?
But learning what your moods are too,
you have to know about your inner
soul.**

So it could be -

What sets your moods off?

What triggers them?

What makes you happy?

What makes you sad?

What makes you think about all these
daft things, like you're gonna kill
yourself, you're going to harm yourself?

What makes you think about all them
things?

How can you turn it around and make
it better?"

BELONGING

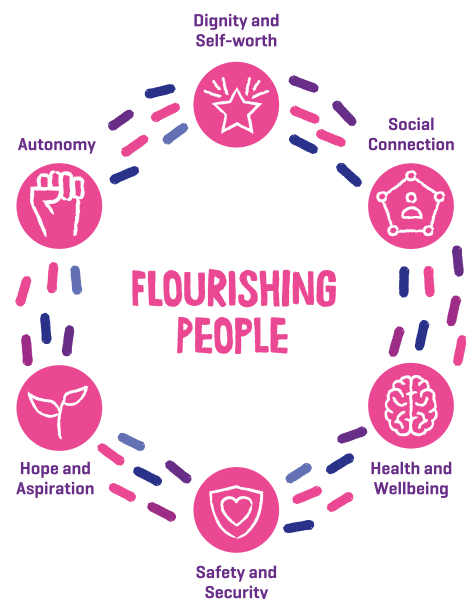
- Supporting women to continue developing internal and external resources in their own lives & communities
- Support and facilitation for each individual to find their own place within a community which supports their recovery journey
- The exit point is when women have developed social networks within their own chosen communities and find purpose and meaning to their lives whatever this may be.



“Then when they go back, it’s going back on themselves again. But it doesn’t mean that they’re any different or they’re weaker. It just means that they need that little bit more support and that little bit more confidence.

They might be thinking it’s something to do with them, that’s why they’re going back because they might not be loved by another, so we have to show them that they are loved by other people. And that they shouldn’t go through what they’re going through, it isn’t right.”

The theory of change is designed and delivered to support people to flourish in long-term supportive relationships. Services who are influenced by this should also be aware, however, that it sits within the wider context of a woman’s life. Support is therefore provided with an understanding and mindfulness of the wider context and end-to-end journey for each individual rather than seen as a process to drive. It should be possible for women to take their support at their own pace, perhaps remaining in ‘being’ for some time or cycling back through phases depending on what’s happening in their lives, with consistent support throughout.



Being, Becoming, Belonging can be used in any way that is useful to services and the women they support. It can be used to reflect on the service offered and how it meets the three stages (either in itself or via working in partnership with additional services) and as a way of simply communicating what is on offer to women through their engagement with support.

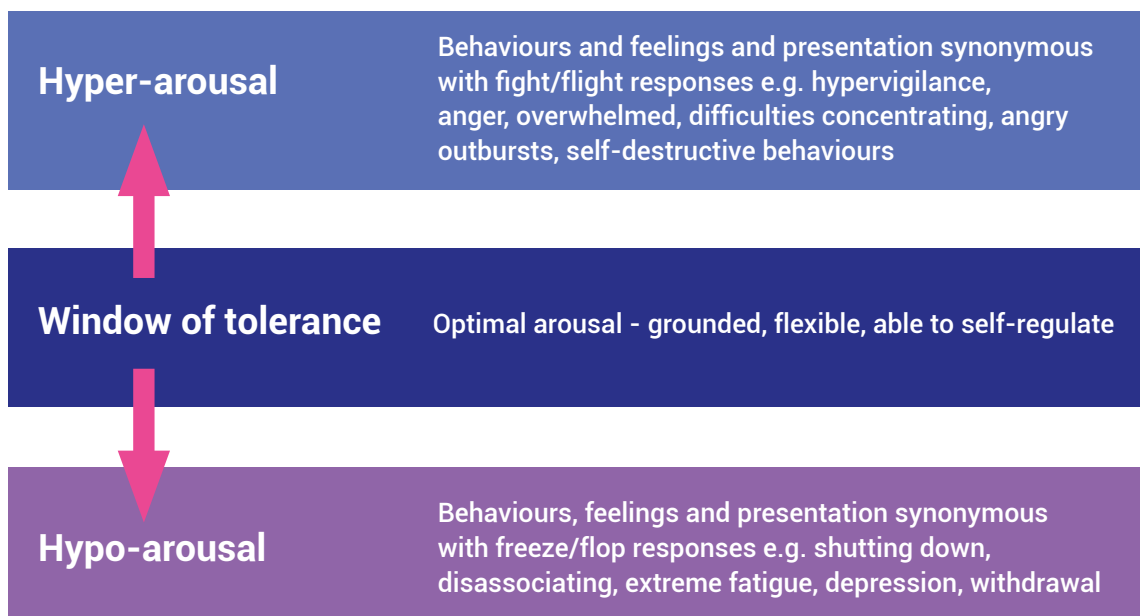
Window of tolerance

The Window of Tolerance framework was developed by Professor Dan Siegel. It offers a way of thinking about how people best function (our window of tolerance) and what happens when we are pushed outside of our personal limits.

Everyone has fluctuating emotions. When a person is operating within their window of tolerance they are grounded, more flexible and able to self-regulate. When pushed outside of this window they may become:

- **'hyper-aroused'** where they present with behaviours and feelings synonymous with fight/flight responses, such as hypervigilance, anger and being overwhelmed. This can present in many ways including difficulties concentrating, angry outbursts and self-destructive behaviours, or
- **'hypo-aroused'** where they present with behaviours synonymous with freeze/flop responses, such as shutting down and disassociating. This can present in varying ways such as extreme fatigue, depression and withdrawal.

Experiencing trauma can affect a person's sense of emotional and physical safety. In turn, this can have an impact on person's window of tolerance, limiting the scope of what's tolerable which results in it being more likely that a person's hyper or hypo arousal will be triggered. The more this is repeated, the more likely false triggers can occur. A person may therefore spend more time outside of their window of tolerance than within it. Due to the presentation that accompanies this, some women have had it reinforced by various professionals that they are "too much" or "too complex".



Professionals supporting women who have experienced significant trauma can, however, work with them to help increase their window of tolerance in the following ways:

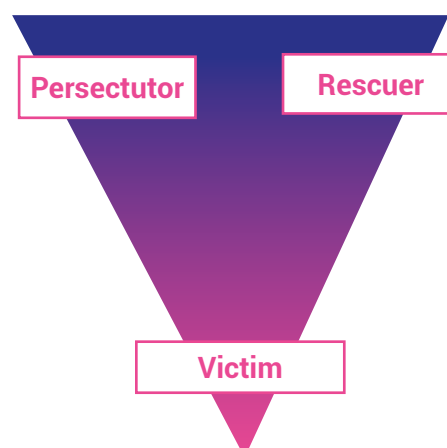
- **Increasing women's sense of holistic safety.** There are many ways to help build a sense of safety, both physically and emotionally. In addition to considering a person's physical safety through providing safe housing, for example, professionals should also consider emotional safety, which can remain at a low ebb long after the physical threat is removed.
- **Psycho-education.** Society often (either directly or indirectly) blames victims of sexual violence, not taking into account perpetrator responsibility or the varied trauma responses that a person can experience. People may question, for example, why someone didn't "fight back" or even state that they "went freely" with the perpetrator into a room/car etc, not taking into account that this may have been the safest option for a woman at the time or that she had been groomed to the extent to which she believed she was in a consensual relationship or friendship with the perpetrator²¹. Helping women to understand why they responded in the way they did in the face of threat to life or the impact of grooming can therefore be extremely validating and freeing.
- **Validation.** Validating a woman's thoughts, feelings, behaviours and reactions to situations within the context of the trauma she had experienced enables women to feel more 'normal' and less "difficult" or "damaged". Validation can also support a woman to understand their responses and reactions, in turn empowering her to catch thoughts and feelings before they manifest in ways she finds unhelpful to her recovery.
- **Realistic goal setting.** Supporting women to set realistic goals gives them an opportunity to build confidence and resilience. It is important to work with a woman to set goals that are achievable to avoid feelings of hopelessness and being overwhelmed.
- **Reflective journals.** Often when in hypo or hyper aroused states it can become difficult to see clearly and women can become overwhelmed. Taking time to focus on what's happened and things to be thankful for - no matter how small or large - in a personal space that women have ownership over, can both ground someone in the present and bring perspective to what can feel like all-consuming problems.

- **Providing space to talk and externalise experiences.** Women should always have choice over whether to disclose their experiences and to what level. Some women do wish to externalise aspects of their experiences by talking about it in a safe and accepting space (this can be done through emotional support, therapy and perhaps using creative expression).
- **Mindfulness and grounding activities.** Grounding tools such as breathing, tapping and even the use of smells and tastes can help bring someone back into the present when they may be re-experiencing trauma or in hyper or hypo arousal. Services may wish to have built 'Soothe Kits' with women including items such as blankets, to hold during sessions to feel secure, candles and fidget toys. These kits can be used during sessions and then put away at the end, to provide a physical representation of putting away the issues they may be discussing in sessions. STAGE have found this particularly helpful for support given online during the pandemic, where use of a safe external space hasn't been available and women have had to access support in their own homes.
- **Compassion and unconditional positive regard.** Sexual exploitation can be extremely dehumanising and can lead to altered perceptions of oneself. Workers who have both compassion for the women they support and who hold them with unconditional positive regard, can have a huge impact on helping to rebuild a healthy sense of self.

"I think the best one for me was actually looking at mindfulness of emotions, because it turned out that I was either disassociating or going to the high end of manic and I wasn't focusing on what my body was telling me and my emotions. I was basically forcing myself not to feel whatever I was feeling, and obviously it didn't work very well. She helped me to take a step back, to take time in the day to recognise my emotions and feelings and see where they were coming from. I think that that's been the biggest thing for me, having that actual understanding. We've gone through a lot of the scientific side of what PTSD is and what all these different things come from, and having that understanding of how it works scientifically has definitely helped me to cut myself some slack and be able to cope a little bit better because I now know that my body's actually doing what it's supposed to and trying to protect me, and I'm not just a nutter."

The Drama Triangle vs the Winners Triangle

The drama triangle was developed by Stephen Karpman²² to describe the dynamics at play in relationships between people, when unhealthy ways of relating are adopted. These ways of relating are named the persecutor, rescuer and victim. Anyone can fall into these roles in their peer relationships, professional relationships and/or supportive relationships daily, even if they're trying to help and be supportive. People who are stuck in the drama triangle can also move between roles, as [this video](#) explains in more detail.



Frontline practitioners should be aware of the dynamics of the drama triangle when engaging with women who have experienced trauma. When it's observed that interactions are not progressive and that they are potentially verging into destructive power dynamics, new strategies should be adopted as priority. Providing space for staff to reflect with their managers and colleagues, for example in case management (as below), is crucial to enable this kind of reflection.

How to spot the language of the drama triangle:

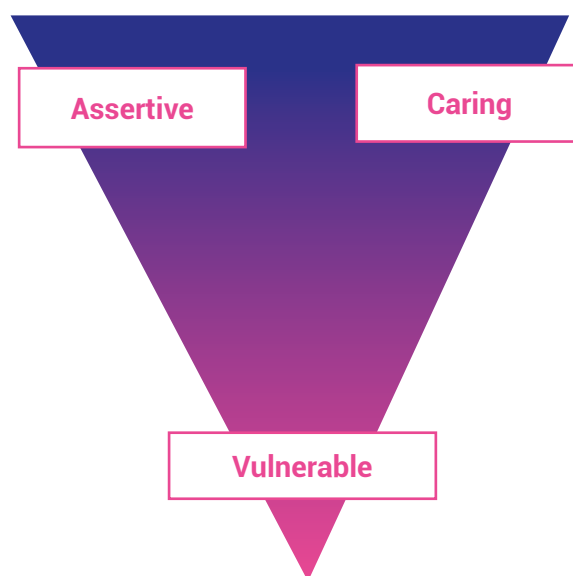
Role	Sort of language used	Inferred power dynamic
Rescuer	Let me do that... I'll fix it... I know how to do it, don't worry... I'll sort it for you...	Power over the victim and persecutor as perceive themselves as the 'good one' in the triangle Can end up as the victim if it doesn't go to plan
Victim	I can't... This always happens to me... They've done this to me... I give up...	Powerless / the child in the situation Power diminishes further as time goes on
Persecutor	I can't believe they've done this again... I knew this was going to happen... You're wrong... This will never change...	Power over the victim and rescuer as believes they know best Can end up the victim if it doesn't go to plan

Example 1:

A caseworker's way of supporting a woman can sometimes verge into trying to rescue her from her situation by intervening in a way that is potentially disempowering. When the plan doesn't go the way the caseworker had envisioned, they may receive an adverse reaction from the woman or another service. This can leave the caseworker feeling like the victim, who is being persecuted by the woman or other professionals. It could also result in the caseworker adopting the language of the persecutor, leaving the woman in the position of being a victim.

While everyone can fall into these traps, it's important to be aware of them, as there is a power dynamic between the three roles that can damage relationships and disempower. While professional relationships can involve developing plans to aid recovery from trauma, and sometimes delivering messages that are hard to hear, the way in which this is carried out can make a big difference to the outcome.

The Winner's Triangle, developed by Acey Choy²³, can be used to avoid these dynamics. The three ways of relating here are Assertive, Caring and Vulnerable. Stepping into this way of thinking requires self-reflection and awareness. While the drama triangle involves power dynamics and patterned behaviour, the winner's triangle involves the development of skills that help to navigate relationships and model healthy relationships.



Role	Sort of language used	Inferred power dynamic
Caring	<p>Would you like to talk about it?</p> <p>What would be helpful for you?</p> <p>I'm listening...</p> <p>I might not be the right person to help you with this but can support you to get the right support in place...</p> <p>Can I check what I think I'm hearing?</p>	<p>Active listening</p> <p>Ability to be transparent about boundaries and limitations</p> <p>Reflecting back</p> <p>Empowering</p> <p>Power sharing – allows space for others to grow and test out ideas</p>
Vulnerable	<p>I know that I'm at least partly responsible for what happened...</p> <p>What can I do to take ownership and help here?</p> <p>I think I might need some help... but I understand if you aren't the person who can do this...</p>	<p>Working towards understanding own strengths and limitations</p> <p>Problem solving / solution orientated</p> <p>Can ask for help</p> <p>Power sharing - takes responsibility and communicates openly</p>
Assertive	<p>This is what I'm hearing and feeling...</p> <p>When (this) happens, (this) is how it makes me feel and I believe (this) is the impact...</p> <p>What do you think about...?</p> <p>Do you need time to think about it?</p> <p>I can be flexible...</p> <p>Yes / no</p>	<p>Can express observations of a situation</p> <p>Can express own feelings</p> <p>Can give examples of the impact of a situation</p> <p>Allows the other person space to consider and respond</p> <p>Power sharing - can compromise to find a solution that works for the majority... but also say either yes or no when necessary</p>

Example 2:

A woman discloses information to a caseworker about a scenario that the caseworker does not have expertise in/or understanding of. Rather than seek to rescue the woman by jumping to action, the caseworker displays vulnerability from the outset, explaining that she may not be the best person to seek support from in this area but can allow the woman the space to talk about the situation. The caseworker asks for clarification when she doesn't understand or wishes to reflect back what she's hearing. The woman she supports is given opportunity to tell the caseworker what she thinks about the suggestions, is given space to make informed choices and respected when she makes them.

This shift and skill development can be difficult as the patterns of the drama triangle can be deeply ingrained for both professionals and the women they support. Taking a step back to self-reflect and / or to work with peers and colleagues can aid skill development and support the development of trauma informed practice. A woman supported by STAGE explained how she experiences this through her support:

"Like if I've been in the wrong she'll tell me... she doesn't judge me or anything, but then it's left... it's not always been roses, but it's not brought up again, that's it, it's forgot about. There's times she's not told me off but doesn't agree with anything I say, well I don't think this is right, I think this might be what they're meaning, she puts it in a different way... they help you understand things more, they put it in a different format, but without being nasty as well."

Another woman gave advice about being caring rather than rescuing, to future caseworkers:

"Always make sure you're not telling someone something that's false hope - like saying that because you're getting help today, you're going to be better tomorrow. You have to tell them it's going to be a long process but I'm going to be with you every step of the way or someone else will be here to help you through this."

3.2 Why gender specific?

STAGE is gender-specific, focused on women who have experienced sexual exploitation, as a specific form of male violence against women. Women are given spaces to recover in which it is guaranteed that their worker will be female (as services employ female caseworkers, as permitted as a genuine occupational requirement under the Equality Act 2010).

Women require approaches that recognise, and are built on, processes that overcome barriers to coping and moving forward in life. Women need to feel safe and welcomed in the services they work with to an extent to which they can be themselves. This can be delivered through services adopting person centred principles and trauma informed practice, being genuine, having empathy and assuring confidentiality, whilst ensuring public protection and safeguarding. Women centred ways of working understand that women need a service that is on their own terms, that gives them a sense of respect and hope and is able to get to the very core of the difficulties they may encounter.

Women only spaces are vital as many women have experienced gender-based violence in their lives. Even more pervasive, though, is the way in which women are made to feel inferior, irrelevant, or invisible within male dominated settings. Many women report they have a genuine fear of men post-abuse. A larger group still have not disclosed this fear but have exposed to the worst kinds of gendered power dynamics and violence that are inherent to their abuse. The women are therefore given space to work through their recovery, free of gendered power dynamics and in which they can recover amongst other women.

Women value the safe haven that women only services provide that enable them to develop a sense of their own personal identity and self-esteem. Women only services understand the lack of confidence and trust as well as high levels of fear and anxiety experienced by many women and have enabling, empowering approaches that recognise women's own strengths, capacities, skills and qualities and aim to believe in women when they have lost their own self-belief²⁵.

“It’s hard enough as it is, being a woman in a man’s world”

Women centred services are characterised as being “characterised by an understanding of the realities of the lives of women and girls, which is enhanced by the lived experience of a predominantly female workforce.”

Clare Jones from WomenCentre Calderdale and Kirklees²⁴

In this space, women are able to work through what it means to be a woman. This might include how womanhood interacts with the services they engage in, how gendered stereotypes about women have interacted with their lives and how they might challenge this in their futures or with their children.

“Growing up for me, girls didn’t have boundaries. If girls were assertive, it meant they were aggressive, and girls can’t be aggressive. ‘Cause the girls should be nice and giving and patient, you know. So no, girls should be assertive in our boundaries too. So yeah, definitely that’s the impression will be passing forward.”

“I didn’t believe I had a voice as a woman... I was there to be seen not heard.”

Some women are able to engage in this work in groups, while others solely access one-to-one support. In either method of delivery, women benefit from knowing they’re in a female-led service, in which other women are overcoming exploitation and/or other forms of abuse. Though there is no desire to see other women experience exploitation, women tell us that:

“I’m not the only one, and that’s really powerful”

“It’s the power of women coming together. Women as a whole, even if they haven’t suffered abuse... It’s always good to have someone there that’s going to take an emotional view of your situation, of what you’re going through in life. It’s nice to have someone there that’s going to give the support.”

“It gives you a sense of confidence when you hear the other women giving their feedback that you’re not alone and that you have similar understanding and that you’ve been through similar positions and that is somehow a comfort and a motivator.”

While a gender specific service is an effective way for women to recover from exploitation, this is not a replacement for the accountability of perpetrators or wider society, in the perpetuation of cycles of abuse. STAGE welcome the roll out of the [‘Relationships and sex education \(RSE\) and health education’](#) curriculum, in which there is a duty to educate children, in an age appropriate manner, about healthy relationships, sex and the law, including sexual exploitation. STAGE also welcome the UK Government’s recent commitment to invest in work with perpetrators of gender based violence.

“We want to empower women to feel they have the knowledge, tools and skills to go out there again and think ‘I’m safe and I can keep myself boundaried, in a world that really shouldn’t be like that’. But then at the same time, how much more work do we keep putting into females and not males or the perpetrators”

3.3 Holistic, long-term support with a one-to-one caseworker

Support services may be involved in a woman's life for years and be the main source of support for a woman during this period, liaising with other services where appropriate. The period of support can include before a woman recognises that what's happening to her is exploitation, during exploitation, after she is able to leave a situation and before/during/after any criminal proceedings, should a woman choose this path (as below).

When women's trust has been abused and broken in exploitation and grooming, it is crucial to take the time to get to know her and develop a supportive relationship at her pace. This can take time and resource but is essential to trauma informed practice when working with women who've experienced exploitation.

A one-to-one relationship with a caseworker is central to building trust. In this arrangement, a woman can set her expectations from support and build a professional relationship. This relationship is crucial for women to feel able to open up and begin a journey to recovery. There may be, however, occasions in which case workers should join up to work with a woman, for the safety and safeguarding of both the woman and staff. In this instance, a woman should still be aware of who her main source of support is from and who her named point of contact is.

It should be clear to women that the caseworker relationship is one which is:

Boundaried. The caseworker relationship is a friendly one that prioritises mutual respect and unconditional positive regard for the woman. It is, however, a professional relationship rather than a friendship. There are boundaries to this type of relationship that should be transparently communicated to the woman. These include:

- *Limitations to confidentiality* (for safeguarding, multi-agency working and clinical or case management purposes, as below),
- *Hours in which the worker can be contacted* (her working hours),

- *Ways in which the woman and caseworker can be contacted* – e.g. work phone number rather than personal number, whether it's safe to text or leave voicemails, no social media contact (unless the service has a professional page and/or if a woman wants a caseworker to help her set privacy settings on social media accounts).
- *The understanding that the caseworker may have to have difficult conversations* with the woman at times and this will be handled professionally.

If boundaries are set out from the beginning of support, the woman is clear what she can and cannot expect from the relationship – a clarity that does not exist in exploitative situations. Boundaries therefore set out the professional relationship but also model healthy relationships to women.

Healthy. Boundaries will be respected, both those set by the caseworker and those set by the woman. There is unconditional positive regard for the woman with empathy for what she has experienced and how trauma interacts with her everyday life (therefore, potentially, how it interacts with the support on offer).

Consistent. Expectations are set from the outset and maintained over the period of support. The woman knows what to expect from her caseworker and from the organisation which employs her, enabling her to build trust.

Women may be hesitant to engage at first, but this should be seen as a product of their abuse, rather than them being deliberately obstructive or 'difficult to engage'. It is advised that, unless consent to engage is withdrawn, services preference flexibility over systems in which there are strict timeframes or deadlines for engagement or the development of a support plan or else a woman is closed to the service.

"You can't trust someone after one or two visits, especially when it's been broken so severely."

Many of the women supported by STAGE said this flexibility was crucial to their engagement, along with the reassurance that their caseworker would keep their case open, even if they weren't in touch for a while or if they returned to an exploitative situation.

“Yeah, and it’s not when they want either, it’s when I want. If they’ve got an appointment slot or they ask if I want to go down for a coffee or whatever and I can’t be bothered, they don’t make me feel bad for not going, they don’t judge me or anything. It’s when I want, they ask me, they don’t say you’ve got an appointment you’ve got to come, it’s about me, when I feel I want to go.”

In this instance, an understanding of the coercive and controlling dynamics of exploitation is crucial so a non-judgemental and empathetic attitude can be adopted, with the woman's safety and wellbeing as the priority concern.

“You don’t know what’s happening in her life when she goes home. That might put her in that position to relapse, but that doesn’t mean she won’t come back, but she needs to know she’s safe to come back and she’s not judged for it.”

It's important to be open with women that project timeframes are likely to be limited due to funding arrangements (in the voluntary sector, in particular), even if future funding arrangements are going to be sourced (as the securing of future funds is, most often, not guaranteed). This setting of expectations must also be balanced with support being delivered at a woman's pace and allowing the content of support sessions to be led by her, rather than having a pre-set agenda of tasks to be completed. This approach gives a realistic set of expectations but also allows a woman to have control over her recovery.

“It is going to come to an end, we can’t all depend on workers forever. It will come to an end, but they don’t remind you of that, which a lot of services do - ‘we’ve got to get this done because this work is going to end soon.’ It’s not like that with STAGE, we know it’s going to end, we’re not daft, we know it’ll end but they don’t push it on you - like you’ve got to do this before we end. It’s not rushed, it doesn’t feel like they’re trying to rush you into getting better”

Contents of support sessions should centre on the needs of individual women but may include work around:

- **The strengths and interests of the woman & fun** enabling a woman to hope, remember her identity outside of exploitation to envisage a life free from abuse and look forward to the future.
- **Practical needs to support women's independence** such as support to access housing, health services, recovery from addiction, applying for benefits and/or grants. Caseworkers should feel confident to seek external advice or support women to access specialist services where appropriate

- The **woman's identity** and [how this differentiates her experiences of sexual exploitation and recovery](#)
- **Psycho-social education** such as understanding trauma, grooming, threat response and how this might have affected the individual, developing self-soothing techniques
- **Safety** including boundaries, understanding [consent](#), safety planning, support to liaise with police where appropriate
- **The woman's relationships with her family and peers** which, where possible, may involve onward referrals to enable systemic work to take place with a woman's family.

"I have always felt worthless, you know, like I didn't matter, like what was the point of being here type thing. But because of this support, I know my worth"

"Yes, so it's like no pressure to do anything you don't want to. And I guess that's the important thing, that they've been there the whole time, as a presence in your life."

Sessions can be designed around specific elements of the above or conversations may come up naturally. Some women may prefer to speak about issues informally, others may prefer the use of more formal sessions that use elements of work that would have otherwise been delivered in groups (as below) and/or visual prompts or crafts. Understanding the woman's needs, wants and how she prefers to engage is crucial, so the support offered is one that suits her needs and aids her recovery.

"I would have almost fallen into the same behaviours and into the same places if it wasn't for that because she was able to help me... recognise what things were dangerous and what to look out for... when you've been through [sexual exploitation] it's easy to get re-victimised especially"

Assertive outreach – an approach designed for flexibility

A key strategy is a persistent and patient approach towards a victim through a trusted professional, identified by all agencies within the victim team and other safeguarding agencies. This requires working with the victim at their own pace... rather than applying standard responses." (Spicer Review ²⁶, p37)

Assertive outreach is designed to meet and accept a woman at the life stage she is at, taking time to understand women's needs and build a flexible and consistent relationship, while understanding the impact of trauma.

Women should be given time and space to decide when and how they are able to engage. Offers of support should adapt and change to enable a woman to have control over the process. This means workers being flexible and solutions focused. STAGE partners shared their insights on what assertive outreach methodology means to them:

- ***"Go to the woman rather than wait for her to come to you"*** - resulting in caseworkers dedicating time to finding women on their caseload who haven't been in touch for some time, persisting rather than closing cases. Additionally, spending time with a woman in a space she is comfortable, at least until she gets to know the service more (always based on ongoing risk assessments and dependant on organisational policy).
- ***"Reach the women who wouldn't otherwise access services"*** - by being present in communities where exploitation is known to take place in project vans and detached outreach, perhaps also with third party services such as sexual health who can take the opportunity to break down barriers to access.
- ***"Should be flexible and responsive"*** - responding to women when they reach out, rather than always relying on set appointment times.
- ***"Are able to overcome digital exclusion"*** - by reaching out to women who may not have regular or safe access to a phone, steady access to phone credit and/or the internet.

One woman gave advice to services who want to reach women who've experienced sexual exploitation, using an assertive outreach approach:

"I'd never give up on them. Some of them don't know anything else so I couldn't give up on them. Let the women know that you are there even if they run away a 100 times. One phone call and we'll come in and get you again."

Other women told us how an assertive outreach model supported their engagement:

"A lot of the time, when you're a victim, you get that used to closing yourself off and people don't necessarily care. I've had cases where I've closed myself off from the world because I've had a bad patch, and then bad patches used to last for a week or two, and I've had services close down my case because I've not engaged with them. Whereas it's not like that with STAGE, they don't close it down just because you've not engaged, they'll come out. They don't make you feel out of place or anything, they'll just say - 'are you ok? We've haven't heard anything from you, so we just wanted to make sure you were actually ok.' That is a big thing for a transition from a victim to a survivor."

"If I haven't replied to that text message or phone call, she's had time to come out and check if I'm alright because she knows that sometimes I go in on myself. So she'll come and check on me, or she'll get (the other service I work with) to come and check on me."

"I found them online and two girls come and got me from the hostel I was staying in. They took me into their unit, made me feel safe, made me feel I could trust them instantly, which was a massive thing cos I didn't trust no-one, I couldn't trust the police, I was so low, so scared. These two women come over and they come and got me, they took me over, they phoned the police, the police took me to SARC and they done me interview and everything what had happened to me, yeah, that was the day they helped me save my own life."

Group work

Group work can be an effective tool for recovery, when the time is right for a woman, should the content be focused on recovery rather than the recounting of incidents or experiences of sexual exploitation. Women should be reassured that they will not have to share anything about themselves or their lives, they do not want to. Groups should be confidential (bearing in mind exceptions for safeguarding), apart from the learning from the content, which can be taken out of the room.

Groups should not be forced on a woman, but be offered as an option, should the woman be at a stage in her recovery where she feels able to engage in group reflections and activities and to meet new professionals (as her caseworker might not be the facilitator or may be working with another worker, if she is facilitating). One woman supported by the STAGE project advised that professionals should use language like ***“if you feel comfortable, would you like to move on to do this?”*** or ***“Would you like to try doing this?”*** rather than ***“you need to do it or you’re not going to get better.”***

All group work should be risked-assessed, to ensure the space is safe and supportive for all women. Individual risk assessments for group activity should be based on where a woman is in her recovery but also the external risks that may present, should she join a group – for example if she is involved in criminal justice proceedings. Most organisations have a policy in place that does not allow any woman who is involved in a criminal justice case related to sexual exploitation to access group work. This policy seeks to mitigate the risk of women having conversations about the incident related to the criminal case in the group and receiving advice from others, as this could later be seen by the defence as having received ‘coaching’ on how to tell her story in court. Should her case reach court, this could restrict her access to justice (see section 5). In this instance, caseworkers can use materials intended for group work with the woman they support, in a one-to-one setting, so she does not miss out on the content.

In very specific cases, such as groups ran by organisations and individuals accredited to Rotherham’s Trauma and Resilience Service group programme, some women with active criminal justice cases might be able to access group work – but with safeguards in place. In Rotherham, this included working closely with the Crown Prosecution Service (CPS) and National Crime Agency (NCA) to have session content and delivery methodology approved, balancing the benefit to the woman vis a vis court proceedings.

Group work can be based on evidence-based practices, should services invest in the training and development of their staff. These practices include:

- [Trauma stabilisation](#)
- [Dialectical Behavioural Therapy Skills](#)
- [Stephanie Covington: Beyond Trauma](#)
- [Mindfulness practices](#)

It can also be based on content that is developed and adapted specifically to help women process their exploitation and begin their recovery, such as:

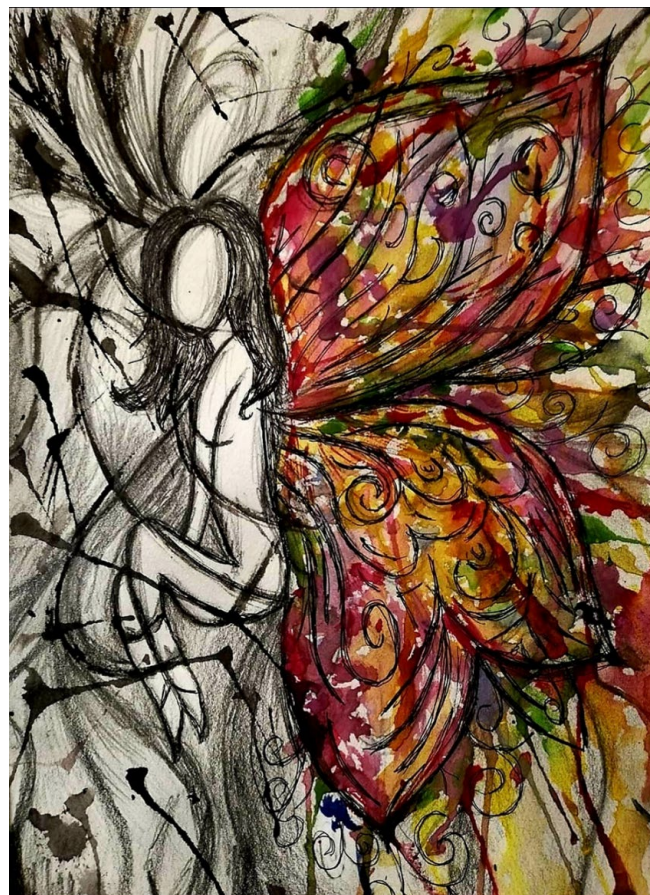
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| - Trauma responses | - Identifying and managing emotions |
| - Victim blaming | - Well-being |
| - Shame | - Self-care |
| - Grooming | - Self-soothing |
| - Recognising abuse in relationships | - Personal development |
| - Boundaries | - Sexual recovery |

Services might wish to dedicate a group worker to developing sessions around these topics, investing in resources and/or using publicly available resources. The groupwork designer should build in opportunities for different learning styles and for women to explore creative expressions such as writing (e.g. journals, creative writing), visual art and crafts.

"I used to walk around and I was always anxious, like always feeling sick. But the last few months I've lost that feeling, I've been feeling a lot more calm in myself and I think a lot of it's from the work we've done. Like I said with the trauma, I think I've got over that which is huge, that was really holding me back. So a lot's changed. I'm a lot more of a calmer person and when I do get those down days I know more what I can do now. I can do a bit of writing, do some breathing exercises, put some calm music on. Whereas before my behaviours were quite self-destructive like with the drinking. You know, instead of thinking oh I'll go and get a bottle of wine, I'll think - oh I could do some journalling. So it's been a big change."

While group work of this nature is not a replacement for therapy, it can play an important role in stabilising a woman's recovery to the point at which she is able to engage in therapeutic treatment. Additionally, not all women want to engage in therapy but should still be given options to engage in work to help them overcome abuse and exploitation (either on a group or individual basis).

Gatherings of women can also centre around specific life experiences such as [women living without their children or those at risk of separation](#)²⁷ or to address specific issues such as recovery from addiction or addressing health inequalities, all that may be linked to their exploitation. Groups should seek to validate, safeguard and support women through additional traumas in their lives, drawing in external expertise when appropriate.



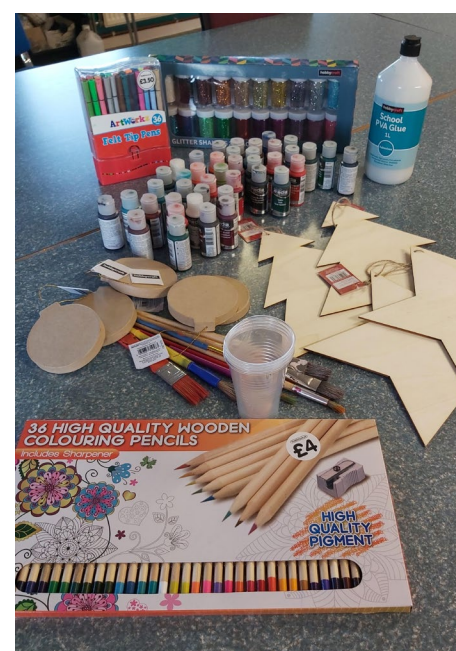
“Stabilisation, that’s what it’s all about, learning mindfulness, understanding your compassionate self, understanding your drive systems... to understand all that gives you the knowledge that you need to be able to comfort yourself if you are in a bad patch.

So I’d say a lot of the process to get to where I am now has come from the stabilisation work. But I’m currently looking at Eye Movement Desensitization and Reprocessing (EMDR) therapy, that’s why we’re doing the stabilisation work because you need to be able to have that compassion for yourself to do EMDR because it’s a really invasive treatment where they go in to recall all of your bad memories. So you do need to have that element of mindfulness with it.

So I would say, it’s probably the best thing I’ve done yet - the stabilisation group”

Drop-in provision can play an additional important function for women to engage with their workers and other survivors in an informal setting without an agenda. Drop-ins should be risk managed in the same way as more formal groups. They provide women with safe opportunities to model healthy social relationships and engage in activities that can be either fun, nurturing, safeguarding or, at times, specifically related to the provision of external agencies e.g. health services, housing, accessing benefits, employment, education or training. These sessions are a key component to a women's journey from Being, Becoming, Belonging, as they are given a chance to explore who they are and re-focus on life outside of recovery.

There are key moments of socio-cultural value that can be linked to individual support work, drop-ins or group activity, to provide moments of reflection and solidarity. Services might wish to put on Christmas, Eid or other major religious festival activities or dinners, Valentine's Day activities themed around loving yourself, Mother's Day pamper sessions for women (who may or may not have children in their care) or summer festival days.



Keeping effective records

Keeping records of contact with women is essential to maintaining effective support and risk management. At a service level, it stops women having to repeat themselves and enables continuity for women, should a worker be off work or leave their position. Beyond this, notes may also be required for proceedings such as the criminal justice system, safeguarding reviews, coroner's inquiries and domestic homicide reviews. Notes should be taken, stored and shared (for the above purposes, for example) within the remit of General Data Protection Regulation (GDPR) legislation.

Services should expect to keep the following records:

- Referral information
- Consent forms - that explain the limits to confidentiality
- Demographic info – reviewed on occasion
- Risk assessment (and corresponding risk management plans) – reviewed in time bound processes
- Support plan - reviewed in time bound processes
- Case notes - detailing contact with women, describing what support was given and any decisions made
- Attendance at group work or activity
- Onward referrals
- Correspondence from external agencies

Records should be:

- Factual
- Accurate
- Consistent
- Easy to understand

Whilst records may contain opinions and/or quotes these should be clearly distinguished. Staff may wish to read sections of draft notes to colleagues to sense check, should they be uncertain of tone and language. Managers should undertake regular reviews of records completed by staff to ensure that records and case notes are complete, up to date and meet the required standards. Good practice might be anonymised and shared with teams for training purposes.

Example 1:

“Met up with Ashlea today - she’d clearly had no sleep and was acting like she’d taken something. She’s still putting herself at risk, hanging round with a bad crowd. She keeps going back to that house and seeing those men. It seems like she’s still prostituting herself and engaging in risky sex. We spoke about the choices she’s making but she said she’s fine then became really difficult to work with. We arranged to meet next week”

Example 2:

Attended appointment with Ashlea today, explored her relationship with her associates and risk of sexual exploitation. Created safety plan and a further appointment is arranged for next week. See updated risk assessment.

Taking disclosures:

There may be occasions where a woman wants to disclose details of her exploitation or instances of sexual violence to a caseworker. This conversation should be handled very sensitively, bearing in mind the woman's wellbeing and how the record of the conversation may be later used in court (should she wish to report to the police).

The caseworker should listen and allow the woman to be in control of the conversation. If a woman needs help to tell her story or explain elements of the story, she should be asked open, non-leading questions. This is to enable the gathering of details can be gathered - not to probe or pry.

Closed or leading question	Open or non-leading questions
Did Dean do this?	Who did this?
Had you all been drunk beforehand?	What were you doing before this happened?
You must have been aware there were other men there when you arrived?	Were there others in the flat? Who were they?
You must have just wanted to get out of there – what did you do?	What happened after that?

The worker should not offer their opinion or give any value judgements. Though details might be shocking to the worker, they should seek to maintain a professional conduct at all times, remembering that this is the woman's story and the woman's pain, not their own – therefore they must prioritise the women's emotions and experiences. If the worker is struggling to process the disclosure after the conversation, she should seek support from her manager in the first instance, with the option of speaking to a clinical supervisor after this.

The disclosure should be recorded in the following way:

- Date of disclosure
- Time of disclosure (start and finish time)
- The people present during a disclosure
- A verbatim account of the disclosure
- A verbatim account of the questions asked, who they were asked by and how they were answered
- The woman's demeanour

In all circumstances, the woman's welfare is priority. The caseworker should ensure she is safe and well before leaving her, putting appropriate safeguards in place if needed (e.g. assessing whether medical attention is needed, whether mental health support needed? Assessing whether the woman has a safe place to go after the disclosure or person of safety to stay with her after the disclosure? Deciding on next steps including the consideration of safeguarding procedures).

Adult women should be in control of what happens next. She should be made aware of her options, enabling an informed choice about what happens next for her and supported whatever her choice is.

To note: some law firms offer advice to organisations who support survivors of sexual violence. This has been particularly effective in Rotherham when organisations have supported survivors identified through Operation Stovewood. If unsure about note taking, first disclosures and risk management within the criminal justice system, please seek similar legal advice.

3.4 Support for frontline staff

Caseworkers navigate complex caseloads and often support women when they're most at risk. The job can be challenging and they're often working alone, potentially both hearing about traumatic incidents and working closely with people who are experiencing trauma. Adopting a trauma informed approach to casework therefore also includes adopting a trauma informed approach to staff care.

Staff are at risk of both burnout and vicarious trauma.

"Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors.

Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including doctors and other health professionals."

[British Medical Association, 2020.](#)

Vicarious trauma can be acquired when workers have continuous emotional engagement with women's traumatic material. Over time, this can create cognitive distortions and changes in core belief systems. This might, for example, result in a workers' worldview changing, after she has spent time working with the impact of male violence against women, so that she comes to believe that all men are dangerous. A worker's belief system, when starting work may be that, while there is risk in the world, it's generally a safe place, yet after being affected by vicarious trauma, she now believes the world to be an inherently cruel place.

Vicarious trauma is a cumulative response yet can often be conflated with secondary trauma, which can occur suddenly e.g. after hearing only one isolated account of a trauma experience that was experienced by someone else. The negative effects of secondary trauma are similar to that of PTSD, such as intrusive thoughts/memories, avoidance of memories, hyper/hypoarousal, distressing emotions and/or functional impairment.

"Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.

It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

[11th Revision of the International Classification of Diseases \(ICD-11\)](#)

Burnout is a specific workplace issue that should be mitigated, alongside institutional recognition of the risk of vicarious trauma to caseworkers, whose day job it is to empathetically engage with survivors of trauma. As with the medical definition of trauma, caution should be exercised before pathologising vicarious trauma or burnout.

Services should look out for clues that staff are:



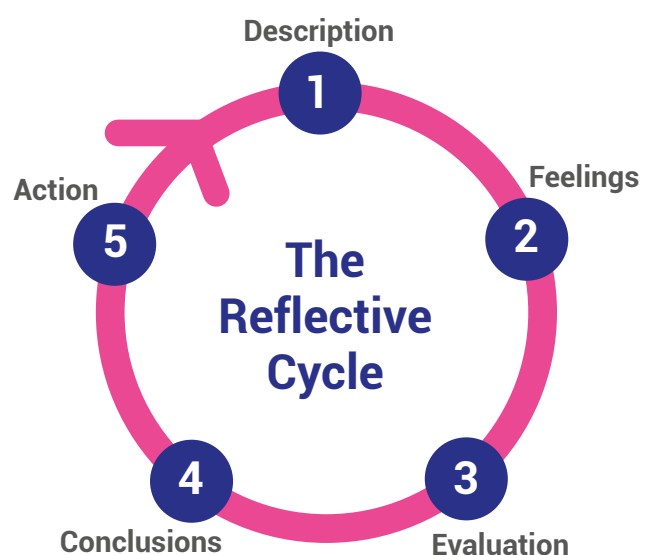
Staff can be supported with:

- **Regular supervision from their manager.** This is not only about day-to-day management but an opportunity to check in about themselves, their self-care and what they need from the organisation. Effective management of this nature relies upon the same trauma informed principles that work with women supported by projects.

Exploratory questions, without blame or judgement, can be utilised to explore staff wellbeing e.g. 'I've noticed that....' 'Tell me what's going on with you...'

- **Case management.** That is held regularly and is distinct from supervision that is orientated towards the worker. Case management allows workers to reflect on their caseloads, discussing positives and concerns with a designated case management lead on a one-to-one basis or in a team setting. This offers guidance and another perspective on case work and is crucial to ensuring women get the most out of support. It is crucial caseworkers are supported well in their roles, in which they are often managing high levels of risk. It's also an opportunity for managers to assess caseworker wellbeing and how the relationship is developing between the woman and her caseworker.

- **Reflective Practice.** An opportunity to work with peers to analyse and reflect on day-to-day practice and on the support they offer people. It offers a safe space to talk about work that can be challenging and sometimes very overwhelming. This involves regular sessions that create a continuous learning cycle so workers become reflexive instead of reactive. This is less about the individual and more about professional development in practice. Although reflective practice is important for the critical understanding of how caseworkers interpret theory and apply this to practice, it is not a replacement for clinical supervision.



There are many models of reflective practice but the most widely used version is the Gibbs Reflective Cycle developed by Graham Gibbs in 1988. The model consists of the following elements:

- Description of the specific experience
 - Feelings and thoughts about the specific experience
 - Evaluation of the experience, both positive and negative
 - Analysis to understand the experience
 - Conclusion what was learned: what could have been done differently, what went well
 - Action plan: how would one deal with similar situations in the future
- **Clinical supervision.** Clinical supervision, when done well, is a professional relationship that applies a holistic approach that supports both the professional development and wellbeing of caseworkers. It is essential for reflexive and reflective practice and gives the caseworker the opportunity to reflect on the content and process of their work, discuss concerns around casework, share difficult experiences, discuss self-care, identify training needs, discuss organisational concerns, and gain knowledge and experience from a skilled and experienced clinical supervisor. Supervision offers information and a different perspective on casework and creates an environment where the caseworker can feel supported and validated in their work. It ensures that the caseworker is not left to carry struggles and problems alone. It gives the caseworker a confidential space to explore and express personal distress brought on by the work and assists in planning and utilising personal and professional resources. Supervision supports work to be proactive and not reactive and ensures the quality of that work. It differs considerably from management supervision in that the caseworker can discuss all elements of their work within a confidential space without management oversight that may hinder congruence. The supervision relationship is confidential within certain limits and should be external to the organisation.

Clinical supervision can be delivered in groups or on an individual basis. Group supervision can be useful when facilitated by a skilled and experienced clinical supervisor. It gives caseworkers the opportunity to share experience and gain peer support. However, group supervision should not replace individual supervision as it cannot provide the same level of confidentiality and holistic support required by caseworkers in order to explore the complexities of their experience.

While there can be similarities between these different methods of supervision and reflection each offers a distinct purpose in supporting staff:

	Educational/ Formative	Supportive/ Restorative	Organisational/ Normative	Line Management	Administrative	Relational	External/ Internal (E/I)
Clinical Supervision	×	×	×		×	×	£
Managerial Supervision		×	×	×	×		I
Group Supervision	×	×					E/I
Reflective Practice	×	×				×	I

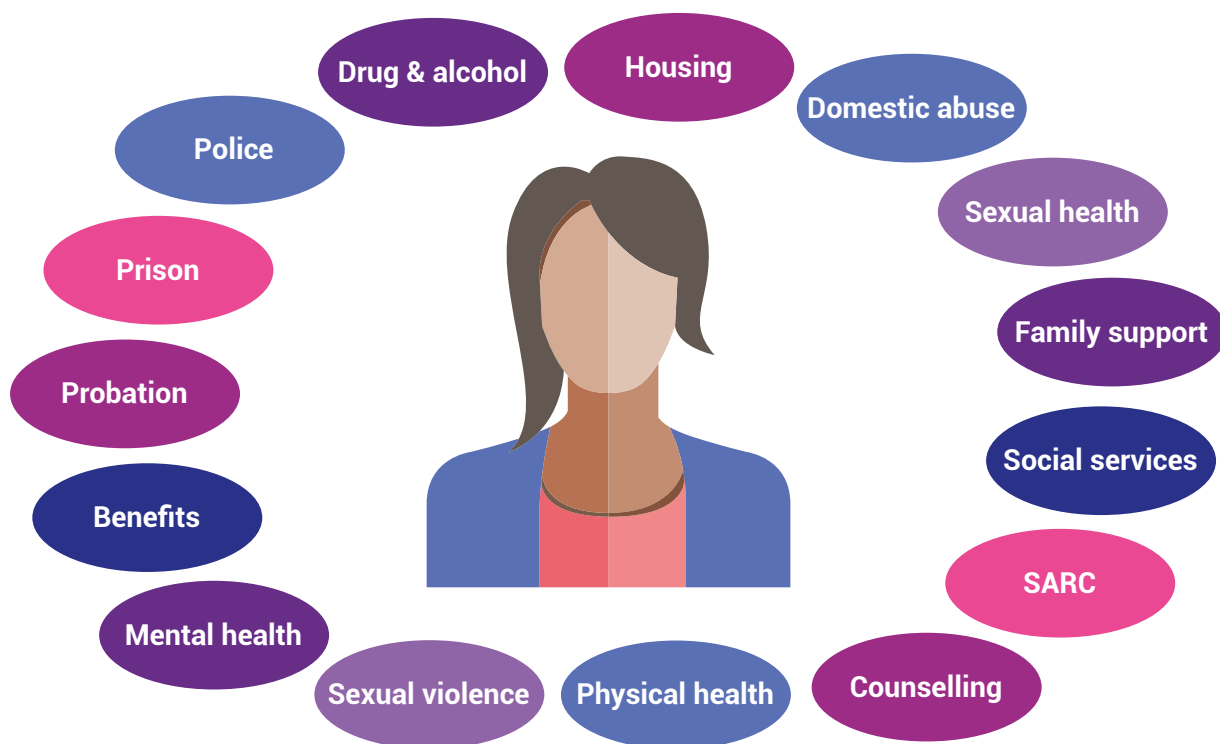
In addition to having these formal structures in place, staff are also likely to benefit from:

- **Peer networks.** Staff are often working alone or with one other colleague for safety purposes. They might attend team meetings but not have many other opportunities to interact either formally or informally. Technology (e.g. Whatsapp, Microsoft Teams, Zoom) can be used to provide spaces for caseworkers to be together more often, either in formal partnerships like STAGE or by being supported by their management structures to set up networks in which they can share learning and (anonymised) experiences.
- **Reviewing caseloads** so that the number of women a caseworker supports is based on intensity of need, risk assessment and roles that a caseworker may have in addition to their case work (e.g. running groups) in preference of a set number of women to support per worker.
- **Away days** that are focused on staff recovery and well-being to replenish energies, give workers the opportunities to step away from their day-to-day work and connect with their own self and their colleagues.

Section 4

Multi-agency working

A woman's recovery will be multi-faceted due to the impact of the trauma she is carrying. A multi-agency approach, with timely information sharing and mutual respect between services can therefore be an effective means to support a woman to live her life free of exploitation and to recover from its impact. This includes working in partnership with safeguarding bodies, voluntary and public sector agencies. It also includes advocating for women so that the services around her become more familiar with the dynamics of sexual exploitation and how this interacts with a woman's life, so bridges can be built and a woman feels more able to access services that can aid her recovery and well-being. The woman's dignity and wishes should be the central focus of multi-agency work, so she is in control of her recovery.



Due to the common misconceptions that sexual exploitation does not happen to adults and that the presentation of a person living with trauma means that they are difficult to work with, many women have negative experiences of services, so do not access help and support when it might otherwise benefit them.

“I’d never seen a doctor from being a teenager till 2015. I was so scared of going to the doctors to admit what was wrong with me about the anxiety, that’s a big issue for me, and my caseworker came with me and actually spoke to the doctor to say how I was feeling and when I came out I felt like a weight had been lifted off my shoulders . From that day onwards I’m quite comfortable now talking to that one specific doctor”

Frontline staff and managers therefore often need to develop relationships with external service providers to:

- Raise awareness of their service
- Raise awareness about the sexual exploitation of adults
- Break down barriers for women to access additional services, when needed, including accompanying women to appointments and liaising with services when needed
- Work in partnership to safeguard women

4.1 Safeguarding

Safeguarding adults is about protecting people who are at risk of abuse, neglect and/or exploitation and preventing harm. It helps to keep people safe and to put plans in place to help protect those who cannot protect themselves. Services refer into local authorities when they have a concern that an individual is at risk of, or is experiencing, abuse or neglect. Authorities then assess whether ‘adult at risk’ criteria (as below) have been met to trigger safeguarding procedures.

When referring women into safeguarding due to concerns over sexual exploitation, however, services can be told that women are not suitable for safeguarding procedures or social care support as they ‘have capacity’ - which implies that they are consenting to their victimisation. As established in Section 2, however, control, coercion and grooming have severely mitigating impacts on capacity and a victim cannot consent to their abuse. This misrecognition can result in opportunities being missed to safeguard women and support their recovery. It can also leave them at further risk of exploitation and abuse and limit their recourse to both social and criminal justice.

Tips for workers referring into and working with adult social care

On many occasions, multi-agency safeguarding processes run effectively and all professionals are respected for their roles in the process. On occasion, however, misconceptions around sexual exploitation and the role of the voluntary sector can cause problems that, ultimately, can result in barriers to a woman's safety and recovery. If a service is having difficulty having their concerns addressed by adult social care, there are means to professionally challenge decisions or presumptions, to aid communication and advocate for the woman. Such challenges should be focussed on the specific decision(s) or action(s) taken, rather than the individual. Some common barriers and suggested professional challenge to mitigate these are:

Barrier: At referral stage - "The risk is being managed by the referring agency"

Barrier mitigation: Pre-empt this response by being explicit in the referral if you do not believe this to be the case e.g. "the risk cannot be managed by a single agency (explanation), not all relevant services are involved (explain context) and this requires a coordinated, multi-agency response (explain why)"

If there is a disagreement, establish what the specifics are by asking.

Barrier: At referral or meeting stage - "The likely harm is not clear"

Barrier mitigation: Be clear about the key points, including the eligibility criteria above and the likely harm (including being explicit about the possibility of death, if appropriate). Do not leave it to the presumption of others as their understanding of the situation is not guaranteed. Begin the referral or contribution with the main concern and end the referral or contribution on the main concern.

Barrier: At referral or meeting stage - "she has capacity to consent, isn't this a choice?"

Barrier mitigation: Question the notion of the ability to have 'capacity to consent' to sexual violence and abuse or the notion of 'choice' when a woman is subject to control, coercion and grooming. Be explicit e.g. "what exactly does she have capacity to do?"

Ask whether a capacity assessment has been carried out and by whom. If a capacity assessment has been done, what was it about, specifically? Would the woman have capacity to consent to a safeguarding plan? Has she been offered

an advocate to aid understanding? If this is unknown, a plan should be created then a capacity assessment carried out. The assessment should factor in an understanding of the dynamics of grooming, that may inhibit a woman's capacity to make free and informed choices about their safeguarding needs, as was a key finding of the Doncaster Safeguarding Adult Board's Safeguarding Adults Review of the case of 'adult K'²⁸.

Training on capacity assessment is often available locally, through Safeguarding Adults Boards. Any professional can undertake this training.

Barrier. (Usually) at meeting stage - "Statutory services will be the lead and make all final decisions"

Barrier mitigation: The Care Act has an overriding principle of 'partnership'. It further specifies that "co-operation between partners should be a general principle for all those concerned, and all should understand the reasons why co-operation is important for those people involved" (section 15 of Care and Support Statutory Guidance²⁹). These matters should be taken seriously within multi-agency settings in which all professionals are respected for their relevant role in a woman's life. Voluntary sector staff should feel confident in their role in safeguarding procedures.

If there is a persistent problem with power imbalance, professionals are encouraged to:

- come to meetings with pre-prepared points (e.g. the above), perhaps rehearsed with colleagues or a manager;
- be confident to repeat key points where necessary;
- take a colleague or manager to meetings;
- work with their organisation's Designated Safeguarding Lead who can support staff to work through complex safeguarding situations and advice/guidance on legal responsibilities and legislation, and how staff can articulate concerns to get the best response;
- escalate the issue to be handled at an organisational level, if all else fails.

Despite the challenges, there are pockets of existing and developing good practice that could serve as models for development across the UK and better serve the needs of victim/survivors. These include:

Creative use of the Care Act 2014

The Care Act can be used as a flexible tool to improve outcomes for victim/survivors of sexual exploitation. Should the Care Act be used restrictively, however, these victim/survivors are not always seen as meeting the criteria or thresholds for support.

Within the Care Act, the definition of an 'adult at risk' is an individual aged 18 or over who:

- **Has needs for care and support (whether or not those needs are being met); and**
- **Is experiencing, or is at risk of, abuse or neglect; and**
- **As a result of those needs is unable to protect him or herself against the abuse or neglect or the risk of it.**

Should a person meet these criteria, the local authority has a duty to act under safeguarding procedures.

Services who often make multiple referrals into safeguarding in close succession are frequently told that women are not eligible for safeguarding. They are told that, either a woman has 'capacity' so does not hit the 'at risk' criteria or that she does not have care and support needs. This results in women being left without statutory involvement in their safeguarding and recovery. This can often stem from an institutional misunderstanding of the issue of sexual exploitation how it impacts a woman's life (as established in section 1), or the misunderstanding of the person assessing the referral. It might also be a result of the conflation of 'at risk' criteria and 'care and support eligibility criteria'³⁰. In all instances, it should be borne in mind that a woman cannot consent to sexual exploitation and abuse and that the impact of grooming and trauma have mitigating impacts on 'capacity'.

Care and Support Eligibility Criteria:

1. The individual's care and support needs are linked to physical or mental health problems including physical, mental, sensory, learning or cognitive disabilities or illnesses, brain injury or substance dependence, none of which require a diagnosis.

2. As a result of these needs, the individual is unable to do two or more of the following:

- Maintain nutrition
- Maintain personal hygiene
- Manage toilet needs
- Be appropriately clothed
- Be safe, clean and hygienic at home
- Maintain a habitable home (including paying the bills)
- Develop and maintain (healthy) personal or familial relationships
- Access and engage in work, training, education or volunteering
- Use necessary facilities or services in the local community, including public transport, and recreational facilities or services
- Carry out any caring responsibilities the individual has for a child

To note: to be 'unable' to do something, in the context of the Act means that the individual is:

- unable to do something without assistance, when assistance is provided or when the adult needs prompting to do something.
- able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- able to achieve the outcome without assistance, but doing so endangers, or is likely to endanger, the health or safety of the individual or others.
- able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

The assessing local authority, must consider each of the criteria, which should be treated with equal due importance.

3. There is, or there is likely to be, a significant impact on the adult's wellbeing caused by the inability to achieve the above criteria.

To note: 'significant impact' should be assessed on a case-by-case basis, as different things affect different people in different ways, depending on context and circumstance.

To better meet women's needs, there is a distinction to be made between safeguarding assessments and assessments for care and support. The former helps to define whether there is a safeguarding issue to be addressed. The latter defines whether or not someone will get a package of care (e.g. measures put in place to support with daily living, potentially including a social worker).

Deciding whether there is need for care and support is therefore different from deciding whether there is a safeguarding issue to be addressed. To be eligible for safeguarding, for example, a person must be at risk – but their needs for care and support do not need to be met by the local authority (i.e. someone can be at risk but not need a social worker, as their needs are being met by another service or are not being met at all). Conversely, if a woman's case does get taken into safeguarding, this does not mean she would automatically be eligible for a support package from social care, as she may not meet the eligibility criteria. A specific care and support assessment would need to take place to determine whether this is needed. A person might, for example, be open to safeguarding but not have an allocated social worker. The conflation of these criteria, combined with misunderstandings about sexual exploitation, can result with women not being open to safeguarding or receiving care and support from the local authority.

If a [contextual approach](#) was taken to safeguarding assessment, that factors in the holistic impact of grooming and sexual exploitation, it becomes apparent that some victim/survivors will meet the criteria for safeguarding processes to be triggered – they are at risk. Though care and support assessments are distinct, a similar level of flexibility might also be applied here, to better meet the needs of women who are being sexually exploited.

These approaches would factor in a thorough understanding of sexual exploitation and grooming, including how this might present. Assessments should be undertaken in collaboration with the referring agency, who may hold crucial understanding of the individual being referred. Although the latter principle is included in [guidance given to local authorities on making eligibility determinations](#)³¹, it is an element that is frequently being missed.

Case study:

Toni, a 24-year-old woman, was receiving support from STAGE due to both historical and current sexual exploitation. Toni was financially dependent on her exploiters as she was not in employment or in receipt of any benefits. Toni was substance-dependent but not currently receiving treatment. Her GP suspected that she had complex post-traumatic stress disorder, but this was undiagnosed. She was referred into Adult Social Care for support, so that a formal multi-agency plan could be formulated and adopted, with her consent.

On assessment, it was determined that she was not eligible for safeguarding from the local authority. Her STAGE worker enquired about the reasons for this decision and was told that Toni had capacity and did not have care and support needs, so was not in need of local authority involvement.

The assessor had not taken into consideration a previous capacity assessment that had determined that, when Toni was under the influence of substances, she did not have capacity to consent to sexual relationships. This assessment was not repeated nor was there an exploration of whether grooming, coercion and control had a negative impact on her ability to consent *per se* or how this interacted with her potential care and support needs. The assessor did not speak to Toni's STAGE caseworker to further understand Toni's situation.

Toni was left with no care or support from the local authority. The STAGE worker maintained support.

What was missed:

Overall – She was an adult at risk. She did not have capacity to consent.

Additionally, if a thorough care and support assessment had taken place, it could have been noticed that Toni met:

Criteria 1. As she had care and support needs linked to mental health and substance dependence.

Criteria 2. Because, as a result of these needs, she was unable to develop and maintain healthy relationships. She was also unable to maintain a habitable home.

Criteria 3. As there was a significant impact on her wellbeing, caused by the above factors, due to her being subject to systemic sexual violence on almost a daily basis, further compounding her mental ill health and substance misuse, for which she was not in treatment.

In this case, Toni would have met the criteria for support if there had been better institutional recognition of adult sexual exploitation and its impact. Many, many other people who are subject to sexual exploitation do not meet all care and support criteria but do meet adult at risk criteria. If the two areas are conflated, and without flexible application of the Care Act, many people are being missed and remain at great risk. Toni, and many other victim/survivors like her, would benefit from a contextual application of the notions of 'care and support needs', 'capacity' and 'at risk', that is based upon an understanding of the insidious and violent nature of sexual exploitation.

There is precedent for this approach, after it was adopted in Newcastle, in the case of Operation Sanctuary. Newcastle City Council and their partners recognised that the rigid application of Care Act criteria was leaving women unprotected by statutory safeguarding. They therefore changed their strategic approach to assessment, adopting flexibility in the interpretation of vulnerability, seeing it as linked to context rather than solely to criteria³².

With this approach, they recognised that people who have been subject to sexual exploitation are vulnerable, per se – regardless of whether they fit all of the above criteria or not (e.g. perhaps they cannot do 'just' one of the things mentioned in criteria 2 or perhaps they do not have physical or mental health problems as on criteria 1, but are known or suspected, through referral or intelligence, to have been exposed to sexual exploitation). Furthermore, that it was recognised that this vulnerability requires a coordinated response from relevant agencies, who are invested in both protection and prevention.

It is unclear whether these practices are common place across the country. It is STAGE's experience, however, that it is not always the case, resulting in further risk for victim/survivors of sexual exploitation.

There is a concern that in some areas of the country the adult at risk definition is being strictly linked to the Care and Support Eligibility Criteria, meaning that vulnerable victims of sexual exploitation are not being supported through safeguarding procedures if they do not meet the minimum eligibility threshold.

Dedicated sexual exploitation hubs

Sexual exploitation safeguarding hubs exist to coordinate a potential joint response to a suspected or actual victim/survivor of sexual exploitation, which is based upon the consent of the victim/survivor. They receive referrals from the local multi-agency safeguarding hub (MASH), if the MASH identifies sexual exploitation in safeguarding referrals they receive. The hub then further assesses the risk and prevalence of sexual exploitation and meets regularly to discuss cases and co-ordinate a response.

The most effective hub model recognises that sexual exploitation can happen to both children and adults, additionally, that CSE can continue into the age of transition and on to adulthood. It therefore brings together services that exist for both children and adults, to work together as a team and plan a joint response to those at the age of transition (whether they have previously been known to children's social care or not), as below. Additionally, it brings together key partners across localities (tied to a police force area or police force command areas, rather than a sole local authority area) to tackle the transient nature of sexual exploitation.

Learning from Newcastle and the Northumbria Police Force area³³ demonstrate that these hubs should:

- Strategically contribute to the safeguarding of individuals and approach taken to sexual exploitation in the given area, following safeguarding procedures
- Be made up of wrap-round support services who work together to prioritise victim/survivor needs, offering choice and control over what happens next in their lives. These services could include statutory bodies such as children's and adult's social care, Police and NHS professionals but also non-statutory agencies such as outreach services (like the STAGE project), family therapists, preventative education services (who can target educational input in areas of high risk e.g. in schools, sixth forms, colleges, universities and non-formal educational provision)
- Offer unconditional support, based on trauma informed methodology - prioritising survivors safeguarding and support over reporting into the criminal justice system
- Provide criminal justice functions including intelligence, planning safeguarding around arrests (e.g. for victim/survivors and the families of perpetrators) and an Achieving Best Evidence (ABE) suite

- Provide staff support (as above) to mitigate risk of burnout and vicarious trauma
- Raise awareness of sexual exploitation in the given area, offering advice and guidance to external organisations as required.

Case study: Newcastle sexual exploitation hub

In 2013, a young woman disclosed that she had been a victim of sexual exploitation in Newcastle over a long period. Her account, along with others, confirmed that systemic grooming from gangs for the purpose of sexual exploitation was occurring in the Newcastle area on a much larger scale than previously recognised. This led to Northumbria Police launching their large-scale sexual exploitation investigation, Operation Sanctuary, in January 2014. Over the course of the Operation, 278 victim/survivors were identified, resulting in the conviction of 18 people.

This initial disclosure sparked recognition of the need for a more bespoke response to sexual exploitation across the city, resulting in the hub approach being established. This structured multi-agency approach included police, social workers and other organisations who used their safeguarding and multi-agency information-sharing procedures to identify and support those identified as at risk.

The hub expanded into its current form in 2015 and is now a multi-agency team, with staff located in the same building, supporting children and adults at risk of, or experiencing, sexual exploitation. Members meet weekly to discuss cases that emerge via intelligence from police officers, who are located in the hub, and referrals by social workers and other agencies.

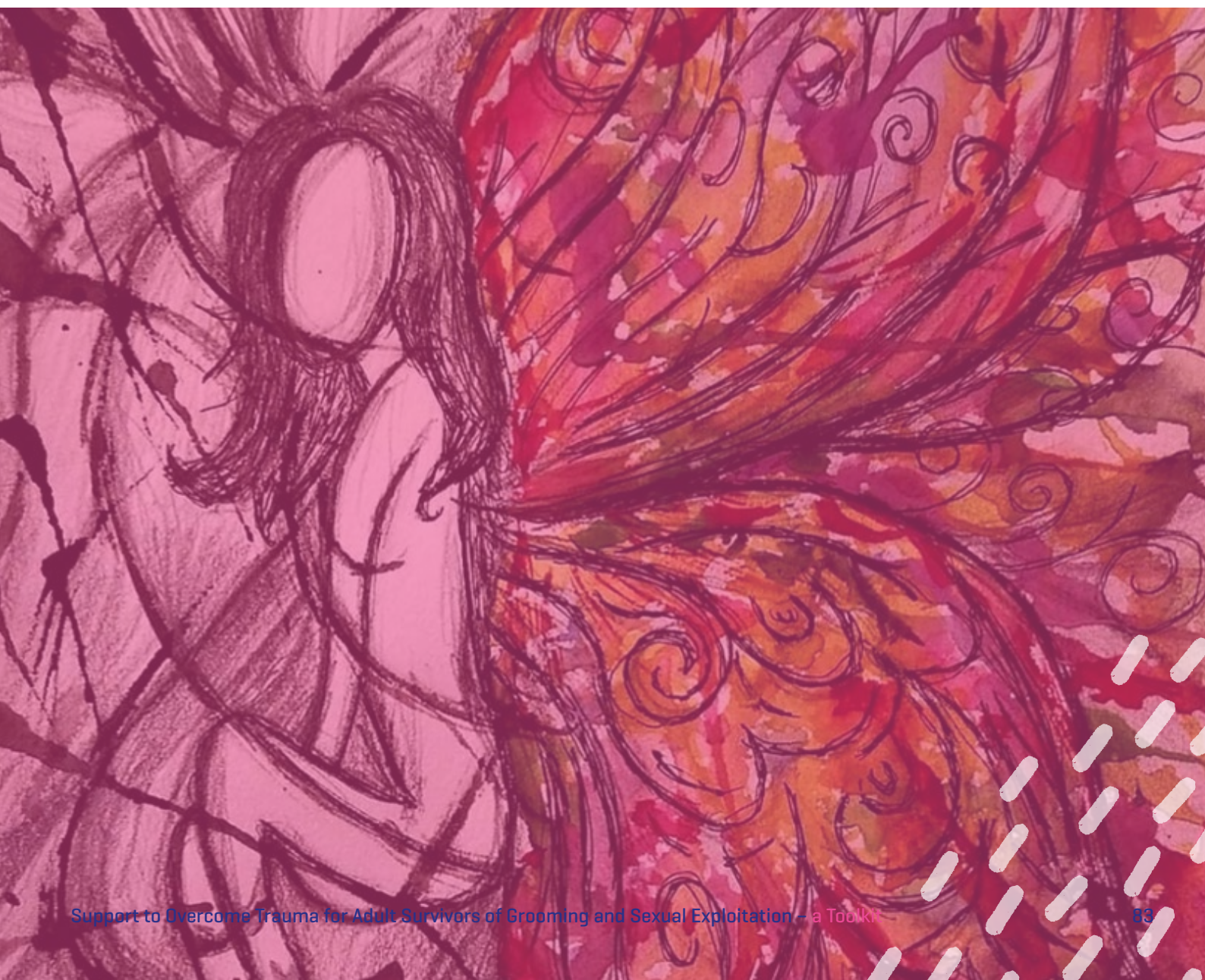
Victim/survivors are in the lead of their support and hub members take a long-term approach to building a relationship, based on an understanding of the impact of grooming and trauma.

Who are the members?

The partnership has evolved and changed over the years, with external funding usually influencing the presence of other support agencies. It currently involves:

- Northumbria Police
- Newcastle, North Tyneside and Northumbria Adult and Children Safeguarding

- Exploitation Safeguarding Nurse - Newcastle and Gateshead Clinical Care Commissioning Group
- Bright Futures – delivering group and one-to-one sessions in a young person's school to increase understanding of sexual exploitation and healthy relationships.
- Changing Lives –
 - GAP/MAP support for people 18 + at risk of, or engaging in, sex work, survival sex and/or experiencing sexual exploitation.
 - STAGE – support for women 16+ at risk of, or experiencing, sexual exploitation.
 - Liberty - support for people at risk of or experiencing modern-day slavery



Transitional safeguarding

CSE and its impacts do not stop when a victim/survivor turns 18, yet the support that a young person is eligible to receive, and the duty of care towards the individual, can be significantly reduced at this transition point. This is especially compounded if they have not been in care or supported by child protection procedures. This can have a significant impact on a young person's life - as they can be looked upon one moment as being a victim of exploitation and the next, as a 'prostitute' who is 'out targeting men' (as in the case of adult care, as above)³⁴. The multi-agency approach to their care can also drastically reduce or stop all together.

To be clear, perpetrators are aware of this drop off - both in safeguarding and in the law and target young people for exploitation (whether sexual or otherwise) at this age due to the increased ability to act with impunity.

There is a significant move, however, towards 'Transitional Safeguarding', in which children's and adult's safeguarding boards strategically work together to provide benefit to young people in adolescence (not just at the point of adulthood but throughout the transition to adulthood - e.g. potentially to those aged 16-25 but not necessarily bound by age, in preference of developmental stage). This approach, as set out in the practice guidance ["Bridging the Gap: Transitional Safeguarding and the role of social work with adults"](#), determines that, children and adults social care should not only work together (as set out by the Care Act) but align processes and institutional culture³⁵. This, for example includes alignment of institutional attitudes, language, interpretation of risk and prevention. Transitional safeguarding is therefore both practical and reflexive.

The adoption of transitional safeguarding requires buy in from all levels of safeguarding boards - commissioners, strategic leads, managers and practitioners. While there are increasing examples of good practice, STAGE welcomes the wider adoption of transitional safeguarding across the UK, with safeguarding boards utilising the practice guidance to implement practices and safeguard young people.

Mental Capacity Act (2005)

The [Mental Capacity Act](#) is distinct from safeguarding processes under the Care Act but can also aid safeguarding through the protection of individuals aged 16 and above, who are unable to make some decisions for themselves at a particular moment in time.

It also must be recognised that, while women can benefit from a critical assessment of capacity in relation to the Care Act (i.e. enabling an exploration of the limiting impact of grooming on capacity, as above), they might not lack capacity to the extent of requiring protection under the Mental Capacity Act. There may also be circumstances in which the Mental Capacity Act does have relevance. Both areas are difficult to prove and it can be unclear to local authorities what steps they should take to act. This confusion arises from the lack of national guidance to support decision making³⁶. How women are supported under the Act is therefore largely dependent on local or regional practices.

The first principle of the Mental Capacity Act determines that there is an assumption of capacity. The third principle asserts that individuals have the right to make decisions which could be considered 'unwise' and that the state cannot intervene in these instances. These principles exist alongside a lack of statutory recognition of adult sexual exploitation and grooming which result in subjective understandings of the issue(s).

It is not only obvious, but legally determined, that a child does not have capacity to consent to sexual exploitation and they cannot make 'unwise decisions' that result in their exploitation. Yet, without due recognition of adult sexual exploitation, the interpretation of 'capacity' to consent and 'unwise decisions' is left open to interpretation. So, where the state must intervene in cases of child sexual exploitation and grooming, there is limited confidence to act under the remit of the Mental Capacity Act to disrupt the sexual exploitation of adults.

Case study:

Gemma was frequently going missing from her address and was suspected to be with her exploiters during missing episodes. She told her social worker that she didn't want to have this life anymore but didn't feel able to turn down her exploiters when they came for her. Her social worker was concerned about her capacity to make decisions over her housing but was also hesitant to do use [Deprivation of Liberty Safeguards \(DoLS\)](#). She understood that Gemma could not consent to acts of sexual violence, but was unclear on her remit to stop Gemma leaving her home with the perpetrators, under principle 3 of the Mental Capacity Act. Gemma was later detained under the Mental Health Act but her perpetrators continued to contact her in hospital.

There are, however, examples where the interpretation of the Act have led to protective measures being put in place for women who are subject to grooming and sexual exploitation. These decisions factor in the destructive impact of grooming on a victim's ability to assess risk, and therefore make capacitated decisions. The assessor also considers whether the woman has an existing 'impairment or disturbance to their mind or brain' to the extent that she lacks the capacity to make a decision about a particular situation. For the purposes of the Act, 'making a decision' is defined as whether someone can:

- understand information given to them
- retain the information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision (by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand).

Crucially, the decision is made on balance of probabilities e.g. is it more or less likely that the woman lacks capacity in the area under question.

Anyone can carry out a capacity assessment under the Mental Capacity Act, though specialist support should be sought in complex cases (e.g. from medical professionals). In best practice, the person being assessed would be offered to have their own trusted support present. If deprivation of liberty measures are required, the local authority must be involved.

Case study:

Aisha, an adult woman, was being sexual exploited by a group of men who would control her communications via the phones she was allowed to use. She had suspected learning disabilities and professionals believed her development may have been stalled due to complex trauma. Her social worker undertook context specific capacity assessments on whether Aisha could make decisions on using the internet and communication devices, at that moment in time. The assessment resulted in it being determined that Aisha did not have capacity to safely use the internet and communication devices. The local authority worked with the Court of Protection to determine and implement a care plan which allowed Aisha access to the internet and phone - but with supervision and safeguards. Aisha was frustrated by this decision and required support to understand and manage the decision, but the risk of sexual exploitation and its associated harms were reduced.

4.2 National Referral Mechanism

Modern slavery is a crime that involves exploitation. It could involve sexual exploitation, but also forced labour in domestic settings, within supply chains of both legal or illegal substances, and wider criminal exploitation.

The [National Referral Mechanism \(NRM\)](#) is the process through which victims of modern slavery are identified then referred to supporting agencies. A suspected victim can be referred into the NRM by 'First Responders' organisations.

In England and Wales, at the time of writing, these are:

- Police forces
- certain parts of the Home Office:
- UK Visas and Immigration
- Border Force
- Immigration Enforcement
- National Crime Agency
- local authorities
- Gangmasters and Labour Abuse Authority
- health and social care trusts (Northern Ireland)
- Salvation Army
- Migrant Help
- Medaille Trust
- Kalayaan
- Barnardo's
- Unseen
- Tara Project (Scotland)
- NSPCC
- BAWSO
- New Pathways
- Refugee Council

These organisations are responsible for:

- recognising the indicators of modern slavery and identifying potential victims
- gathering information to understand what has happened to the victim(s)
- refer into the NRM via the online process (including notifying the Home Office if an adult victim in England and Wales does not consent to a referral, via the online 'Duty to Notify' referral)
- provide a point of contact for the Single Competent Authority (which is part of the Home Office, who identify and support potential and confirmed victims) to assist with decision making and to request a reconsideration, if appropriate.

The Home Office aim to make decisions on referrals within 5 days of receipt. If a decision is made that a person is likely to have been a victim of modern slavery, they are given 45 days safe accommodation while it is formally determined whether they are a victim.

Specialist organisations and services are able to support people who've experienced modern slavery, through offering safe accommodation, legal support as well as other practical and emotional support to leave exploitative situations and aid recovery.

While the NRM is the statutory response to modern slavery, it should not be seen as the only option to safeguard women who have experienced/are experiencing sexual exploitation. Services should bear in mind that:

- **Modern slavery is often hidden in plain sight.** Though the term evokes images of international trafficking rings, modern slavery often involves trafficking within the UK, if someone is moved from place to place for the purposes of exploitation
- **Not all sexual exploitation is modern slavery.** As established in section 1, sexual exploitation takes many forms. While some cases are appropriate for referral in to the NRM (e.g. exploitation within the commercial sex trade), others are not. Seek advice from a first responder if unsure
- **A child can be referred to the NRM without consent.** Their case can be carried over into adulthood, with consent
- **Adults must consent to a referral into the NRM.** The time it takes a first responder to build a relationship with an adult and get them to understand their options to make informed choices about a potential referral can be a barrier to engagement in the NRM
- **Many victims of sexual exploitation and trafficking are transient.** This could be as they are fleeing for their lives or are deliberately moving away from those abusing them (e.g. organised crime groups or individual perpetrators). This minimises the chances of them being detected by Police or supporting services

Kelly's story demonstrates this dilemma:

Kelly was referred to STAGE after fleeing an abusive situation. She was extremely afraid to disclose her personal details, including her name and date of birth. It became clear that Kelly had recently moved several times in short succession, around the UK. She had no accommodation and the local authority - a first responder - was unable to accommodate her. The referring project (which was within a STAGE partner organisation) established that Kelly had fled an abusive situation in which there was a number of other people being harmed. They arranged accommodation for the night but when they returned, they were told that she left in the early hours of the morning.

When staff called her, Kelly stated she was in a different city and provided an address where she was staying with an unknown male. Staff were still unaware of her correct name and date of birth as she had provided several at this point. She was stating she was 29 but staff reported she looked a lot younger. Police were alerted, but Kelly told them she was safe and willing to remain at the property - another first responder organisation was therefore unable to act. Staff still felt there was reason for concern given the disclosures made, which led staff to suspect sexual exploitation and trafficking.

STAGE had a service in the new city and staff there joined a multi-agency, multi-city team who created a plan to find out more about Kelly and attempt to safeguard her. All information was shared with the relevant police force intelligence and local authorities, via safeguarding referrals.

The STAGE worker contacted Kelly and established consent to support her, providing safe accommodation. Further concerns arose around modern slavery and Kelly's vulnerabilities. After a couple of days Kelly began to trust the worker and they were able to explore what the term 'exploitation' means. Kelly told her that this term resonated with her. Information was shared with the police throughout and a female, plain clothed officer came to speak to Kelly. While Kelly initially consented to this meeting, she did not want to disclose any information to the police or consent to an NRM referral.

The abuser made contact. Kelly stated that she wanted to leave. The STAGE worker was able to talk this through with her, which resulted in Kelly deciding to stay and be supported to move to an area where she felt safe, far from her abuser.

Kelly continued to be housed by STAGE. Workers assessed that she remained extremely vulnerable to exploitation and there were still concerns of sexual exploitation and trafficking. Every avenue was explored for housing Kelly in a safe way, on a longer-term basis.

There are barriers at every point to access accommodation provided by the local authority, for example, she was required to disclose the traumatic events to another professional. She did not want to do this. Additionally, her lack of trust in the police meant that she would not consent to an NRM or make a formal complaint.

Kelly left the area a few days later, telling staff she was returning to her family, outside of the UK. Staff liaised with transport police to safeguard Kelly on her journey to the airport, but their attempts to find Kelly were unsuccessful.

Police have since highlighted the information provided. The disclosures made fit with a large investigation they are currently working on.





Section 5

The Criminal Justice System

While neither the sexual exploitation nor grooming of adults are specific criminal offences, victim/survivors of sexual exploitation have had multiple crimes perpetrated against them. This might include various sexual offences, physical assaults, trafficking, kidnap and drug offences. Grooming is also akin to controlling and coercive behaviour perpetrated by intimate partners but also associates, as is established in section 1. Women might also be criminalised due to incidents either directly or indirectly related to their exploitation, as explored below.

5.1 Accessing criminal justice

While women therefore have recourse to seek criminal justice, a woman might not find it appealing or easy to access the criminal justice system. Furthermore, if a woman does report to the police, it can be extremely difficult to achieve a positive outcome in cases of sexual violence and systemic sexual exploitation. The latter can, in part, be due to common misconceptions around adult sexual exploitation and sexual violence per se. It can also, however, be due to systemic failures that block access to justice for traumatised women - e.g. the way a woman's trauma presents can result in her being deemed an unreliable or uncredible witness by the police or CPS. This can create a pervasive myth around who is / isn't deserving of justice, who is / isn't a 'deserving victim' that excludes women from accessing justice and recovery.

If a woman isn't already involved in a criminal justice case, services must therefore be able to support her to understand her options, what might happen if she did report, and to make informed choices about whether she wishes to pursue criminal justice. Women should remain in control of their decision making as a matter of priority, to enable them to have control over their journey to recovery.

There are other circumstances in which women are referred to support agencies directly from police, either as they are complainants in existing cases or are already known to police. Women may, for example, be known to police as potential victims of an ongoing sexual exploitation investigation - but have either not consented to take part in the investigation or have received a decision of 'no further action' from the police or CPS. In these instances, the women may already be somewhat familiar with the criminal justice system but may also still require support to understand what has happened.

Criminal proceedings can be long, confusing or retraumatising to the victim/survivor and at times, can feel brutal. Proceedings can provide positive outcomes such as when perpetrators are found guilty - but a woman's journey is not over when this occurs. While women can feel vindicated by this verdict, the system can also leave women wondering what happens next and what their identity is without exploitation and criminal proceedings. Additionally, even when a guilty verdict has been reached, a woman might not be safe. In the short term, the perpetrator's associates may still be in the community where the woman lives or be aware of where she lives. This can give perpetrators indirect access to women and can leave them at risk of repercussion. In the longer term, perpetrators have been known to contact women either from within prison or on release. Bearing in mind that some perpetrators are imprisoned for drug offences rather than sexual offences in sexual exploitation cases, this may occur not too long after a woman has started to rebuild her life.

“And that is so sad, so sad, I’ve told police, I’ve told everybody this. It’s so sad, honestly everybody just drops you ‘boom gone’ within 2 or 3 months of court case ending and that’s it gone”

If a woman does choose to report, she should be supported before, during and after any proceedings. Her recovery is the priority over criminal justice outcomes.

Barriers to reporting

If a woman is deciding whether to report, the barriers to reporting include those identified to disclosing exploitation in section 2. Support services should take time to listen to the woman to explore how she feels about reporting. This conversation should have the objective of supporting a woman's wellbeing and increasing her understanding of what has happened to her, rather than persuading her to report. Even when a woman has had time to safely explore some of these issues, she may still not want to report. That is her prerogative.

‘Justice’ means different things to different people - it may not be limited to that which can be achieved through the criminal justice system. If a woman expresses that she wants justice, services should explore what this means to her instead of going on ‘auto-pilot’ and reporting to police.

Informed choice

Informed choice can be supported by a woman gaining understanding of what the criminal justice process is, what organisations are involved, what might happen when, and what decisions could be made. Women should be given realistic expectations of the process, the timeframes involved and that there is

no guaranteed guilty verdict, for example. This makes the assumption that the woman is as safe as possible. If someone is in immediate danger, services should call 999. Some police forces have arrangements with support services in which they can come and discuss the process with women to support informed decision making, without a woman having to disclose any information.

If a woman has been recently assaulted and isn't sure whether she wants to report, she can still visit a SARC and have forensic evidence taken. This is true in most areas. Women and/or their supporters should ring their SARC first and ask, if they are unsure. The SARC will also be able to advise on the timescales for the most effective capturing of evidence after an incident - also known as the 'forensic window'. The SARC can safely store evidence for up to 7 years, in case a woman wishes to report at a future date.

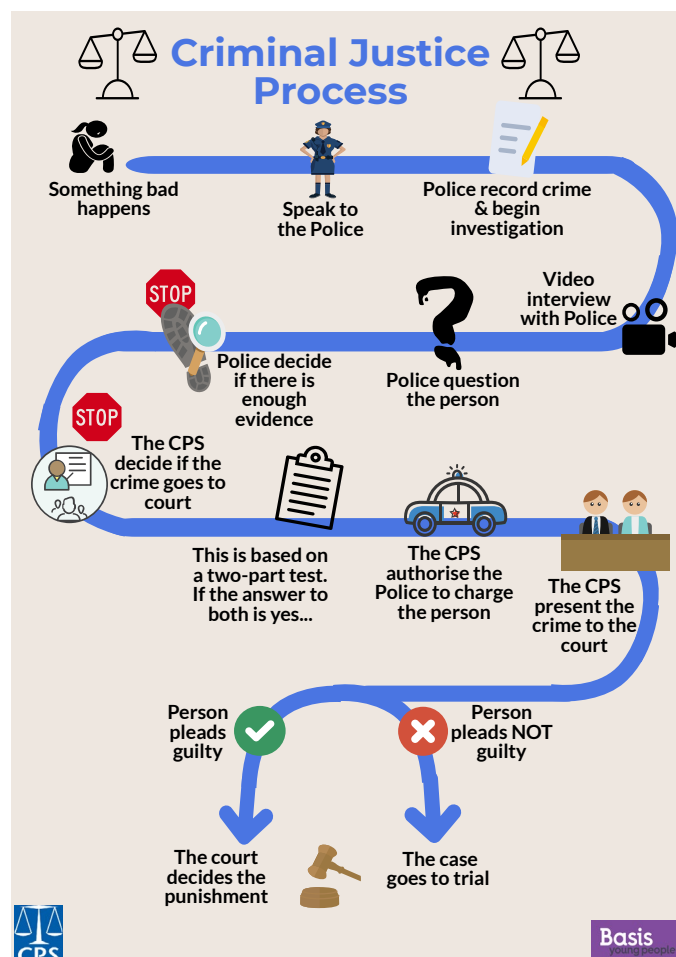
The process

If a woman does choose to report, she can expect a process that looks similar to:

['From Report to Court: A handbook for adult survivors of sexual violence'](#)

by the Rights of Women' is a key resource that explains the process in detail. It can be accessed free online. Women and their support workers can therefore refer to this at any time, to understand what's happening and why.

The process is also represented in detail in the Government's 'Review into the Criminal Justice System response to adult rape and serious sexual offences across England and Wales'³⁷.



Young people's resource designed by Basis and the CPS

Services should seek support from Independent Sexual Violence Advisers (ISVAs), some of whom are specialised in supporting those who have been sexually exploited, involved in sex work, survival sex or swapping sex. They can provide insight into the process where needed. Support services and ISVAs can work in partnership to share expertise and support women.

Working with police

The police oversee the investigation of criminal cases. If a woman reports, she can expect to hear from police at the following key moments:

- **Upon report** – where an initial conversation will take place. If a woman feels able to have an initial discussion about what happened e.g. who did what, when and where the incident happened, this can also take place. The police may also accompany a woman to a local SARC, depending on the amount of time passed between an incident and report.
- **At an ABE interview** – in which a woman will be video recorded giving a detailed account of the incident(s).
- **Throughout the investigation** – for example with updates on how the investigation (and later, a prosecution) is going and if a suspect has been interviewed and charged by the CPS. They may also be in touch to ask further questions to help an investigation. The police will also offer the opportunity to make a '[Victim Personal Statement](#)' (VPS) which gives a woman a chance to speak about the impact of the crime. This statement will be considered in the criminal justice process and sentencing, should a guilty verdict be given.
- If a case receives a decision of '**no further action**' (NFA) - which may be made either:
 - A) by police, if there is insufficient evidence to present a strong case to the Crown Prosecution Service (CPS) for them to build a prosecution.
 - B) by the CPS, if upon reviewing the case, they believe that either there is:
 - (1) no public interest in prosecuting (which is unlikely in cases of sexual violence) or (2) not enough evidence to provide a "realistic prospect of conviction", should the case be put in front of a judge or magistrates, on the balance of probabilities. This is known as the '[Full Code Test](#)'.
- **Through the court process** – the Officer in Case (OIC) will update the survivor about the process. They will work with the woman in advance, to determine which [special measures](#) may support her to give evidence to the best of her ability. This will include the option of having [cross-examination pre-recorded](#)

soon after the incident and the use of intermediaries and/or interpreters where appropriate. They can support women to any pre-trial visits if appropriate. They may also give evidence in court. The OIC will also be able to update the woman on the verdict and sentencing if she chooses not to be in court after giving evidence.

The police's role in the woman's life will stop shortly after the investigation or court case closes. The woman should be made aware of when and how this might take place, so that she does not feel dropped or used by the criminal justice system.

"I feel that I've been used by police. I've done what I needed to do. I've got people behind the bars, that's it done and I should not be feeling like that"

Police will often engage with support services to manage this transition and ensure women have ongoing support to help her process the aftermath of the investigation or proceedings.

Alongside the elements of the criminal justice system that relate specifically to crimes women have reported, the police may also utilise disruptive measures to prevent sexual exploitation such as;

- **Closure Orders** - served on properties that are known to be used for sexual exploitation
- **Sexual Risk Orders** – applied to individuals who have carried out an act of a sexual nature and as a result of this is believed to pose a risk of harm to the public (any age) in the UK or children or vulnerable adults abroad.
- **Sexual Harm Prevention Orders** - applied to individuals who have convictions under the Sexual Offences Act and it can be argued that they pose a risk of sexual harm to the public (any age) in the UK or children or vulnerable adults abroad.
- **Notification Orders** – applied to individuals who have been convicted or cautioned of a specified sexual offence in a country outside of the UK on or after 1 September 1997, regardless of whether they pose a risk to the UK public or not.
- A wide range of disruption methods to protect child victims³⁸.

The woman may hear many acronyms when working with police, as they describe their role, their team and the criminal justice system. Understanding what these mean can demystify the process, to an extent, and enable a woman to make sense of what's happening around her. If in doubt, ask the police to explain their roles or the roles of their colleagues.

Acronym	Meaning	Role
CAIU	Child Abuse Investigation Unit	Investigate child abuse and is made up of specially trained detectives.
DLO	Designated Liaison Officer	Officers with special responsibilities and knowledge around sex work, survival sex and sexual exploitation e.g. in Northumbria, Cleveland and Merseyside.
MCIT	Major Crime Investigation Team	Investigate crimes such as homicide, attempted homicide and manslaughter but also may potentially encompass sexual assaults and other serious offences.
MIT	Major Investigation Team	Investigate crimes such as homicide, attempted homicide and manslaughter but also may potentially encompass sexual assaults and other serious offences.
OIC	Officer In Case	<p>A specific officer who is assigned to the case and is responsible for keeping the survivor updated, explaining the process and the investigation.</p> <p>This is the survivor's main point of contact in the police and who she will hear from most.</p>
RIT	Rape Investigation Team	Investigate rape and sexual violence and is made up of specially trained detectives.
SWLO	Sex Work Liaison Officer	Officers with special responsibilities and knowledge around sex work, survival sex and sexual exploitation e.g. in Leeds.
SIO	Senior Investigating Officer	A specific officer who leads the investigation of complex cases.
SOIT	Sexual Offences Investigation Trained Officer	Officers who are specially trained to be first responders to reports of a sexual offence – but this role is now known as SOLO (as below).
SOLO	Sexual Offence Liaison Officer	Officers who are specially trained to be first responders to reports of a sexual offence

Court

If a case does get to court, it is likely to be a daunting process, even if a pre-trial visit has taken place and 'special measures' have been arranged in advance. Women who have chosen to have their cross examination pre-recorded, should also be aware that this takes place in court and so should be given the same opportunities for support and preparation.

The woman should be reassured that she can be supported through the proceedings, and will also be given the opportunity to meet the prosecuting barrister (who acts on behalf of the crown, rather than the woman herself, but who is there to present the case for prosecution). [The prosecution may:](#)

- Introduce themselves and their role
- Explain the court process
- 'Provide assistance' around the court proceedings e.g. to try to make the woman feel more comfortable about giving evidence and being cross-examined.
- Keep the woman updated with the progress of proceedings
- Check in with the woman after she has given evidence, or arrange for another court official to do this
- Read out the Victim Personal Statement if the woman does not want to do this herself or have a supporter do it, and explain how this part of proceedings work.

She may also refresh her memory either by watching the 'ABE' video or re-reading a written statement.

The following tips were shared by ISVAs from STAGE project partners:

- The woman can be supported in court by a formal 'supporter', who has a distinct role in the criminal justice process. This person could be an ISVA or from witness protection or other services, often dependent on the training and skills of the supporter, as set out on p99-130 of the Ministry of Justice's ['Achieving Best Evidence in Criminal Proceedings Guidance on interviewing victims and witnesses, and guidance on using special measures'](#).
- The risk of a woman being accused of having been 'coached' to perform in court, and therefore an unreliable witness, can be minimised via the supporter not knowing any details about the incident that led to the case. They need to know specific information only, about the practicalities of the court proceedings (as detailed in the above guidance).

CPS Guidance on coaching, taken from case law in 'Speaking to Witnesses at Court'

- "3.5 The rule against coaching a witness was explained by the Court of Appeal in R v Momodou & Limani [2005]...
- "48. .. Training or coaching for witnesses in criminal proceedings...is not permitted....The witness should give his or her own evidence, so far as practicable uninfluenced by what anyone else has said, whether in formal discussions or informal conversations. The rule reduces, indeed hopefully avoids, any possibility that one witness may tailor his evidence in the light of what anyone else said, and equally, avoids any unfounded perception that he may have done so.....The risk that training or coaching may adversely affect the accuracy of the evidence of the individual witness is constant. So we repeat, witness training for criminal trials is prohibited.
49. This principle does not preclude pre-trial arrangements to familiarise witness with the layout of the court, the likely sequence of events when the witness is giving evidence, and a balanced appraisal of the different responsibilities of the various participants...Witnesses should not be disadvantaged by ignorance of the process, nor when they come to give evidence, taken by surprise at the way it works. None of this however involves discussions about proposed or intended evidence. Sensible preparation for the experience of giving evidence, which assists the witness to give of his or her best at the forthcoming trial is permissible... ..Nevertheless the evidence remains the witness's own uncontaminated evidence."
- 3.6 Prosecutors can have confidence that, providing their discussion with a witness is aimed at assisting the witness to give their best evidence and avoids rehearsing them as to the evidence they should give, then there should be no risk that coaching has occurred."
- The wider support services in a woman's life should also, throughout the support given, bear in mind the risk of being accused of coaching. Case notes can be called into proceedings, for example, and inspected by the legal teams involved in the case (either the defence or prosecution). If, upon inspection of case notes, the defence suspect that the woman has been 'coached' by the services who support then, then the case could be undermined. In this instance, workers could be called to court as witnesses to be cross-examined over their role in the woman's life. In this instance, the support this worker can give to

the woman, until their evidence is given, will be limited. To minimise this risk, workers should consider introducing a new worker to the woman, if they are the first person a woman discloses her abuse to, for example (though this has to be risk assessed and may not be possible in some cases). They should also excuse themselves from watching or supporting a woman during her ABE interview. Minimising the information known about the incident can ensure that they don't accidentally get involved in discussing the case, reminding the woman of details or probing, as a case progresses. This then minimises the risk of the defence accusing the woman of having false memory or being coached.

- No professional should discuss or rehearse a woman's statement, story or go through the potential questions she will be asked, at any stage of the criminal justice system. This can jeopardise the case as the woman could be accused of having been coached.
- Emotional support is the priority e.g. wraparound support throughout the process, communicating with other services when necessary, reminding women they can take a break while they're giving their ABE interview or during court and providing long-term support, regardless of the criminal justice system.

Communicating Effectively in Court

While coaching a witness is not permitted, preparing a witness for what they'll see in court and how they can best communicate is, so that they're best able to communicate the truth. This includes the adoption of pre-trial visits to familiarise witnesses with the court and specific advice about communication.

Victim/survivors of sexual offences are offered special measures automatically under section 17 of the Youth Justice and Criminal Evidence Act (1999), to mitigate (as far as possible) distress when giving evidence. Due to the exposing nature of giving evidence in front of perpetrators (and potentially, their associates in the public gallery), STAGE also encourage the full exploration of whether support staff might be considered as 'intimidated' witnesses under the Act, therefore given the option of having special measures to support them giving evidence in court.

The law firm, [Bond Solon](#), give the following 'top tips' that can be used by both victim/survivors and the additional witnesses in the case.

Preparation before giving evidence?

Witnesses should be familiar with their evidence - read (and re-read) their statement, and any related documents, before going into the witness box.

Directing answers to the decision maker

- Turn to face the questioning lawyer
- Listen carefully to the question the lawyer is asking
- When they have finished their question turn back to face the decision maker, consider the question and answer
- Direct the answer to the decision maker
- Observe their reaction to gauge whether the answer is clearly understood
- When finished answering, turn back to the lawyer, slowly. This allows the witness to control the speed of questioning (if turning between the decision maker and the questioning lawyer does not appear natural, then consider generally facing the decision maker and only glancing back at the questioning lawyer when it feels comfortable)

Seeking assistance of the decision maker

If there are clarifications or questions, direct these to the decision maker to minimise contact with the lawyers and reducing the risk of argument with them (this is an option, witnesses can speak to the lawyers if they want to)

Communicating effectively

- Take time and speak clearly and slowly
- Avoid using jargon and technical terms
- When addressing the judge or panel, the witness may see them making notes. This is a useful reminder to the witness to slow down to give them time to write
- There is no microphone in the hearing in order to amplify a witnesses' voice (the instrument that looks like a microphone is recording) so pitch speech appropriately

Assume nothing

Documents have been prepared to assist the judge or panel with understanding the case in advance, but the witness should not assume that these have been read or understood. Take every opportunity to answer, elaborate and expand.

Cross Examining Techniques

The cross examiner will use a variety of techniques to try to:

- **Attack or undermine the witness' evidence** (e.g. frame that the witness is mistaken)
- **Attack or undermine the witness' character** (e.g. frame that the witness is lying)
- **Put forward their client's alternative** (e.g. use language like 'I put it to you...')

To aid decision making, the witness needs to give complete answers, not incomplete answers (which could be misleading). Nor should a witness avoid answering any questions - as this risks appearing evasive. Directing answers to the decision maker and seeking their assistance can aid the witness to carry out their role, despite the techniques of cross examination.

Stay calm

Witness often find that the opposing party's lawyer or representative seek to provoke them when they are giving evidence. Witnesses need to remain calm, not arguing with the advocate regardless of their tone or possible rudeness.

Don't go outside the facts or area of expertise when giving evidence

If the witness is asked about facts that they do not know, then they cannot answer the question - it's ok to say I don't know. Witness answers should be honest and limited to those matters that they have personal knowledge of and should not include speculation or opinion.

Make sure your mobile phone is switched off

If a witness brings a mobile phone to the hearing, you must be sure to turn it off or at least render it silent. Judges or panel members will get very irritated if these handsets go off during proceedings.

The woman's rights in the Criminal Justice System

The [Code of Practice for Victims of Crime in England and Wales](#) sets out the minimum standards that a woman should expect in her treatment from criminal justice agencies, after reporting a crime. The key rights are:

1. To be able to understand and to be understood
2. To have the details of the crime recorded without unjustified delay
3. To be provided with information when reporting the crime
4. To be referred to services that support victims and have services and support tailored to individual needs
5. To be provided with information about compensation
6. To be provided with information about the investigation and prosecution
7. To make a Victim Personal Statement
8. To be given information about the trial, trial process and being a witness
9. To be given information about the outcome of the case and any appeals
10. To be paid expenses and have property returned
11. To be given information about the offender following a conviction
12. To make a complaint about these Rights not being met

If these rights have not been upheld, the survivor can complain to the relevant agency (police, crown prosecution service, courts or probation services).

Furthermore, if the survivor is not happy with a decision that the police or CPS have made, for example, a decision of 'no further action', they can appeal this through the relevant Victim's Right to Review (VRR) process. This exist both for police forces and for the [CPS](#), respectively, though this is a time-bound process. Appeals must be made to the Police within 3 months of being notified of the decision and to the CPS within 10 working days of the date of the letter that communicated the decision.

While this does not guarantee the overturning of a decision, the VRR does provide recourse to challenge authorities when a survivor believes the case has not been properly considered. If a survivor is not satisfied with the result of the Review, she can appeal to the High Court, for a [judicial review](#).

Criminal Injuries Compensation

Though financial compensation will never undo the physical and mental trauma that women have endured in sexual exploitation, the Criminal Injuries Compensation Scheme is available for those who have reported crimes and wish to pursue this option. Services are advised to:

- **Be aware of the timelines for applying for compensation:** In most instances, a survivor can apply for compensation within 2 years after reporting the crime. There are exceptions, including when cases have taken a long time or when crimes have been committed against children - which are determined on a case-by-case basis, on the evidence provided
- **Not start the process of applying for compensation before court:** Which mitigates risk to the survivor, who might otherwise be accused of reporting for the money
- **Minimise potential re-traumatisation via the Criminal Injuries Compensation Scheme:** The 'details of incident' section needs scant information for an application to be processed (e.g. what type of crime was committed, date of the incident, date of report, OIC, crime number - with a request to 'please see police report')

Seek advice from ISVAs or victim support services when needed.

5.2 Additional criminal justice processes

Anonymous intelligence

If a woman does not wish to report to police, she may consent to submitting anonymous intelligence to police and can be supported to do so. This may help police to build up a picture of how sexual exploitation is happening in an area, of offender behaviour or an ongoing case (as in Kelly's story, in section 4).

Women should be made aware that this intelligence does not mean that the person they're sharing information about will be arrested or that a case related to the incident will go ahead. It does mean that, if the perpetrator has access to adults at risk or children, in a professional capacity, that action will be taken.

Services should be aware that, if the intelligence is related to a safeguarding issue, safeguarding procedures should be followed, as the two systems do not join up.

Tackling Organised Exploitation (TOEX) Programme

Anonymous intelligence is submitted to a local police force. Traditionally, this is where it would remain, supporting the local force's work. This, however, could potentially result in authorities missing crucial information about transient criminality or victimhood, where, for example, a woman might be being trafficked to different regions or has fled to different regions for various reasons.

TOEX, led by the NCA and National Police Chief's Council (NPCC), seeks to overcome this. Launched in 2020, TOEX addresses the technical silos between police forces, so that they can more readily share information and plan cross-force responses, and therefore be better equipped to tackle the transient nature of exploitation and safeguard victim/survivors.

5.3 When women are criminalised

As identified through the UK Government's [Female Offender Strategy](#), vulnerability can be central to offending behaviour³⁹. Women who have experienced, or are experiencing, sexual exploitation might therefore also be criminalised for reasons either directly or indirectly linked to their exploitation and trauma. This might include if women are criminalised for:

- **offences carried out while in the midst of trauma, grooming and exploitation.**

Women might, for example:

- be arrested and convicted for [drunk and disorderly offences, assaults, public order offences, carrying weapons and racially motivated crimes](#).
This can happen, for example, in interactions with perpetrators and the wider community, as part of women's trauma or survival response.
- be criminalised for their involvement in gangs or organised crime groups – but have been sexually exploited in these contexts.
- be seen as 'recruiters' within sexual exploitation – which is linked to the systemic nature of sexual exploitation. In this context, women might be specifically groomed to bring other women into exploitative situations, may experience coercion, direct threat and violence to force them to bring others, or may introduce other women to exploitative situations as a trauma response.

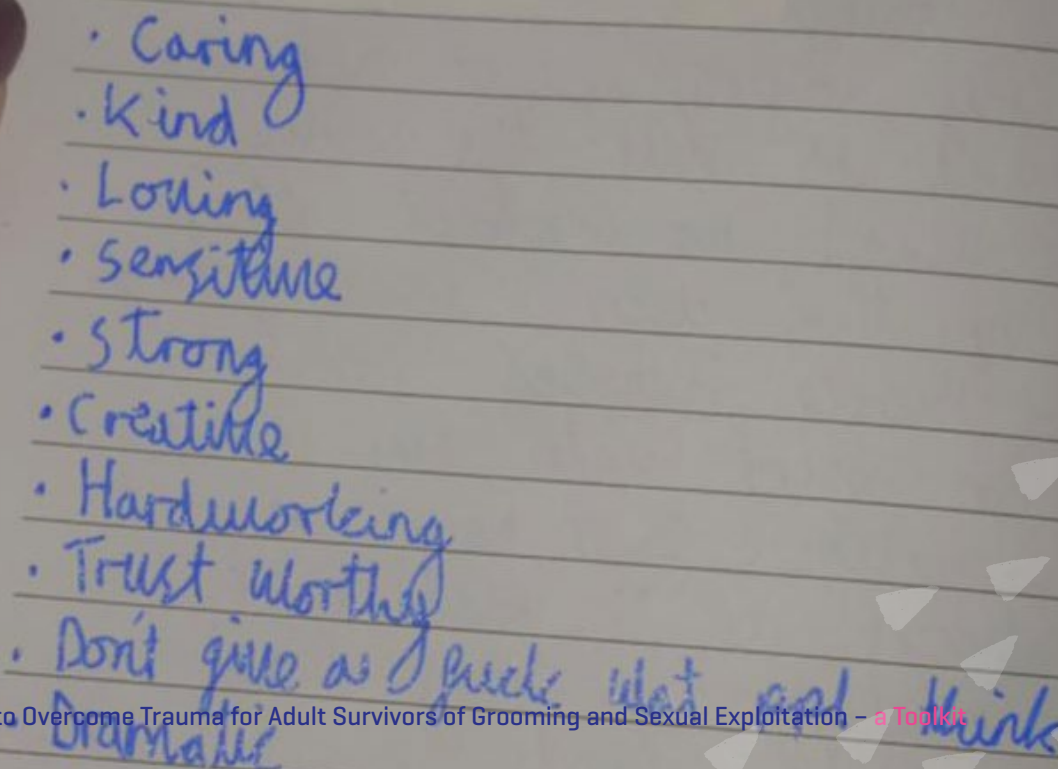
When crimes have been committed, this should be seen in the context of a woman's life, so that authorities can explore the potential hidden safeguarding need behind the crime and whether it is in the public interest to criminalise people who are experiencing sexual exploitation. Although there are principles of equality in the CJS, there are additional concerns about black and minoritised

women being subject to criminalisation in this context, without due attention to their experiences of exploitation. This is due to racialised criminal profiling and commonly held stereotypes around who experiences sexual exploitation and how they experience it⁴⁰.

- **involvement in sex work or perceived involvement in sex work** – The [National Police Chief's Council's; National Policing Guidance on Sex Work](#) makes it clear that officers should focus on criminalising exploiters within the sex industry and sexual exploiters more broadly, rather than starting from a position of treating sex workers as criminals. The potential for criminalisation remains, however. There may be particular complications for migrant sex workers who are exposed to criminal justice processes that have their safeguarding in mind but ultimately have statutory duties to uphold surrounding the immigration system.

For some women, it is only when they are in prison that they have respite from cycles of abuse, come to terms with their exploitation, and think about recovery. Women should therefore be offered consistent support within the criminal justice setting, either in prison or in the community. Some organisations (such as STAGE) have prison in-reach services or have staff situated in prisons to meet women while they are incarcerated.

There are additional risks to bear in mind, when women are preparing to leave prison and then when they are back in the community. Trauma informed pathways of support should be sought to support women's transition from custody to community, working with specialist organisations to support and safeguard women wherever possible.



• Caring
• Kind
• Loving
• Sensitive
• Strong
• Creative
• Hardworking
• Trust worthy
• Don't give as much what ppl think
• Dramatic

Endnotes

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