Understanding Healthcare Engagement and Safeguarding for Sex Workers and ASE Victims in the East Riding

Contents

1. **Glossary of terms**

Sex worker: *Refers to an adult engaging in providing sexual services for material benefit by choice. This terminology was first coined by Carol Leigh (1978), who was a sex worker and activist. It is worth noting that this term can be viewed as inherently political. It posits that selling sex is a form of work, meaning those against the sex trade or some operators within it may reject it as a form of identification.*

Adult Sexual Exploitation ('ASE'): *Refers to a form of sexual abuse where individuals are manipulated, coerced, or forced into sexual activities for the benefit of others. In the context of this literature review and research, it is to be understood as a form of modern slavery.*

ASE victims: *Refers to individuals who do not consent to the sexual activities that they are engaging in, at the control of others. This renders these individuals as being unable "to give true consent".*

Inclusion Health: *Used as an umbrella term for ensuring the suitable care of socially excluded groups. These groups include but are not limited to: Gypsy, Roma and Traveller communities, sex workers, people subject to modern slavery, people experiencing homelessness, people experiencing drug and/or alcohol dependence, migrants in vulnerable circumstances and people in contact with the justice system.*

Support-first Model: *Prioritises direct engagement with inclusion health groups within services and harm reduction, rather than criminalisation.*

Relational Safety: *Refers to the link between consistent and trusted professional relationships with inclusion health groups and their positive health outcomes.*

The 'Digital Veil': *Refers to the obfuscation of reliable data relating to sex workers, due to inaccuracies when tracking them on online platforms.*

Online/indirect/digital sex work: *Sexual acts/content are performed and shared digitally without physical proximity for the buyer's pleasure.*

Forms of Online/indirect/digital sex work mentioned:

- **Webcamming:** *Refers to the live, interactive exchange of sexual performance, conversation or messaging via a camera for material benefit. This form of sex work is digitally mediated.*
- **Custom content:** *Refers to personalised sexually explicit material, including photos, videos, audio messages, or written text. This material is produced at the buyer's request and tailored to the buyer's specifications for a fee. This content is typically shared only with the buyer and does not appear in the seller's broader online profiles.*
- **Online sugar arrangements:** *Refers to a negotiated relationship, in which a typically younger individual is materially rewarded for participating in a synthetic relationship online, mimicking the actions of a romantic partner for the buyer, in the way which they have requested. When strictly online, this typically includes consistent availability for messaging and phone/video calling.*

In-person/ direct sex work: ***S****exual acts are performed in person for the buyer's pleasure, even if solicited online*

- **Independent Escorting:** *Direct sex work where the individual operates without a third-party manager or agency, typically advertising via personal websites or adult directories and meeting clients in "incall" (their own space) or "outcall" (the client's space) settings.*
- **BDSM Specialisms:** *Professional services involving Bondage, Discipline, Sadism, and Masochism. This is often characterised by "pro-domme" (Professional Dominant) work, where the focus is on power-play and fetish exploration, which may or may not involve penetrative sexual acts.*
- **Massage Parlour Work:** *Sex work conducted within a fixed commercial premises (often ostensibly a sauna or massage clinic). This setting can range from independent cooperatives to managed environments, and is a key area for "professional curiosity" regarding labour standards and agency.*

Survival Sex: *Participation in the sex industry driven by an immediate need to meet basic necessities (food, shelter, heat) or to fund a substance dependency/addiction.*

Cuckooing: *A criminal practice where gangs take over the home of a vulnerable person to use it as a base for illegal activity (e.g., drug dealing or ASE).*

Professional Curiosity: *The capacity of a practitioner to explore and understand what is happening in a person's life, rather than accepting appearances at face value. This is vital for identifying ASE behind a "consensual" narrative.*

Trauma-Informed Care (TIC): *A framework that involves understanding, recognising, and responding to the effects of all types of trauma, ensuring the service-user feels physically and emotionally safe.*

The 'Chilling Effect': *The phenomenon where fear of stigma, judgment, or police intervention prevents an individual from seeking routine healthcare (e.g., smear tests or STI screenings).*

Agency-Victimhood Continuum: *A sociological framework used to understand that individuals in sex work are not always "wholly empowered" or "wholly victims," but move between these states based on their current safety and financial stability.*

Appointment Rigidity: *A structural barrier where fixed, inflexible service times and "three-strikes" attendance policies exclude individuals with chaotic or unconventional lifestyles.*

Low-Threshold Access: *Services designed to have minimal barriers to entry (e.g., no requirement for fixed address, ID, or prior appointments), such as the Inclusion Health Vehicle.*

2. Project Proposal

2.1 Overview

This project combines frontline professional insight with strategic pathway mapping to enhance the understanding of sex work within the East Riding of Yorkshire. By addressing the shift toward the "Digital Veil" and the specific challenges of rurality, this research seeks to identify why individuals involved in both consensual sex work and Adult Sexual Exploitation (ASE) remain hidden from public health and safeguarding services.

2.2 Aims

1. **Identify Barriers:** To generate qualitative insight into why populations involved in sex work remain "hard to reach," specifically focusing on "appointment rigidity" and the "chilling effect" of stigma.
2. **Evaluate Relational Safety:** To explore how "consistent and trusted professional relationships" (ERYC, 2025a) act as the primary determinant for positive health outcomes.
3. **Map Safeguarding Pathways:** To compare local frontline practice against NICE (NG214) guidance and national inclusion-health frameworks.

2.3 Rationale and Context

As the sex market moves from visible street-based solicitation to private, online spaces, traditional outreach methods have become less effective (Giommoni and Ikwu, 2024). In a geographically dispersed area like East Riding, this "Digital Veil" is further complicated by rural isolation and the risk of "cuckooing" by organised crime groups.

Quantitative data often fails to capture the nuance of why disengagement occurs. This project utilises a qualitative approach to understand the "Agency-Victimhood Continuum". This is understood as the circumstances space where survival sex, addiction, and informed consent overlap. This insight is essential for transitioning from a reactive "Care and Control" model to a proactive "Support-First" model.

3 Methodology

3.1 Funnel Approach

This strategy uses a ‘funnel approach’. This starts with a broad landscape view before moving into the specific tensions of frontline practice. By using only two anchor questions, the interview remains conversational, allowing the practitioner to lead the narrative while the researcher uses prompts to ensure research aims are met. Not all prompts need to be covered; these will likely depend on the

interviewee's background

Rapport-Building Questions: These will occur naturally at the start of each interview and need not follow a template.

- "What's your role?"
- "The weather is bad, isn't it?"
- "Have you got a busy week ahead?"

Question 1:

"What are the biggest changes you've seen in local sex work lately, and what are the main barriers stopping people from accessing support?"

Justification: This addresses the 'Digital Veil' (Giommoni and Ikwu, 2024) and identifies structural gaps, such as 'appointment rigidity', noted in the NICE guidance.

- ***Prompts:***
    - The Digital/Rural Shift: Are people moving online/indoors, and does the geography of East Riding make them harder to find?
    - Systemic Rigidity: Do practices such as fixed appointment times or ID requirements impede care?
    - Diversity: Does the 'profile' of people you see match stereotypes, or are they more diverse (e.g., students or parents)?

Question 2:

"How do you build trust with this group, and how do you balance their own choices with your safeguarding duties?"

Justification: This tests the effectiveness of 'Relational Safety' (ERYC, 2025a) and the 'Support-First' model against the reality of safeguarding duties.

- ***Prompts:***
    - The 'Chilling Effect': How do you deal with the fear of judgment/stigma that keeps people away from clinical settings?
    - Professional Curiosity: If someone seems to be working by choice, what subtle 'red flags' (like indicators of cuckooing) make you worried?
    - Survival Sex: How do you adapt if someone is only doing this to meet basic needs like housing or food?
    - Support vs. Control: How do you make sure your help feels like 'support' rather than 'policing'?

Closing Question:

"If this research were to continue, who else in the East Riding network should we be talking to that we might have missed?"

3.2 Sampling Strategy

I think that up to 6 interviews would be sufficient to analyse replicable patterns within the timeframe available. This number is supported by some scholars (Creswell & Poth, 2018).

I was only able to secure 3 interviews for my research. I feel this is an insight for future work within itself. Service professionals who have direct contact with sex workers within the East Riding were limited, or unable to take part. This deficit guided by research to many Hull and Humber specialists, who formed the majority of my corpus. Although the professionals who were unable to take part were extremely busy, it is worthwhile to contemplate how issues affecting these cohorts are currently being prioritised.

- Purposive Sampling: Choosing participants myself, as those who perform and represent 'safeguarding pathways' interact with service users directly (e.g. …… advice needed on this)
- Strategic Insight for Future Work: While a full snowball strategy is not feasible for this project's timeline, the final question of each interview will ask for recommendations on which 'hidden' practitioners or organisations should be central to future Council engagement.

3.3 Academic Guidance

Active Listening and Probing:

Kvale (2007) suggests that the best data comes from 'probes'. Instead of instantly moving on to the next question, use:

- The silent probe: wait a few seconds after the interviewee has finished answering; they will sometimes add deeper insight.
- The elaboration probe: "That's interesting, can you give me an example of how that (insert relevant wording) looked in a clinical setting?"

Reflexive Thematic Analysis:

Braun & Clarke (2021) could help me code the data collected in my interviews. This 6-step framework helps to not only locate themes but also construct them.

- **1. Familiarisation:** read transcripts through twice without any note-taking
- **2. Coding:** Highlight specific phrases that seem significant - anything emotive, any named concepts, and any barriers highlighted
- **3. Initial theme generation:** grouping highlighted codes into bigger themes (e.g. structural barriers or trust)
- **4. Review theming:** acts as quality control. Do the themes work for the quotes I have attributed to them? Do they accurately reflect the story of my data set? If a theme only appears in one interview, it could be disregarded, etc.
- **5. Defining and naming themes:** accurately determine the essence of each theme and write a detailed analysis of what this means, the rationale behind it and why it is important.
- **6. Produce a report:** on the data set, weaving in literature review findings and service guidance.

3.4 Ethics

- (DHSC, 2024): ensure that ‘processual consent’ is gained. Remind interviewees before and during the process that they can skip any question or stop at any time.
- Anonymisation: To ensure the professional protection of interviewees and encourage them to speak honestly, their names and specific professional titles will be removed from my research documents and corresponding presentation.

3.5 Data Analysis

Data will be analysed using Reflexive Thematic Analysis (Braun & Clarke, 2021). This 6-step framework enables the development of themes grounded in the reality of East Riding’s frontline services.

3.6 Deductive Coding

Coding will be driven by the literature review (subsection 4)

Code Name	Definition / What to look for	Source Link
Digital Veil	Mentions of the shift to online platforms or "hidden" indoor solicitation.	Giommoni & Ikwu (2024)
Connectivity	Mentions of the working relationships between mainstream services, as well as VCSE organisations.	
Rigid Systems	Mentions of "appointment rigidity," lack of ID, an unadapted approach or digital-only barriers, and insufficient care overall	NICE (2022) / Potter (2022)
Relational Safety	Descriptions of trust-building, "strength of connection," or consistent adaptive professional care, including attempts/initiatives to do so.	ERYC (2025a)

Cuckooing	Mentions of local gangs, "cuckooing," or intersections with the drug market.	Lit Review / HMSP (2025)
Chilling effect	Descriptions of stigma, trauma, fear of police, or service-users avoiding care, including that relating to sexual health.	Molloy et al. (2025)
Survival Sex	Mentions of sex work driven by poverty, homelessness, addiction or basic needs (lack of food/shelter).	'Chloe Report' (2025b)
Professional Curiosity	Evidence of the practitioner looking for subtle "red flags" behind a consensual narrative.	Lit Review Aim 3
Rural Isolation	Challenges specific to the geography of East Riding (transport, isolation, lack of hubs, temporary residencies).	ERYC JSNA

3.7 Ethical Framework

The research adheres to the UK Policy Framework for Health and Social Care Research (DHSC, 2024):

- **Processual Consent:** Consent will be treated as an ongoing dialogue. Participants will be reminded of their right to skip prompts or withdraw during the transition between the two anchor questions.
- **Anonymisation:** To encourage honest reflections on service failings, all participants and their specific professional titles will be fully anonymised.
- **Reflexivity:** Acknowledging the "reflexive journey" (Finlay, 2002), I will document how my position within the Council may influence the interview power dynamics.

3.8 Anticipated Outcomes

- **Strategic Recommendations:** Identifying "low-threshold" access points (e.g., the Inclusion Health Vehicle) to bypass structural barriers.

- **Service Improvement:** Practical guidance on implementing "relational safety" within existing clinical and social care settings.
- **Future Networking:** A map of "hidden" practitioners and community hubs (e.g., rural libraries or VCSE groups) to inform future Council outreach.

4. Literature Review

4.1 Executive Summary

This literature review examines the shifting landscape of sex work in the East Riding of Yorkshire, moving from visible street-based solicitation to a hidden digital marketplace. This transition necessitates a move away from traditional service models toward ‘Inclusion Health’ frameworks (NHS England, 2023). By synthesising national guidelines (NICE, 2022) and local strategic reports (JSNA, 2025; Chloe Report, 2025b), this review identifies that the primary barrier to healthcare engagement is not a lack of services, but a lack of ‘relational safety’ (ERYC, 2025a). The findings recommend a ‘support-first’ model that prioritises trust and trauma-informed care to bridge the gap between individual agency and the safeguarding of those at risk of Adult Sexual Exploitation (ASE).

4.2 Reflexivity Statement

In accordance with Braun and Clarke (2021), I recognise my positionality as a researcher working within the East Riding of Yorkshire Council. My interpretation of "vulnerability" is inevitably influenced by my professional background in social care, which may lead to a bias toward identifying "risk" where a service user identifies "agency."

Furthermore, I must acknowledge the "reflexive journey" (Finlay, 2002) inherent in the interview process; my status as a Council representative may lead participants to provide "socially desirable" answers or to withhold criticism of current service failings. To mitigate this, I employ a "support-first" lens to ensure that my analysis does not inadvertently reinforce a "Care and Control" framework (Grace et al., 2022). By maintaining a reflexive journal throughout the coding process, I aim to remain critical of how my own institutional affiliations shape the construction of the final themes.

It should be clear that this research and its outcomes make no moral judgment on engagement with the sex industry and take a purely practical viewpoint, endeavouring to identify barriers separating sex workers and ASE victims from positive health outcomes.

4.3 Introduction

The sex work industry in the United Kingdom is undergoing a period of immense change, shifting from visible, street-based solicitation to an obfuscated and complex digital landscape, mediating both indoor and outdoor landscapes within the market.

For local authorities, such as the East Riding of Yorkshire, for whom I am working, this evolution presents challenges to both public health engagement and safeguarding as a whole. This technological change to the marketplace necessitates separating informed consent in sex work participation and engagement in the industry from criminal exploitation.

For the purposes of this review, I will use the definitions of these two groups outlined by the Inclusion Health Data and Intelligence Resource for England (OHID, 2026). The term 'sex worker' refers to an adult engaging in providing sexual services for material benefit by choice. It is fundamental that these individuals are recognised as consenting adults exercising agency, rather than a cohort defined by notions of victimhood. Hence, it is important that only those individuals who consent to participate in the industry are referred to as 'sex workers'. Opposingly, 'Adult Sexual Exploitation' ('ASE') denotes that individuals do not consent to the activities that they are engaging in. Pertinently, this encompasses those who are subject to the control of others, rendering them unable "to give true consent". Therefore, these individuals are to be considered victims of ASE, rather than sex workers.

This literature review explores the intersection of consensual sex work and sexual exploitation through an 'inclusion health' epistemological lens. The term 'inclusion health' acts as an umbrella term for ensuring the suitable care of socially excluded groups. This is defined by the National Framework for NHS Action on Inclusion Health (2023) as experiencing those "multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence and complex trauma."

This literature review posits that a 'support first' model, which prioritises engagement and harm reduction over criminalisation. It also concludes that this should be grounded in 'relational safety', a concept drawn from an East Riding consultation (2025) that emphasises consistent, trusted professional relationships as a determinant of positive health outcomes. This review argues that this is an effective way to bridge the engagement gap between public health and both sex workers and ASE victims, in the dispersed and hidden population of the East Riding.

This thesis will correspond with my interview research, grounded in the research question:

The literature indicates that a support-first model works best, but is this actually occurring in the East Riding? What barriers are preventing professionals from following this?

4.4 Diversity Within the Modern Sex Industry

Accurately understanding the safeguarding needs of this population requires recognising its diversity. This can be difficult to do so, as obtaining accurate headcounts and the wealth of those working within the industry is extremely difficult, due to several structural factors:

Labour fluidity and mobility are key factors. Both direct and indirect sexual labour are difficult to track, as workers move geographically and between sectors (Giomonni and Ikwi, 2024). Entering and exiting the market based on financial need or personal circumstances is also common.

The 'Digital Veil' creates transience, making individuals difficult to track. Online platforms offer ways to track advertisements, but these do not directly translate to individuals. One content creator may use multiple profiles across different platforms to maximise visibility, or use 'bot services' to automate posts (Giommoni and Ikwu, 2024). Alternatively, one profile/advertisement may represent a collective of people. Online sex work is mediated by algorithmic discipline. This rewards constant availability and emotional intimacy, compelling workers to stay online for an excessive amount of time to try to overcome unpredictable algorithms (Kellogg et al., 2020; Woodcock, 2021). This makes it difficult to determine, as an individual may appear successful by platform metrics but actually be trapped in a cycle of constant availability for a basic income. This is important to note, as poverty is shown to be a health determinant (Marmot et al., 2020).

Many individuals in the sex industry remain hidden from health systems due to stigma or fear of criminalisation (East Riding, 2025). This absence makes accurate data collection difficult.

However, the 'Beyond the Gaze' (BtG) research (Sanders et al., 2018; 2025) outlines the most comprehensive framework for understanding the UK's online and indoor sex industry, despite population headcounts for sex work and ASE in the UK remaining approximate. This research maps the industry by distinguishing between direct/in-person sex work (where sexual acts are performed in person for the buyer's pleasure, even if solicited online, such as independent escorting, BDSM specialisms, massage parlour work etc.) and indirect/digitally mediated sex work (sexual acts/content are perfomed and shared digitally without physical proximity for the buyer's pleasure, including webcamming, online sugar arrangements and custom content creation etc.)

Due to the aforementioned inaccuracy of mapping populations within the sex industry, this review will primarily use BtG's socio-demographic insights into this population to assess the care which is accessible to those engaged in the sex industry. This research produced a representative sample of the UK workforce:

- **Gender:** 73.5% female, 20% male and 3% transgender.

- **Ethnicity:** 87.2% White British, 5% Mixed Ethnicity, 2.7% Asian/Asian British and 2.7% Black/African/Caribbean/Black British.

- **Education:** Online sex workers are often highly educated, with many having degrees or other professional qualifications, making the online industry commonly associated with middle-class participation (Bernstein, 2007).

- **Caring Responsibilities and Debt:** A significant amount of workers have dependents, including children and elderly relatives and that debt is a primary motivator for entry.

In the East Riding, it is essential to acknowledge these data gaps, as they provide foundational context for why qualitative, practitioner-led insights are important for understanding the needs of those who exist outside official datasets.

4.5 The Agency-Victimhood Continuum

A foundational issue in both scholarship and public service practice is misunderstanding pathways into the sex industry. Jane Dodsworth (2015) argues that individuals' experience is understood through the continuum between agency and victimhood. Whilst some workers exercise economic agency, some are motivated by necessity. Such a phenomenon is sometimes referred to as ‘Survival Sex’, in which a person may be willing to participate in the industry, but they are doing so in order to meet their basic needs, such as food or shelter.

The way policy and law address this vulnerability is also contradictory in many ways. Munro & Scoular (2012) observe that there is a policy approach which “abuses vulnerability” by utilising language relating to ‘protection’ to ground control measures. Grace et al. (2022) further explore the ‘Care and Control’ phenomenon, suggesting that the criminal justice system’s work often marginalises sex workers.

For this regional working group, this represents a substantial risk: if social care is perceived in conjunction with policing as tools of control, sex workers and ASE victims are unlikely to seek help, and the health of this population is likely to degrade.

4.6 Health Inequalities

Guidelines set out by the NHS National Framework for Inclusion Health (2025) demonstrate that those engaged in the sex industry face “extreme health inequality”. This language suggests that these injustices are external to services or inevitable. However, some of these inequalities could originate from the services themselves. A survey of frontline practitioners found that appointment rigidity, the

requirement for digital access, and certain ID requirements exclude workers who prioritise anonymity due to safety or stigma, and who have temporary living arrangements (Potter et al., 2022).

The ‘stigma’ that this review keeps referring to is crucial to understanding public health’s relationship to this cohort. Workers have complained that the social stigmatisation of their work extends to ‘chilling effects’ that result in a lack of engagement with routine care services. For instance, a worker has recounted that health care providers “look you up and down like you are nothing” (Molloy et al., 2025). An STI test or a smear test has now come to symbolise judgment of these individuals’ lives. Transgender workers have experienced more violence while facing lower levels of trust from health care providers as well as from the law (Steele et al., 2020).

The framework for addressing these barriers is codified in NICE Guidance (NICE, 2022), which mandates that health and social care services be ‘integrated, accessible, and person-centred’ for socially marginalised groups. These guidelines indicate that traditional service models are not currently effective for these individuals. Service models must adapt to accommodate these individuals through flexible appointment times, trauma-informed care, and a welcoming approach.

In the East Riding, this is foundational to evaluating safeguarding and health pathways, transferring responsibility for engagement to the service provider rather than the marginalised individual.

4.7 Modern Slavery and ASE

East Riding’s rurality may contribute to ASE victims being hidden more effectively. Furthermore, indicators of trafficking are easier to conceal on online platforms, where content is carefully curated (Giommoni and Ikwi, 2024). In this sense, professional curiosity is essential for frontline staff to utilise.

The negative health-related consequences for modern slavery victims are long-term (Dando et al, 2019). Even when freed from exploitative circumstances, victims endure significant physical residue, including chronic conditions related to malnutrition, pelvic pain and dental issues; as well as psychological residue, manifesting as conditions such as complex PTSD. Victims can also face extreme difficulty in re-engaging with the state, as these services were previously weaponised or forbidden by their exploiters (Dando et al., 2019). This has been worsened by the UK’s weakening of modern slavery protections in 2024-25 (Unseen UK, 2026), particularly making migrant victims wary of authorities, even when being exploited.

Victims often feel they have ‘one chance’ to share their story (Molloy et al., 2025), so perceived judgement or miscommunication between different services that they may be engaged with could be detrimental to providing care and maintaining their engagement with these services. Moreover, without long-term support, original health risk factors such as poverty and debt may return and become cyclical, pushing victims back into exploitative contexts. In East Riding, specialist support

may not be locally available in some rural areas, creating another physical barrier to accessing services.

This shows that a ‘support-first’ model is necessary, recognising that recovery does not have a deadline and requires continued relational safety, rather than quick and transactional care.

4.8 Regional Risk: Cuckooing and County Lines

In Humber and North Yorkshire, drug market routes (known as ‘county lines’) intersect with ASE. In this area, gangs have been known to take over homes of vulnerable people and utilise these spaces for their own benefit. This is known as ‘cuckooing’ and often involves ASE as a byproduct of this process (Clare et al, 2025). In rural contexts, such as East Riding’s, pockets of individuals are already rendered vulnerable due to high levels of substance use or poverty, which are targeted factors for county lines operations. In these circumstances, the victims may not identify as ‘sex workers’ due to this implicit exploitation, making traditional healthcare services seem inaccessible to them. In this sense, safeguarding ASE and sex workers requires an integrated approach between housing, drug services, healthcare services and the police.

4.9 East Riding and Relational Safety

The trends that have been discussed so far are shown to be relevant to the East Riding through the East Riding Joint Needs Assessment (JSNA) and Inclusion Health Consultation Report (East Riding of Yorkshire Council, 2025a). These documents show that the most effective determinant of positive health outcomes is relational safety.

The geographical dispersion of East Riding means that “the sheer number of services is less important than the strength of the connection” between the individual and the practitioner (Inclusion Report, 2025). This report advocates for the ‘support-first’ model. This aligns with the policing guidance used by Humberside Police, prioritising harm reduction and trust-building among vulnerable cohorts. Multi-Agency Risk Management (MARM) meetings are used locally to provide security for those unable to meet the threshold for the National Referral Mechanism (used to make referrals and identify victims or those at risk of ASE) but still present as having a high risk of harm through exploitation.

4.10 Synthesis of Ideas: Implications for my Research and the Working Group

This literature review produces three main pillars, which my research must focus on to aid the working group in delivering safer access and higher healthcare engagement for the sex industry in East Riding:

1. **Removing Structural Barriers:** Access to healthcare services must be 'low-threshold' and provide increased access points. Focusing on the development and support of initiatives such as the Inclusion Health Vehicle is pertinent, as these projects often secure only short-term funding despite their success in removing physical and stigmatised barriers (Potter et al., 2022).

2. **Widening The Reach:** To keep pace with the growth of the online space and the fluidity and privacy it entails, safeguarding must also move online. Using the more accurate data sets of organisations trusted by this population, such as National Ugly Mugs (NUM), can identify which individuals need support, behind the 'digital veil' (Giommoni and Ikwu, 2024)

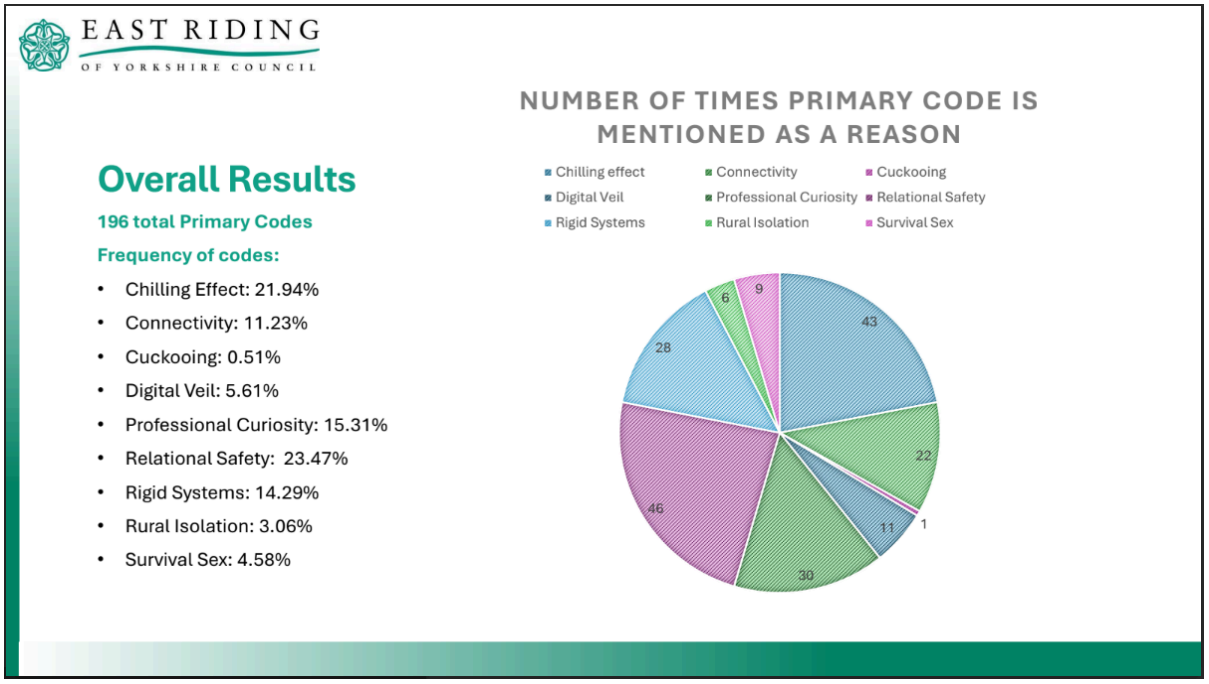
3. **Fostering Relational Safety:** Training frontline staff (not limited to healthcare professionals but also those working as receptionists, in housing and other primary care settings) in trauma-informed care practices, as the first contact is essential to the status of the individual's engagement (Molloy et al., 2025)

4.11 Conclusion

Whilst the sex industry in the East Riding is largely hidden and evolving to the digital sphere, the health and safeguarding needs of those involved in it remain acute and complex. Synthesising theoretical outlooks with data and guidelines set out by national services and local authorities, the area is able to develop safeguarding pathways that respect individual agency of sex workers whilst simultaneously protecting ASE victims.

5. Results

5.1 Overview



The 3 reflexive interviews conducted yielded 197 primary codes for analysis, demonstrative of the complexity of this issue, as well as the accuracy of the deductive codes informed by the literature review.

The frequency of the codes indicated that ‘Relational Safety’ (23.47%) and the ‘Chilling Effect’ (21.94%) were the most significant themes discussed. The low frequency of the ‘Rural Isolation’ (3.06%) and ‘Cuckooing’ (0.51%) codes suggests that these issues are newly emerging or insufficiently discussed and mitigated within mainstream services.

5.2 Participant 3 - Additional Notes

During Participant 3’s interview, technical difficulties were encountered which led to the first 20 minutes (approx) of the interview not being recorded or transcribed. Anew to this, I have recalled (immediately after the interview ended) what the participant spoke about during this time. This content relates to the first question and selected prompts, listed in my semi-structured interview template.

This content has been shared with the participant, so they are in agreement that this was what was discussed in this period. These notes have been thematically coded and analysed, in the same way all of my transcriptions have, within the coding mastersheet below.

5.3 Coding Mastersheet

Participant Number	Text Segment	Primary Code	Secondary Code
1	"I would say about 80% of our patient cohort are like drug users, either current or previous, sex workers, in and out of prison frequently or experiencing homelessness."	Survival Sex	
1	"So again, that's why we have the community vans. We will literally drive to people's houses, we'll do home visits, we'll go to community centres, we'll go to quite public places to provide clinics and assessments to patients."	Relational Safety	Rural Isolation
1	"from the few patients I've seen who have been sex workers, they have been like active users as well."	Survival Sex	
1	"I would say they probably, they don't take up a big amount of our patient cohort because they're very, very difficult to engage with."	Chilling Effect	
1	"We are aware of patients who are sex workers, who are hep C positive, who some of them like we even know where they physically work, but it's really hard to engage them. It's really hard to get them to kind of commit to take the treatment, to commit to come to a clinic or even to commit to be home when the clinicians physically go around to where they live."	Chilling Effect	
1	"We had a project, I think it was last year, and it was specifically about trying to engage the sex working cohort."	Relational Safety	
1	"So we aren't like a 24 hour service."	Rigid Systems	
1	"8 till 4 with like a bit of allowances on like the lateness and like the earliness,"	Rigid Systems	
1	but we very rarely go anywhere before like 7am. And a lot of like the sex workers will be out on the streets working, which in theory is a good time to engage them because they're physically out. But that's not usually till like evening. And our teams don't really work that evening.	Rigid Systems	
1	"It's not really easy for us to work alongside other teams that..do."	Connectivity	

1	"And we were there from 4 till 5. And I think we did the project for about 8 weeks and we did it once a week we were there. So the prerequisite to the project was we did like a little business card type things, telling, saying where the van would be, what the van would offer. and when they could find us kind of thing. So it was like every Tuesday evening, 4 till 5, the van will be at this address. I think it was outside the health centre."	Relational Safety	
1	"And then we gave that to the lady at Renew. Her name is absolutely escaping me right now. But she gave them out to all of her girls. And we also spoke to a charity called... I think it was [charitable organisation name redacted],"	Connectivity	
1	"So we did some work with them as well, gave them the business cards. They gave us a lot of insight on where we should park and they spread the word as well about us."	Relational Safety	
1	In the eight weeks that we were there, we engaged one worker and she came on.	Chilling Effect	
1	"we offer patient incentives as well. So for every screen we give like a five pound voucher and then, and especially like for working girls when we're doing it at a time when they are on the clock, so to speak, it needs to be after a while because how they see it, they're losing revenue, like they're losing an opportunity to see a client and get paid because they're sat on a van with us."	Relational Safety	
1	"if someone's positive, they get assessed and there's more vouchers down the line. And it's just to incentivise our patients to keep them on track to follow treatment through."	Relational Safety	
1	"our service doesn't work those hours, like we just don't cover that time of day."	Rigid Systems	
1	but we was hoping like the publicity we made from it with the services that were engaging with these girls would have, you know, maybe inspired them to come on to the van. But no, sadly it was just the one	Chilling Effect	
1	"but she had, she did come because she knew...knew we were there, like she did have a card, so it was a positive in that sense, but it was, it just didn't, it wasn't very fruitful."	Relational Safety	
1	"I feel like there's probably a lot of stigma. I think like, not from our service and the services that we work with, but just in general, like I think there'll be a lot of stigma because we see it with our patients."	Chilling Effect	

1	"our patients experience stigma when they'll talk to like our nurses about it, because our nurses aren't like that and our team isn't like that. And it probably comes from like a lack of education from the other services side of things."	Chilling Effect	
1	"Like, and I think the stigma definitely is definitely there. We see it in all of our patients."	Chilling Effect	
1	"services like, you know, just like a GP, like there's none of the mill services that are, they're catered to function and like for... an average person who works 9 to 5 and who is well adjusted and doesn't have any of these extra needs, like they're not like they're not particularly inclusive services."	Rigid Systems	
1	I think they experience stigma from those kind of places and they don't want to engage with those kind of places	Chilling Effect	
1	And there's the element of like something when something's not legal... people who are doing it stay away from like places of authority.	Chilling Effect	
1	Like there's somebody who works in the police who does contact with the working girls. But obviously that was like a very long term thing to kind of develop that trust.	Relational Safety	
1	"they want to keep the girls safe. They don't want to arrest them for doing something illegal."	Relational Safety	
1	"we work with a charity that provides NSP, like free needles and injecting kit."	Connectivity	
1	"And I think that kind of, it's a bit like when you go to your GP and they ask you like what drugs do you take? Like what kind of things do you do?"	Rigid Systems	
1	Like those questions alone can be quite, like can bar people from wanting to go, can't they? Because they don't want to answer honestly for fear of like how they'll be treated. So I think there's an element of that."	Chilling Effect	
1	"We don't have an issue if our patients are using, we just want to make them safe and reduce that harm."	Relational Safety	
1	"I mean, our service isn't perfect, but it's as flexible as it can be given like what our position is. But there isn't a lot of, I feel like when these structures get made, they don't keep in account about the people who can't get to appointments."	Rigid Systems	
1	"Like even something as menial as travelling to an appointment... for the cost of what a	Rural Isolation	

	four pound bus far, like for our patients, 4 pound is a lot of money."		
1	"if they're like dealing with an addiction, that four pound to them is better spent towards anything else than going to an appointment."	Survival Sex	
1	"And it's like some services just aren't accessible,"	Rural Isolation	
1	"Realistically, like if you look at like our population is quite rural, our area is quite vast. If you've got patients living in like Driffield, where's their local service and how are they getting there?"	Rural Isolation	
1	"I don't know."	Digital Veil	
1	"So, like the, I don't know, to be honest."	Digital Veil	
1	"I, I, I've honestly never thought about it."	Digital Veil	
1	"obviously we aren't specifically catered for one specific cohort, you have to give more of a general approach."	Rigid Systems	
1	"when we go to hostels and things like that, there may be vulnerable women living in those hostels who don't engage with our van because there are men at our van, our men who are either working or even just coming as patients themselves and clients themselves and they may be put off from attending because of that, which is completely reasonable and justified."	Chilling Effect	
1	"we've had instances of the past where a sex worker or a vulnerable woman will come with a partner or maybe someone who's potentially in charge of them."	Professional Curiosity	
1	"And the nurses have kind of, you know, like we have training and awareness about how to handle situations to identify if a person's like at risk or in danger. And the nurses will kind of do their most to give that woman an out and give the woman some privacy."	Professional Curiosity	
1	"ultimately, if the woman says like, I want him to be here, I want him to be present for it, there is nothing that they can do in that scenario. But they can kind of be a bit forceful and say, oh, this is, you know, if we're seeing you, we have to have a private appointment and the woman has to really fight for it, not fight for it. That sounds a bit dramatic, but you know, it has to it has to be explicitly said."	Professional Curiosity	
1	"it can be quite triggering to be attending a clinic where there are patients that are also attending who are actively injecting and getting the kit to do so."	Rigid Systems	

1	"she's like a DV champion and there are like posters on the van about like things to look out for or questions to ask. But yeah, me personally, I would struggle. I probably wouldn't notice anything unless it was really blatant. But our clinical team are probably a lot more in tune to it and obviously they've seen hundreds of patients"	Professional Curiosity	
1	"The staff will always, you know, go through with safeguarding, like if something is explicitly said or if there is like a major red flag and something is very clearly wrong, like the staff will follow the safeguarding procedures and we'll send the correct, we'll send the referrals and all that jazz, but it's a lot to take on, I think, because it's quite a chaotic."	Professional Curiosity	
1 (Reccommendation)	"just think it needs to be more at the forefront and people and like, I suppose, like I said before, you know, all these different things you have to be aware of. I do wonder like in terms of others, other than the service that I've that are specifically for them,"	Rigid Systems	
1 (Reccommendation)	"Like, how much are they, how much are these aspects at the forefront of their minds when they're setting up projects or initiatives or running their own services? Like,I mean, you know, like if GPs did like an open door evening service, that would would that appeal to like people of that demographic? You know, just like little things like that. Like, I mean, I don't personally, other than the organisations that actively work with them that we partner with, I don't see a lot of other...organisations or services, particularly with that patient group at the forefront of their priorities or doing anything differently out of the ordinary to make themselves more accessible in that way, where I don't necessarily think it's intentional. Again, I just think it's education."	Rigid Systems	
1	"maybe an element of stigma,"	Chilling Effect	
1	"you do get those people who are a bit old-fashioned, like, oh, we're open when we're open. If they want to come, they'll come. And like, I mean, I'm a very stable, well-adjusted person and I miss appointments anywhere,"	Rigid Systems	
1	"Living that lifestyle, I can't imagine it's the easiest thing as it is, like, as never mind the fact that it's unaccessible to begin with."	Chilling Effect	
1 (Reccommendation)	"I think there probably needs to be a more general idea about how those people can be cared for in terms of like general health and well-being."	Rigid Systems	Relational Safety

1	"Like I know the sexual health team like go into parlours and stuff, you know, for screening and things like that, which is really good. So then you're offering quite a relevant resource and you're going to where the people are instead of sitting somewhere and expecting them to come to you."	Relational Safety	
1 (Reccommendation)	"they're being very proactive about it and making that link themselves. And I think there needs to be more of that, just in general servicing."	Relational Safety	
2	"we work with the harder to reach communities where there's more need, but obviously they don't come forward as much for health care. So my main priority is sex workers. I do a little bit of work for young people as well, but it is predominantly sex workers."	Chilling Effect	
2	"I'll visit them while they're in the area as well."	Relational Safety	
2	"We provide All condoms, lube, different size condoms, latex-free, beppy sponges, so they can still work if they want a period. Anything that just makes it a bit easier for him, a bit safer. I also take my testing bag out with me so we can test for HIV, syphilis, chlamydia, gonorrhea, hepatitis."	Relational Safety	
2	"So I work quite closely with the Hep C team. So obviously I'll test if I get any reactives."	Connectivity	
2	"the hepatitis nurse will do a joint visit with me and they'll do full bloods to check if it is a new infection."	Connectivity	
2	"and things like that they can have done within the community that don't have to go into hospital or anything. They've got like a liver scanning machine that can do everything, just everything to make it easy for the women to access the care."	Relational Safety	
2	"We have contraceptive nurses that can come out with us as well. We have a specific contraceptive clinic on a Monday evening that we can book women to if they want to come in to see us at our service rather than going into the sexual health service in the city."	Relational Safety	
2	"Yeah, just lots of visits, lots of drinking cups of tea."	Relational Safety	
2	"I think a lot of it with the sex workers, it'll be previous negative experience, having to explain what they do as a job."	Chilling Effect	

2	"I don't have to do any questions of how many people you've slept with,"	Relational Safety	
2	"Even like in regular sexual health, even when we're doing a general testing session, our questions of like, have we had two or more sexual partners in the last 12 months? And most of these women are thinking I've had two in the last days, do you know, like the last time I went like. So I think we just, I think they like the idea that we understand it more."	Chilling Effect	
2	"And as I say, I think mostly is the judgement side of it. They've probably felt judged in the past, even if that's not an intentional judgement,"	Chilling Effect	
2 (Recommendation)	"even down to like just making it more simple and using the beppy sponges so they can still have sex while they've got the period. Most people are like, oh, why are they having sex then? And it's like, because it's the job. Like, we don't need to question why, we just need to make it easier for them."	Relational Safety	
2	"obviously a lot of the women don't work under their official names. So I know a lot of the women as the working names...I'll have tested him under the working name. So then they're in the waiting room and if they get called out by that name and there's anybody in the waiting room that knows them as a regular, just things like that."	Rigid Systems	
2	"So even as just making the staff aware, they're pretty good now...they kind of know if it's somebody I've tested and then when they speak to them they'll ask which name they're booking into the clinic on,"	Connectivity	Relational Safety
2	"I think the thoughts around sexual health has improved since I started. Obviously, it's still not high on their priority list. If they've got nowhere to live, they're dealing with a lot of them have like leg sores, things like that, which are like immediate. Sexual health is still quite low down,"	Chilling Effect	
2	"I'll turn up and just be doing a testing session and they'll just get tested there and then because I'm there. So I think the fact that it's a lot easier to access now,"	Relational Safety	
2	"the fact that I've worked in sexual health for about 16 years and I've done my role with sexual workers for about 10 years now. So I think the fact that they know me...And if they don't know me, the person that they're with probably knows me,"	Relational Safety	

2	"consistency that it's the same person that they're going to see really helps because it's a big trust thing."	Relational Safety	
2 (Recommendation	"I think one thing that I think they want people to realise is not all people who are doing sex work are doing it because they have to. Some do it because the hours suit, they've always done it. People in the family's done it. Like not everybody who's doing sex work needs saving, which a lot of the time when I go to meetings are like, how can we get these women? Like I'm like, some of them don't want to,"	Chilling Effect	
2	"If they're doing it to fund habits, things like that, that's different."	Survival Sex	
2 (Recommendation	"I think sex work has been seen as doing it like more of more of an empowering type situation rather than being seen as somebody that needs help. I think that's a big thing as well."	Chilling Effect	
2	"Even me just going and doing a visit, they don't necessarily always need testing. They'll just have condoms and they'll sit and have a cup of tea with them. They'll have a chat, things like that. Just make like me seeing it as normal, I think really helps them. Not them seeing me as somebody who's coming from healthcare and like is wanting to help. Do you know what I mean?"	Relational Safety	
2	"Just making it more normalising it, I think, really helped."	Relational Safety	
2	"I reported on her behalf and then the police visited her at the parlour and spoke to her that way."	Relational Safety	
2	A lot of the time they use me as like a stepping stone to other services, which I think is really good as well.	Relational Safety	Chilling Effect
2	"I do think it's time and like I say, kind of word of mouth. A lot of sex workers know a lot of sex workers."	Relational Safety	
2	"they'll say to me, I got your number from so and so and it's like, oh yeah, like definitely. Yeah, I do think it's just consistency and I think knowing that when the text, it's going to be me that turns up."	Relational Safety	
2	"people..from different ethnic backgrounds and stuff, obviously they all have different views on sex work, so even if...Even when being impartial, I do think women sometimes still feel judged."	Chilling Effect	

2	" I do have quite a lot of trans women as well that I support. So I think seeing them as women is another thing, understanding obviously their health needs are a little bit different, but seeing them still as present as being women."	Relational Safety	
2	"they don't always get in other services."	Chilling Effect	
2	"I think it's just understanding and taking time. Like a lot of the times it'll start off the first few visits, even if it's over a couple of months, it'll just be me dropping condoms off. That'll probably start."	Relational Safety	
2	"they'll message for condoms and then I'll go and I'll say I'm here. And they'll be like, oh, I'm not out, can you just leave them down the side of the house or wherever? So sometimes I think they are in, but they're just, it's just that barrier for a while. And then after a couple of weeks, they'll start answering the door and then, and I'll say, oh, we offer testing things if we ever want that. And then... a couple of visits later. So I think it's just having the time and the patience to not be put off if the first time you go, you're just leaving condoms in the back garden."	Relational Safety	
2	"I think they're just quite grateful that obviously we're picking up people who are positive for things that have never come forward. So from like a public health type point of view, I think... they understand the importance of us being involved in things like that."	Connectivity	
2	"we've got it like even down to just referring, we've just got, I don't have to speak to him a lot of the time, we've got an e-mail and we e-mail the health advisors and just do it that way. So it's just making it as quick and easy for us because obviously out and about constantly, like today I've not got my laptop, I'm doing this on my phone during visits and things like that."	Connectivity	Relational Safety
2	just understanding the nature of sex work and also understanding that a lot of the time I'll have appointments and they'll cancel last minute or I'll get there and work me in. And instead of thinking, well, I'm not visiting that person anymore, just understanding that some of the people are living chaotic lives and we just kind of have to fit in where we're kind of not... really holding that against them.	Relational Safety	

2	"I think a lot of the time, like if you don't turn up for an appointment at the doctors or dentist or whatever, that's it. They've lost the point. And just understanding that while that is frustrating, It's the life that the lifestyle they're living, and it's not always their fault, but that's how it is."	Rigid Systems	
2	When I'm going into the parlours and things, you're making sure everybody's of age, everyone's happy to be there, especially there'll be women that don't speak English, but will still be more than happy to be tested. I'll use translation apps, things like that. But it is always a worry. You do always want to make sure that everybody who's doing it is doing it... Not necessarily on the street where everything is a little bit different, but they understand what they're doing."	Professional Curiosity	
2	"It's really difficult because a lot of the, obviously I know that this goes on, but there's like one of the parlours in Hull, they'll accept condoms for me, but they never let me inside."	Professional Curiosity	
2	"And I know having the meetings, we have like every six weeks we have a meeting with the police, social service, things like that, we all get together."	Connectivity	
2	"I know they're not, they're never keen on letting the police in, whereas the other parlours will let the police in, like me, for a cup of tea, just to make sure everyone's all right, things like that. So that does worry me."	Professional Curiosity	Relational Safety
2	" I know there's like pop-up parlours or pop-up brothels and they're not going to access my service a lot of the time because a lot of the women inside I don't know don't speak English."	Rural Isolation	Professional Curiosity
2	"I've been to the modern day slavery meetings and things like that and it's really difficult because I know these places exist and if I get obviously if I get told by any of the anywhere else that they think this is going on or things I will report it."	Professional Curiosity	
2	"but it's kind of like they're not going to access me if they're in that situation, which is really difficult. So I do think there is women out there who are in trouble, like obviously sexual health is not priority for them again, but these women that really could do with our service and not able to access it because of the situation they're in."	Professional Curiosity	

2	"I know like obviously the women are learning to be here for a couple of weeks and they'll get moved on and things like that. I am always on the lookout for it and if I do ever see anything that don't sit right with me, I do report it."	Professional Curiosity	Rural Isolation
2	"We've got a very good relationship with [mainstream service employee name redacted]."	Connectivity	
2	"Anything that doesn't sit right with me, I would report to [them]. Obviously, if [their] not working that day, just report it as I would anything else."	Connectivity	Professional Curiosity
2	"yeah, I am always on the lookout,"	Professional Curiosity	
2	"But it is always on my radar."	Professional Curiosity	
2	"Yeah, there's definitely an increase of women advertising online to sites like Viva Street, stuff like that, and then working from home,"	Digital Veil	
2	"I get why they prefer it. They're not having to pay a fee and things like they are in the parlour, but obviously the dangers of that are a lot higher, especially with, especially the women that are working from their actual home."	Digital Veil	
2	"And the law, as you probably know, is really backwards in the fact that they can sell sex from the home, but the second they've got another woman there...Doing it, which, because there's two of them, three of them, whatever there, but then breaking the law, so...It's hard because I want to say to him, like, always have a friend there, we all do, always do this."	Rigid Systems	Digital Veil
2	"they are technically breaking the law. They know that. So it is difficult. But yeah, a lot of them have advertising online now and then meeting clients that way. Most of them will say to me, oh, I've just got my regulars. I only see my regulars. Sometimes I see somebody else that's new."	Digital Veil	Chilling Effect
2	"they understand the dangers of disclosure."	Chilling Effect	
2	"I think Humberside Police treat it a lot different to what they used to. I don't come across many women that say I won't report something because I'm scared. Like, I don't think the police are, I could be wrong, but from what I've come across, I don't think the police ever need to prosecute the women over what they're doing."	Relational Safety	

2	"the women are never in trouble, we just want them to be safe. I think that has changed a lot,"	Relational Safety	
2	"couple of years back, the police put the section, I can't remember the name of it, section something in place just against the street workers and there was a big uproar on that. So yeah, it's hard because it's a fine line to walk in it even."	Rigid Systems	Chilling Effect
2	"I do evening outreach with [charitable organisation name redacted]"	Connectivity	
2	"somebody from renewed drug and alcohol service will go out, one of the district nurses will go out, somebody from the homeless mental health team will go out just basically so the women get to know where we are."	Connectivity	Relational Safety
2	"we'll see the police sometimes when we're out. and we do work closely with them, we have meetings and stuff with them, but we don't want to be seen to be part of them as well."	Connectivity	Chilling Effect
2	"it's a really fine line between if you need the police, we can help you with that, but also we're not part of the police and I'm not going to be telling them everything that you're telling me if I don't need to."	Relational Safety	Chilling Effect
2	"I think a lot of them are put off because I think people try and save them and like obviously I work with like [charitable organisation name redacted] Hull, but they are like a Christian organisation and that I think they're a little bit more like getting people out of this work."	Chilling Effect	
2 (Recommendation)	"just make it be more of a normal thing that people choose to do."	Chilling Effect	
2	"I think once it's kind of normalised, then the barriers will come down that are there at the moment. As I say, even if they're going to the sexual health clinic now, they might not mean to be judged by the people that are in there. But I think more training with the staff on. not seeing a sex worker as somebody that automatically, like, would be a safeguarding issue or something like that. Like, it's just a job."	Chilling Effect	Relational Safety
2 (Reccommendation)	"there always needs to be more support for the higher risk women. There's never enough support in place for them, referrals, things like that."	Rigid Systems	
2 (Reccommendation)	"just seeing the difference between the different types of sex work."	Relational Safety	Chilling Effect

2 (Reccommendation)	"Don't presume that they've been coerced when when they're not all that's not always the case."	Chilling Effect	Relational Safety
3 (from surmised notes from forst 20 minutes of interview)	The participant still has regular frontline contact with these cohorts, through continued engagement with voluntary sector organisations, as a key part of their role and as a volunteer in their spare time.	Connectivity	
3 (from surmised notes from forst 20 minutes of interview)	Sex workers and ASE victims as a cohort, haven't had many recognisable changes in the last decade. There is still a similar amount of sex workers and ASE victims in the Hull area. Unsure as to why this is, you have to ask why the services in place are not significantly changing this, despite new services being launched regularly.	Rigid Systems	
3 (from surmised notes from forst 20 minutes of interview)	Services (mainstream and voluntary sector) are forced to focus on reducing harm after a member of either cohort has endured trauma related to their work or exploitation; instead of being able to mitigate these factors through preventative care before this point.	Rigid Systems	
3 (from surmised notes from forst 20 minutes of interview)	There are many risk factors (too many to count) that lead people into these circumstances, these include substance abuse, childhood trauma, changes in lifestyle circumstances (e.g. loss of employment or familial breakdown leading people to participate in ‘survival sex’) and other forms of abuse.	Survival Sex	
3 (from surmised notes from forst 20 minutes of interview)	Therefore, there are barriers which these cohorts face in accessing healthcare after their engagement in the sex industry, but these barriers also come from the same barriers being present before this, relating to previous lifestyles and trauma.	Chilling Effect	
3 (from surmised notes from forst 20 minutes of interview)	Service users face perceived threshold issues - feeling whether they are worthy of care.	Chilling Effect	Rigid Systems
3 (from surmised notes from forst 20 minutes of interview)	This sometimes comes into conflict with healthcare services threshold what they deem as appropriate circumstances for intervention.	Rigid Systems	
3 (from surmised notes from forst 20 minutes of interview)	This can lead to users not being able to access immediate care for what they feel is ‘urgent’.	Rigid Systems	Chilling Effect
3 (from surmised notes from forst 20 minutes of interview)	Stigma for sex workers doesn’t come from being sex workers - it comes from other factors.	Chilling Effect	

3 (from surmised notes from forst 20 minutes of interview)	Sex workers don’t always want help, the things offered to them aren’t what they want, and who is to say we have to help them.	Relational Safety	Chilling Effect
3 (from surmised notes from forst 20 minutes of interview)	Threshold of care vs threshold of access	Rigid Systems	Chilling Effect
3	"Yeah, yeah, massively. And you can kind of get it. Like, it's understandable, isn't it?...It's hard for them to be in these types of social situations because of stigma, because of fear. And often it's just too difficult for them to deal with... on their own. Certainly without an advocate with them, you know."	Chilling Effect	
3	"I don't think, I don't think the fact that they are sex workers at all, actually. I think it's...It's because they are in crisis and vulnerable in whatever way."	Chilling Effect	Survival Sex
3	you know, again, whether it is homelessness, substance misuse, exploitation, abuse, whatever. I think it's more that than the sex work thing itself.	Survival Sex	
3	I think when you're talking about someone that's being sexually exploited. And, of course. of how you measure exploitation and define exploitation, certainly in regards to sex work is so broad.	Professional Curiosity	
3	"A lot of people consider sex work to be exploitative."	Chilling Effect	
3	"all the way across the spectrum to serious sexual exploitation that meets the definition of modern slavery, you know, and there's this whole sort of shades of grey in between."	Professional Curiosity	Relational Safety
3	I don't think a lot of women in that situation wouldn't attend mainstream services without an advocate.	Rigid Systems	Chilling Effect
3	I think more often a support worker from a voluntary organisation.	Connectivity	Relational Safety

3	[in reference to mainstream services' receptivity to the voluntary sector] "I think pretty good, to be honest...this just comes back to that piece on how the sector works together, how we share information, how we kind of work towards that common goal of equal access to healthcare for everybody, regardless of the situation, sort of thing. Again, I suppose in city, in urban areas where you have the presence of sex work charities, exploitation charities, all of these types of things, they will be engaging with mainstream services on a really regular basis, just with different clients, you know."	Connectivity	Rural Isolation (negated)
3 (Reccommendation)	"Do I think those links could be stronger? Yeah, probably. Do I think that's easily achieved? Definitely, just with a little bit of work. And do I think that would benefit the women accessing the services? Yeah, absolutely, because it would help give them more trust and more confidence that they were equally worthy of accessing those services as anybody else would be."	Connectivity	Relational Safety
3	"And just regardless of whether you're talking about a sex worker or someone that's been a victim of sexual exploitation, their positionality, their identity as a victim that they've created for themselves around that experience will define on how worthy they believe they are to access services."	Chilling Effect	Rigid Systems
3	For them to access those services, and you know a lot of victims of exploitation and we know this from past research, are often scared and resistant to access services. For, again, whatever it is, the dentist, you know, whatever, just routing regular health care services, because they are, they don't want to be treated like a victim. They want to be just treated as the person that is going for	Chilling Effect	Rigid Systems
3	"She was so grateful that now she'd been identified as a victim of trafficking that she was able to access health care because that was her biggest priority because she had like quite a few illnesses...But she said the first time she went to the doctors, when she sat in the doctor's office, she saw the paperwork on her paperwork in big, massive writing at the top. It said, victim of slavery. And she was like...That really upset me because I wasn't going in as a victim of slavery. I was just going in as me."	Chilling Effect	Rigid Systems

3	"I didn't know if they would treat me differently or they would pity me. And it's like, I don't want pity. I just want the same as what everybody else has got. And I think the true, I think the same would be true of sex workers in general."	Chilling Effect	
3	"How I feel about myself determines how I think everybody else feels about me."	Chilling Effect	
3	[in reference to building trust with sex workers or ASE victims who operate digitally] "I think that is literally where we, that's a touchpoint where we lose people."	Digital Veil	Relational Safety
3	"I don't know what. I don't know what we do about that. Because it removes those natural. interactions where we could offer support and help people build that confidence and resilience and where. Um...Yeah, it's a huge, it's a huge issue. The question is, how do you get any information to those individuals?"	Digital Veil	Relational Safety
3	"We are starting to get a rhythm of identifying those pop-up brothels and visiting them and trying to engage with the ladies that way. We are starting to get a rhythm of identifying those pop-up brothels and visiting them and trying to engage with the ladies that way."	Professional Curiosity	Relational Safety
3	"there's visits to known pop-up brothels, areas in which we know that this exploitation is potentially happening."	Professional Curiosity	Relational Safety
3	"So we've been working with police colleagues to give health, sexual health information, for example, to these women in pop-up brothels when they visit, because of course they're not going to talk to police officers."	Connectivity	Chilling effect
3	"We can't give them that, we can't explicitly give victims of sexual exploitation in pocket brothels modern slavery and exploitation leaflets and stuff like that, because if they are being controlled, like, it's just not going to happen. So we kind of figured, like, let's make some, Sexual health cards that police officers can hand to the ladies and say, look, if you ever need any sexual health spot, here's the places you can go and then hopefully they voluntarily access those services. And that kind of gives us back a touch point in which we might be able to intervene, etc, etc."	Professional Curiosity	Connectivity
3	"But that's only for proper brothels. I think that broader question around online sex work,"	Digital Veil	Professional Curiosity

3	"You got the whole question of choice, haven't you?"	Digital Veil	Professional Curiosity
3	"How do you identify that it's going on in, like you say, in a more rural area, there's so much more dispersed? Yeah, I wish I had an answer."	Rural Isolation	Digital Veil
3	"who, is it someone that's being exploited or is it someone that's...consciously taking the decision to engage in a sex worker."	Professional Curiosity	Digital Veil
3	"It doesn't diminish the risk to that person of becoming a victim of exploitation... But, but in that kind of first instance, if they're, if they're...If there's no threat. No harm, no coercion, no force. Like, everyone's free to do whatever they want to do, right?"	Professional Curiosity	
3	"What we don't know is often why someone's making that choice. And that's what worries me."	Professional Curiosity	
3	"I've, over the years, worked with lots of people that have made the choice to engage in sex work as a means of survival."	Survival Sex	
3	"it's quite a high percentage. Again, in my experience, the people that have, or have told me at least, I'm engaging in sex work because I needed to survive, I lost my job, or I separated from my partner, or I've just come out of prison, or whatever it is."	Survival Sex	
3	"Of course, they are even more vulnerable to exploitation, because...They're in a they're in a precarious position already that got them into sex work, which...by its very nature, is precarious work. So it just compounds the risk."	Professional Curiosity	
3	"that's been done online digitally, advertised digitally, but carried out in rural areas...I think services certainly have limited chance to... intervene and offer support in that situation. And I guess a lot of those cases are people that... They only come. They only come to the attention of services when something's gone wrong."	Digital Veil	Rural Isolation
3	"I can count on one finger the amount of time someone that I've never met before or met once or twice has made a disclosure of exploitation."	Professional Curiosity	

	3	"all that I've spotted the signs of. So, to preface my answer with...This is in a situation of where you already have trust with somebody and you have a relationship with someone. I think the biggest thing is people that either through their actions or through what they communicate to you. give you an indication that they are doing this for someone else's benefit. and that they didn't have to say, you know, the common one is, I don't have time to stop and talk for long because John's going to be angry. sort of thing. You know, that could indicate just a really abusive coercive relationship, where someone's partner said, if you want to go out and have sex to earn money, that's fine, but I want half of it... sort of thing. We wouldn't class that necessarily as sexual exploitation."	Professional Curiosity	Relational Safety
	3	"And again, it's that kind of...That scale. But certainly that indication that they're not doing it of their own free will, they don't have time to stop and talk, someone's going to be angry, blah, blah, blah, blah, blah. I can't stand still for too long, I can't stand and talk to you too long because someone will notice, that type of stuff. So there's a really, really clear, clear indicators, anyone that keeps the ledger... sex workers do not keep logbooks of all their clients and how much they're charged. They just don't."	Professional Curiosity	
	3	"ledgers and one page will be like a whole and two pages later it will be Grimsby and then two pages later it will be grand firm and it's like that's an automatic flag and it's got each service and the price and the total for that."	Professional Curiosity	Rural Isolation
	3	"anyone that is in any state of distress.""	Professional Curiosity	
	3	"Most people will be like, well, the sex workers, they're all on drugs and they're all drinking, not when they're working. Not like, to a point, they all are obviously drinking A lot. They will drink and work, but they won't... misuse substances to the point where they're not in control if they know they're working on a particular day because they all are very serious about safety."	Professional Curiosity	Survival Sex
	3 (Recommendation)	"There's definitely A lot. I think the thing I always say with professional curiosity is if something doesn't feel right or seem right, then...There's a good chance it's not."	Professional Curiosity	

3	"it's really individual, so it's specific to each person, and unless you have that, unless you have some semblance of a relationship with someone. How are you necessarily going to know that something's not right unless it's one of those really obvious things that anyone could tell?"	Professional Curiosity	Relational Safety
3	"So, again, I come back to that idea of...locally in any given area, do we know who's engaged in this type of behaviour or who's at risk? And are we sharing that information with relevant partners where it's possible to share it?"	Connectivity	Professional Curiosity
3	"And again, that's much easier said than done in areas like the EAST RIDING, as opposed to areas like Hull, where you have a really defined, certainly from streets, that's where you have a really defined area."	Rural Isolation	
3	"this is really interesting, actually. It's really interesting because...Who's to say you have to get them help? And who's to say they want help?"	Relational Safety	Chilling Effect
3	"And we do find this quite often with sex workers that they will be open and honest and say, my flat's been cuckooed."	Cuckooing	
3	"or I was assaulted last week by my brother's friend and his friend and I was scared to go home to my flat because they keep turning up there or whatever it is. And it's like, right, we need to do something about this. We need to report it or we need to see if we can get your accommodation changed or, you know, or whatever it is, safety planning, don't want to that I don't want to because it'll make it worse."	Relational Safety	
3 (Recommendation)	"If I kick up a fuss, it'll make it worse. So oftentimes, it's an acknowledgement that someone is in an unsafe situation or is being victimised or exploited or whatever it is. It's acknowledging that and letting them know that you're there to support them when they want it. But actually in the meantime, it's just doing everything you can to keep them safe... in that situation and not actually trying to change the situation. That seems to be the common kind of thing that happens..And. Just because of the fear"	Relational Safety	Chilling Effect

	"Fear of themselves getting into trouble with law enforcement, say for example, things like that. themselves getting into trouble with law enforcement, say for example, things like that. Fear of, so we we've had sex workers that we've offered that we they've been offered a referral, National Referral Mechanism, and they said, you know, their support, I said, look, we think you're being exploited, we can make you this referral, we can get you safe house accommodation, blah, blah, blah, blah, blah, and the safe house accommodation is in Leeds or...Whatever. No, I'm not leaving Hull."	Chilling Effect	Professional Curiosity
	"Like, what do you do then? You just got to reassure them and say, if anything changes, let me know. If you want support, let me know, and safety plan around that."	Relational Safety	Professional Curiosity
	"I think it's about...contextually helping them find ways to keep themselves safe should they need it. I think it just works on that premise that everyone has a limit of what's acceptable risk-wise."	Relational Safety	
	"certainly for women that are on street sex workers, that limit is much higher than your average person, but even they'll have a limit. And it's like, if you reach that limit, you ring me or you come to the office or you go to this particular place or, if you know what I mean, that type of thing,"	Relational Safety	
	"seems to be the best, the thing that works the best because then you are giving. Sorry, not giving. They are retaining control of their own destiny...and their own safety rather than relying on you as a support worker or you as an organisation."	Relational Safety	
	"I think that it has to be the same for safety planning as well. They have to feel like they're in control."	Relational Safety	
	"I do think for the most part, the third sector and the health sector work together quite well."	Connectivity	
3 (Recommendation)	"I do think there's a misunderstanding by health of just how chaotic...A lot of these women are, and and and. Because they don't necessarily see that, they only see a small snapshot. An appointment or whatever it is. They don't see their daily struggles; they don't see that context around what a day in the life of...a sex worker or a victim of sexual exploitation is and what's important to them."	Rigid Systems	Chilling Effect

3	What is what are professionals positionality is? And how they view Service users.	Chilling Effect	
3	"Because let's be honest, accessing health services, like all the other statutory services, is often quite prescriptive and you have to be at a certain place at a certain time and this, that and the other and it's punitive. So if you don't turn up, you'll lose your appointment or you'll be sanctioned and all of these things."	Rigid Systems	Chilling Effect
3	That's really at odds with how chaotic these people's lives often are, and I don't know. This, so I've I've always worked on these on the basis that. the small things are the most important in someone's life and in someone's day-to-day. So what might be a minor inconvenience on or not even given a second thought by you or I, we drop a cup of coffee or I don't know... you miss a taxi or it could be 100 different things that happen to someone in that situation. It completely ***** up the whole day."	Chilling Effect	Relational Safety
3	"And it's trauma and it's tears and it's chaos."	Chilling Effect	
3	"And it's right, I'm going to use, I'm going to use today. I've been clean for two weeks, but I'm going to use today because the world hates me and I hate the world and all the rest of it."	Survival Sex	Chilling Effect
3	"I don't think services often understand that level of crises,"	Rigid Systems	Chilling Effect
3 (Recommendation)	"So when the third sector are trying to support women to engage with services and they're trying to...they're asking the service, the health service to be as flexible and as malleable as possible, and they're not. I think that's where often issues arise. And it's like, well, I can't get an appointment for two weeks. I'm just not going to bother... Because 2 weeks in the life of a of someone in crisis is a really long time,"	Rigid Systems	Chilling Effect
3	"it's not an issue of whether that point of view is right or wrong or reasonable, because we know often it's not a reasonable response to that situation. It's reasonable to that individual that's in crisis. And that's trauma-informed care."	Relational Safety	

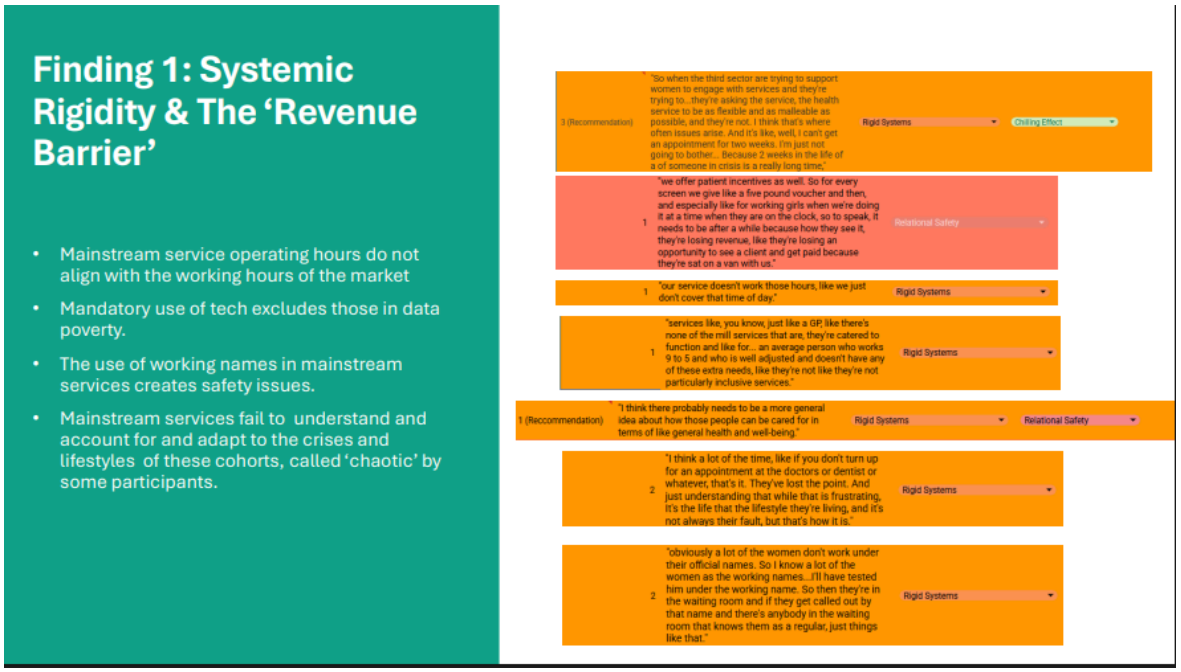
3 (Recommendation)	So I feel like we could probably find a way somehow for the third sector and in this case health services to… Share more, work together more, I'm not sure again. So again, if you have specialist health workers who work in homelessness hubs, sex work charities, of course they're going to be brilliant, they're going to get it because again, they see it all day every day, but that doesn't translate back to the wider service...to GP surgeries, to your minor injury clinics, to...Sometimes like sexual health services, all these things might not quite have that exposure. And they're not certainly not going to have it in East Riding.	Connectivity	Rural Isolation
43	"Let's be honest, if I was a sex worker that had been exploited, I'm not, there's no way I'm going to any health services in the East Riding. Not a chance. A, because I probably can't even get there if I wanted to. And B, like, yeah, no chance... I feel out of place going into Waitrose, so it's a bit of a silly comparison to draw, but you get what I'm trying to say."	Chilling Effect	Rural Isolation

5.4 Theme Discovery

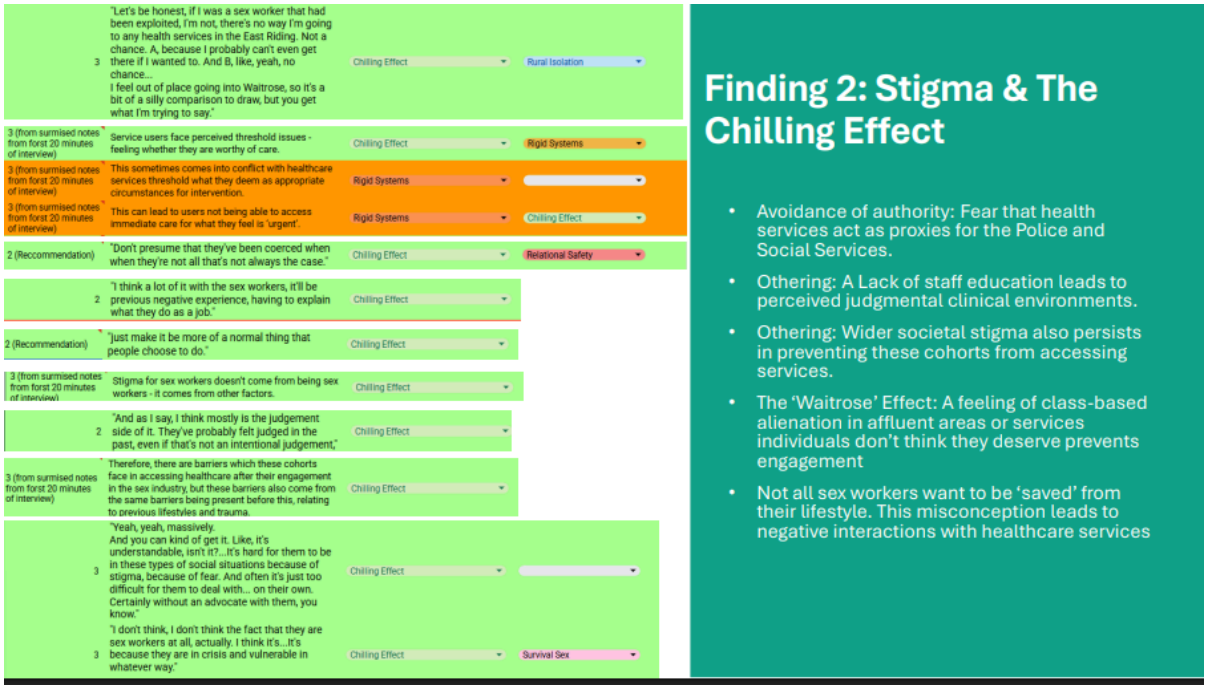
5.4.1 The Absence of 'Digital Veil'

The low frequency of this code is coupled with its appearances being marked by participants having no clear knowledge or answer of how mainstream services adapt to or are aware of the digitalisation of sex work. This is indicative of a need to conduct future research on this issue.

5.4.2: Systemic Rigidity and Revenue Barriers



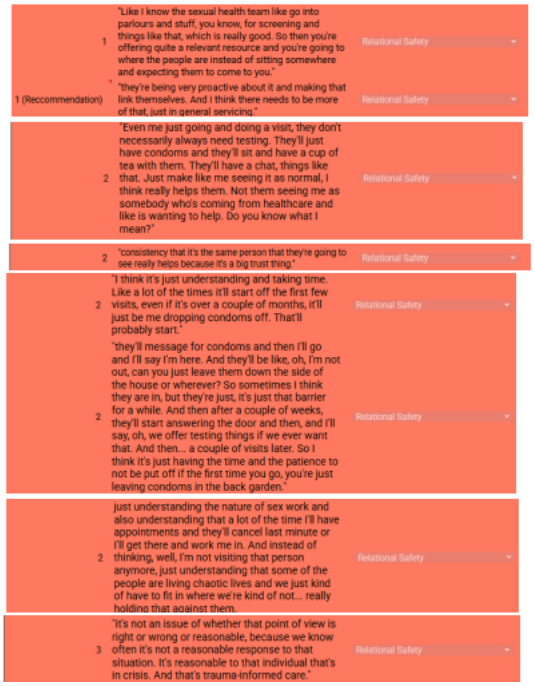
5.4.3 Stigma



5.4.5 Relational Safety

Finding 3: Relational Safety

- **Trust is currency:** Consistency and the 'drinking cups of tea' outperform clinical efficiency. These relationships needs time and individualised efforts to cultivate.
- **Peer-Led Credibility:** Specialised VCSEs provide 'psychological safety' that statutory services lack.
- **Proactive Persistence:** Persistent and consistent presence is necessary to build this trust. For example. the 'van' model succeeds because it removes the burden of travel.



5.4.6 Identifying ASE and Survival Sex

Finding 4: Identifying ASE and Survival Sex

- **Agency vs. Coercion:** Recognising that work is often a 'survival response' to addiction, poverty or other lifestyle circumstances.
- **Care vs Professional Curiosity:** inaccessible brothels or partners make professional curiosity difficult and workers must focus on providing their core service only (e.g. handing out brochures or medical tests)
- **The Digital Veil:** Online sex work and digitalised exploitation is increasing. This makes populations hidden and removes the physical and interpersonal cues usually used for safeguarding.
- **Safeguarding Thresholds:** Professionals often struggle to know when to move on from support to intervention in circumstances of suspected modern day slavery.

6. Conclusion and Insights for Future Work

These findings confirm that the digitalisation of sex work has made participants in this industry disconnected from mainstream services. Moreover, traditional models of service, such as waiting for

cohorts to approach the services by themselves has shown to be ineffective. To bridge this gap, a greater focus on relational safety and increased interaction with these isolated cohorts must be prioritised.

This research recommends that future work on this area focuses on:

- Expanding Sampling Strategy: This research should be repeated on a wider-scale.
- Piercing the 'Digital Veil': looking at outreach for those participating in adult service platforms and the ethics surrounding this contact.
- Integrated Connectivity: Further research is needed into linking informed-consent work pathways directly with addiction and homelessness hubs.
- Trauma-Informed Scheduling: Investigating 'flex-clinics' that move away from rigid commitments and stigmatising structures and questions.
- Rural Inclusion: Continued evaluation of the Inclusion Health Vehicle, as a primary site of rural safeguarding and health equity. Continued and extended partnerships with VCSE organisations on penetrating hidden populations.
- Low Threshold Access and Flexible Clinics: Future work should investigate the efficacy of flexible clinics, removing ID requirements and rigid appointment times, modeled after the Inclusion Health Vehicle. This could encourage these cohorts to approach mainstream services by lowering the threshold of healthcare access, making them feel more worthy of specialist care.

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