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THEIR HEALTH AND WELLBEING.

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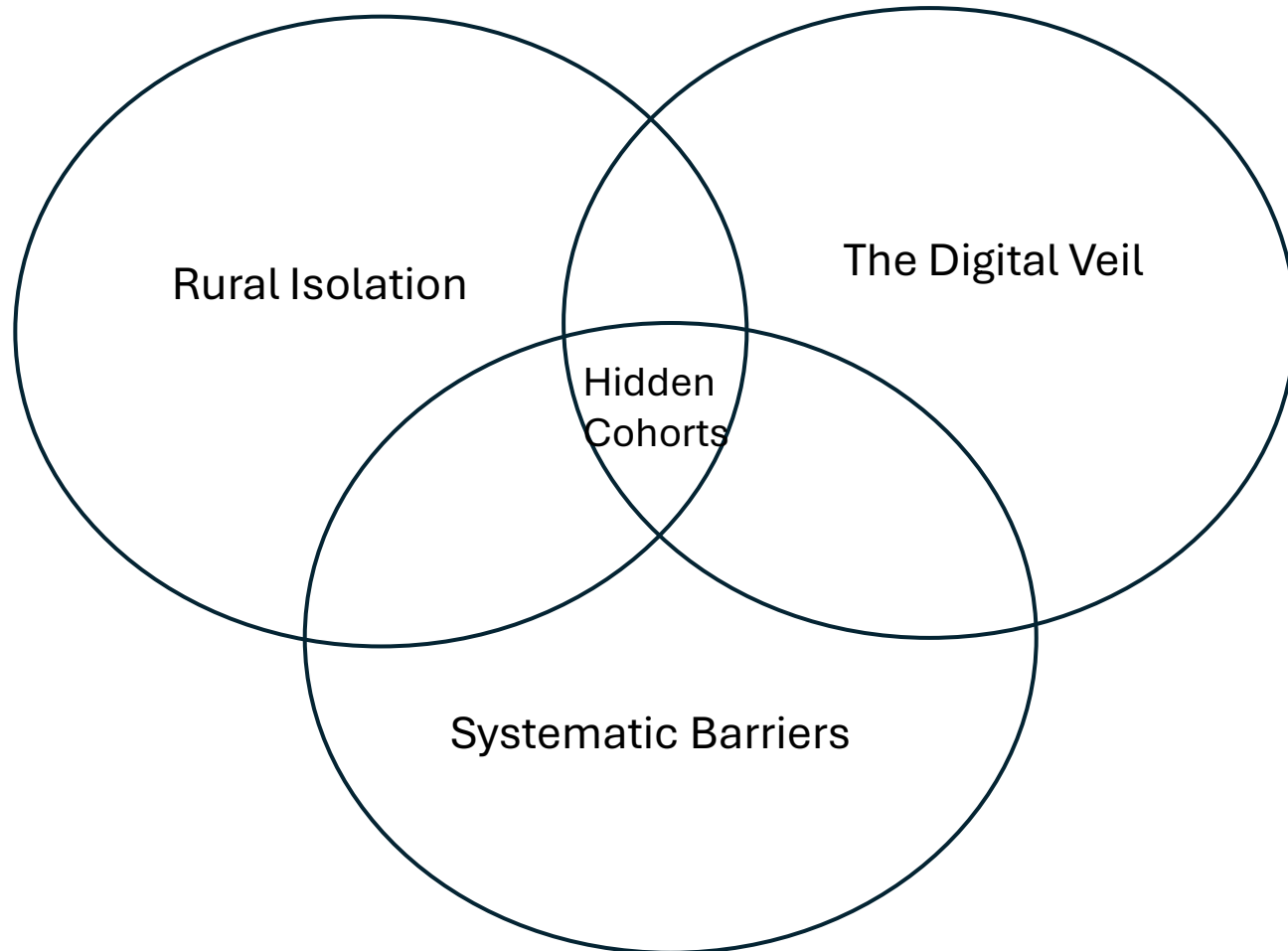
Live Longer and Healthier Lives

Understanding Engagement and Safeguarding: Sex Work and ASE





Context and Rationale



- **The Shift:** Risk has moved behind closed doors with the digitalisation of sex work and ASE.
- **The Problem:** Traditional 'sit and wait' clinical models are not seeing at risk cohorts, they're health needs remaining high.

Research Purposes

Goal: Presenting qualitative insights to improve inclusion health pathways for sex workers and ASE victims.

Focus: Bridging the gap between the ‘digital veil’ and statutory support

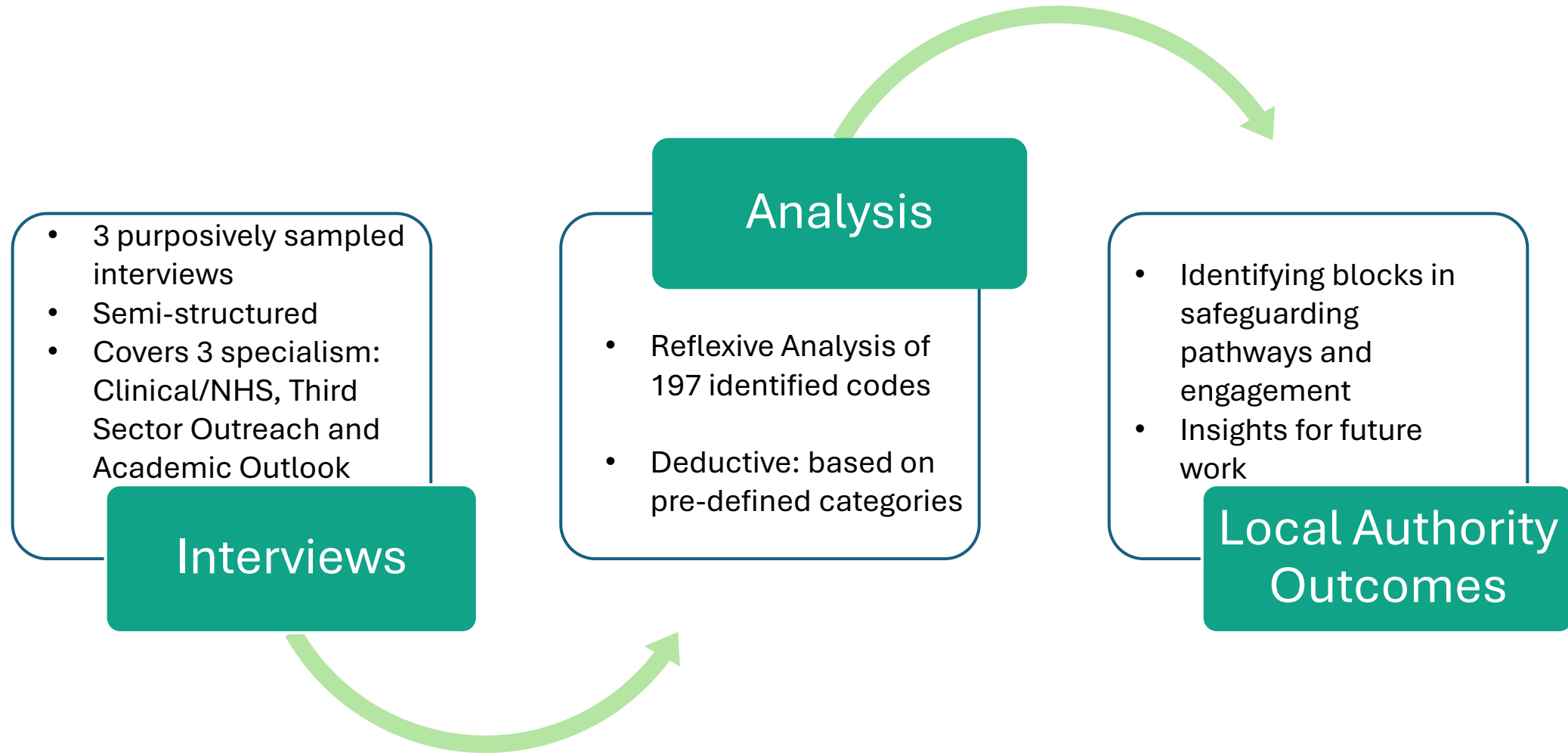
Perspective: Using the anonymised perspectives of service workers to highlight what barriers they face in providing high quality care – not just accusing them of not providing it.



Methodology

Funnel Approach: Each candidate built on and directed the study:

Individual Engagement (VCSE participant) – System Operation (NHS participant) – Landscape and Context (Academic participant)



Coding System:



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



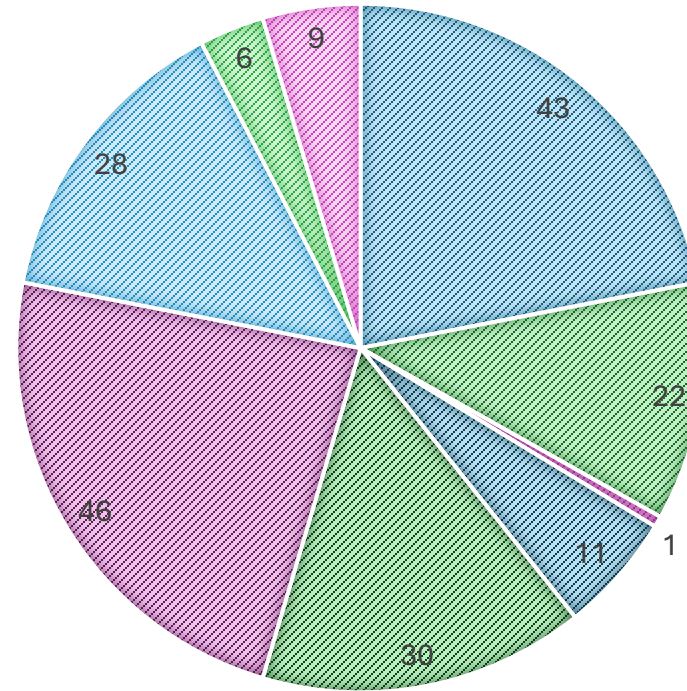
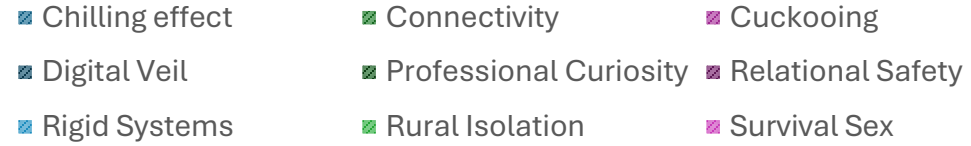
NUMBER OF TIMES PRIMARY CODE IS MENTIONED AS A REASON

Overall Results

196 total Primary Codes

Frequency of codes:

- Chilling Effect: 21.94%
- Connectivity: 11.23%
- Cuckooing: 0.51%
- Digital Veil: 5.61%
- Professional Curiosity: 15.31%
- Relational Safety: 23.47%
- Rigid Systems: 14.29%
- Rural Isolation: 3.06%
- Survival Sex: 4.58%



Finding 1: Systemic Rigidity & The 'Revenue Barrier'

- Mainstream service operating hours do not align with the working hours of the market
- Mandatory use of tech excludes those in data poverty.
- The use of working names in mainstream services creates safety issues.
- Mainstream services fail to understand and account for and adapt to the crises and lifestyles of these cohorts, called 'chaotic' by some participants.

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

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 "our service doesn't work those hours, like we just don't cover that time of day." Rigid Systems

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 (Recommendation) "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

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 "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

3	"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
3 (from surmised notes from first 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 first 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 first 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
2 (Recommendation)	"Don't presume that they've been coerced when when they're not all that's not always the case."	Chilling Effect	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 (Recommendation)	"just make it be more of a normal thing that people choose to do."	Chilling Effect	
3 (from surmised notes from first 20 minutes of interview)	Stigma for sex workers doesn't come from being sex workers - it comes from other factors.	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	
3 (from surmised notes from first 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	"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

Finding 2: Stigma & The Chilling Effect

- Avoidance of authority: Fear that health services act as proxies for the Police and Social Services.
- Othering: A Lack of staff education leads to perceived judgmental clinical environments.
- Othering: Wider societal stigma also persists in preventing these cohorts from accessing services.
- The 'Waitrose' Effect: A feeling of class-based alienation in affluent areas or services individuals don't think they deserve prevents engagement
- Not all sex workers want to be 'saved' from their lifestyle. This misconception leads to negative interactions with healthcare services

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.

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 (Recommendation)	"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	"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	"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	"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." "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	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
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

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.

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	
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	
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	"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	
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
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	"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	"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	

Insights and Guidance for Future Work

- **Integrated Connectivity:** Further research into linking informed-consent sex work pathways directly with addiction and homelessness hubs.
- **Piercing the Digital Veil:** Exploring the ethics and efficacy of services having a 'digital outreach' (integrated with adult servicing platforms etc.)
- **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 organisation on penetrating hidden populations.

