BRIEFING PAPER ON WOMEN AND PROSTITUTION

Women and Girls Networks Position

WGN perspective on prostitution is contextualised within the continuum of gender based violence and places women's involvement in prostitution as sexual exploitation. This is not a simple argument of choice to be involved or not, but rather as Kelly (2007) suggests what are the constraints on women's agency and how viable are the choices for women's involvement in prostitution or not.

Definitions UN definition:

> The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another."

Key Facts

- 75% of women involved in prostitution started as children.
- 74% of women cite poverty as the primary motivator for entering prostitution (Melrose 2002).
- Up to 70% of women in prostitution spent time in care, 45% report sexual abuse and 85% physical abuse within their families (Home Office 2006).
- Up to 95% of women in prostitution are problematic drug users, including around 78% heroin users and rising numbers of crack cocaine addicts (Home Office 2004).
- More than half of UK women in prostitution have been raped and/or seriously sexually assaulted. At least three quarters have been physically assaulted (Home Office 2004a).
- 68% of women in prostitution meet the criteria for Post Traumatic Stress Disorder in the same range as torture victims and combat veterans undergoing treatment (Ramsey et al 1993).
- 4 out of 5 women working in London brothels are thought to be foreign nationals (Dickson 2004).
- The mortality rate for women in prostitution in London is 12 times the national average (Home Office 2004b).
- The murder rate for women involved in prostitution is 18 times higher than that of the general population Home Office, 2004a).
- A global study of prostitution found that 9 out of 10 women in prostitution would like to exit if they could (Farley, 2003).

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- 10 years ago it was estimated that around 80,000 women were in prostitution in the UK (Home Office 2009) .However, many experts believe the number to be greater.
- A 2002 study found that 74% of women involved in prostitution cited poverty, the need to pay household expenses and support their children, as a primary motivator for entering sex work.
- It is estimated that each sex trafficker earns on average £500 to £1,000 per woman per week (2008/09).
- 2006 found that up to 70% of women in prostitution had spent time in care.

Entrapment

Demand is the most significant driver in the continuation of women and girls exploitation in prostitution. The ability for men to purchase women to sexually exploit and the power to act out humiliating, degrading and violent acts towards women without any realistic sanctions. Implicit in prostitution is the acceptance of the objectification of women along with a sense of right and entitlement to sexual exploitation of women and girls as commodified bodies to be used and abused. Key is the denial of women's subjectivity and humanity.

With choices come options and the ability for informed consent. However, for the vast majority of women involved in prostitution there is a common thread that links their backgrounds, one of poverty and deprivation. Overwhelmingly, women are from marginalised and disadvantaged communities with the least access to power and arguably have the least viable alternatives or options. As MacKinnon (1993) suggests "If prostitution is a free choice, why are the women with the fewest choices the ones most often found doing it?". MacKinnon (1993) further argues that "In prostitution, women have sex with men they would never otherwise have sex with. The money thus acts as a form of force, not as a measure of consent. It acts like physical force as in rape." Therefore, women's involvement in prostitution is not about active choice or the giving of consent. It is however, an exploitative relationship with tactics of physical, emotional, psychological and financial coercion used by traffickers and pimps to ensure women's compliance and entrapment in prostitution. Farley (2006) quotes survivors description of prostitution as 'voluntary slavery' and as the choice made by those who have no choice. Farley describes the global forces that choose women and girls for prostitution such as; sex discrimination, race discrimination, poverty, abandonment and childhood experiences of trauma. The critical question in relation to sex, race and class based

discrimination in prostitution is not a question of her consent, but is she able to have real options and choice to exist without prostituting?

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The global feminisation of poverty and the unequal economic spread of resources between the developing and developed countries adds to the disparity between free choice and compounds the significance of poverty as a central 'push' factor. Pornography, prostitution and trafficking are rooted in the intersection of sexism racism and classism. Women are purchased for their skin colour and characteristics based on racist stereotypes. Sexual tourism relies on such stereotypes for example, with Asian women's appeal portrayed as exotic and submissive with the explicit invitation that they will not resist and freely accommodate any fantasy or desire (Farley 2006).

Prostitution involves multiple forms of oppressive social power. Sigma Huda in her report for the UN Commission on Human Rights asserts:

> "The act of prostitution by definition joins together two forms of social power (sex and money) in one interaction. In both realms (sexuality and economics) men hold substantial and systematic power over women. In prostitution, these power disparities merge in an act which both assigns and reaffirms the dominant social status of men over the subordinated social status of women."

Matrix of vulnerability and pathways into prostitution

Young women's early experiences of childhood sexual abuse, neglect remains one of the most significant contributory risk factors that result in young women's 'drift' into prostitution (Westmarland 2004). Research indicates that 70% to 90% of women involved in prostitution have been sexually abused in childhood. Described by a young women as;

> "We've all been molested. Over and over, and raped. We were all molested and sexually abused as children, don't you know that? We ran to get away……We were thrown out, thrown away. We've been on the streets since we were 12, 13,14"
>
> Farley 2006

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The above diagram illustrates the external 'push' factors and events that impact and result in trauma which precipitates and secures young women's involvement in prostitution.

The 'pull' factors for young woman's exposure to adverse conditions produces a range of symptoms that have a profound impact on her cognitive, emotional, physical, and social development. There are three main conditions linked to adverse childhood environments / events: Development Trauma disorder (linked to chronic childhood experiences of abuse), Post Traumatic Stress Disorder and Complex Traumatic Stress Disorder.

Developmental Trauma Disorder (DTD)

Refers to the impact of adverse interpersonal trauma during childhood e.g. abandonment, betrayal, physical / sexual assaults, threats to body integrity, coercive practices, emotional abuse, witnessing violence and death (van der Kolk 2005). Developmental trauma is likely to occur with the subjective experience of rage, betrayal, fear, resignation, defeat and shame.

Associated symptoms of DTD include:

- Self-hate and blame
- Aggression against self and others
- Failure to achieve developmental cognitive competencies
- Confusion, dissociation and depersonalisation
- Relational difficulties- clinging, oppositional, distrustful and compliant
- Loss of trust in expectation of protection by others i.e. primary caretakers or social services and authorities

- Inevitability of further victimisation
- Functional impairment with: education, familial, peers, legal and vocational

DTD can lead to further vulnerabilities and the development of other conditions such as:

Post-Traumatic Stress Disorder (PTSD)

This refers to traumatic stress that persists after a traumatic incident and describes the enduring symptoms of a single traumatic event (acute) or repeated exposure to trauma's (chronic). PTSD occurs in situations where there is likelihood of serious injury or death; such as witnessing terrifying incidents, or exposure to serious personal assault.

Who is most likely to develop PTSD?

- Those who experience greater stressor magnitude, intensity, unpredictability, sexual victimisation, real or perceived responsibility and sense of betrayal.
- Early age of onset, long lasting childhood trauma, lack of functional social support and concurrent stressful life events.
- Greater perceived horror, terror and fear.
- Social environment which produces shame, guilt and stigmatisation.

The associated symptoms of PTSD in children and adolescents are not always observable and manifest differently to that of adults.

The following is an illustrative range of symptoms:

- Difficulty sleeping, eating, breathing and focusing
- Somatic complaints
- A heightened startle response and hyper alertness
- Agitation and over-arousal, withdrawal or dissociation
- Disruptive behaviours and impulsiveness
- Isolated
- Preoccupation with re-enactment of trauma and dangerous risk taking behaviours
- Time skew (mis-sequencing of events during recall)
- Omen formation (identification with the incident and anger at self for not predicting the outcome)
- Foreshortened future i.e. diminished expectations of having a normal life span e.g. marriage, children or career

Complex Traumatic Stress Disorder

Complex Traumatic Stress Disorder (CTSD) expands the definition of PTSD to include the cascade of symptoms associated with multiple, prolonged and repeated exposure to trauma. CTSD describes the spectrum of symptoms related to experiences of captivity, entrapment and inescapable abuse and psychological fragmentation, including, loss of sense of safety, trust, self-worth, loss of coherent sense of self, personal agency and potential re-victimisation.

Who is most likely to experience CTSD

Individuals who are most likely to experience CTSD are those typically with a history of subjection to totalitarian control over a prolonged period involving situations where the individual is trapped. Examples include childhood abuse i.e. neglect physical/ sexual abuse, prostitution and organised sexual exploitation.

Symptoms / effects of CTSD

The consequences of CTSD are global and the impact devastating creating a legacy that continues throughout the life cycle.

1. Attachment - Problems with boundaries, distrust and suspiciousness, social isolation and interpersonal difficulties.

2. Biology - sensorimotor development problems, analgesia and somatisation.

3. Affect regulation - Mood swings, difficulty controlling emotions and problems communicating needs.

4. Dissociation - alterations in states of consciousness i.e. amnesia, depersonalisation and derealisation.

5. Behavioural control – poor impulse control, self-destructive behaviour, problematic substance use, excessive compliance and re-enactment of trauma in behaviour.

6. Cognition - difficulties in attention regulation and executive functioning, problems processing information, challenges with planning and learning difficulties.

7. Self-concept - disturbances of body image, low self-esteem, shame and guilt.

Traumatic events may contribute to other negative outcomes, both in adolescence and in adulthood:

- Truancy and dropping out of school
- Problematic substance use
- STI’s
- Unintended pregnancies
- Decreased educational/occupational attainment
- Homelessness

- Criminal justice system involvement
- Being put into care

For young women, the effect of early trauma can leave them vulnerable to further sexual exploitation and creates a direct path into prostitution. The Home Office study Paying the Price (Westmarland 2004) found that 57% of women involved in prostitution have childhood experiences of abuse. The authors conclude the reasons for this are multi-dimensional and may involve contributory factors such as:

- A normal response to trauma is the internalisation and re-enactment of experiences as a means to normalise the trauma which can manifest in sexualised behaviour. This is exploited by pimps.
- PTSD characterised by patterns of dissociation can lead to risky and self-harming behaviour.
- Lack of interpersonal communication skills and confidence in asserting boundaries.
- Substance misuse lowers resistance.
- Efforts to escape familial abuse by running away, creates another layer of vulnerability resulting in homelessness.
- There is a strong relationship between being in care and childhood sexual exploitation.

Process of Entrapment

Despite the push, pull factors and matrix of vulnerability previously described as poverty, disadvantage, discrimination and early trauma; traffickers and pimps still need to employ an effective process to secure women's complete and sustained entrapment in prostitution.

Prostitution is part of organised crime and is therefore highly motivated to attract and keep women locked into prostitution to ensure profit. It thrives on pimps / traffickers ability for: manipulation, misinformation, lies, deception and coercion to hook and trick women into prostitution. Traffickers / pimps are incredibly focused and determined, employing various techniques and tactics which are culturally relevant to initially ensnare 'victims'.

- The grooming process may involve love bombing, creating an illusion that this is a romantic relationship with the pimp masquerading as a boyfriend. The process gradually turns from having sex with his friends into prostitution to pay for rent and drugs.
- For other young women the manipulation will focus on her hopes, dreams and ambitions for the future, with the promise of education to escape poverty.
- For some young women the coercion will involve inciting fear of negative spiritual forces involving practices such as ju ju.

- Young women are sold by their families to resolve debt or to financially support the family.
- For a number of young women it will be violent, involving abduction, kidnaping, threats and actual harm to her family.

Control

Pimps and traffickers will employ universally known techniques used by torturers involving process to create; debilitation, dread and dependency essential components to dehumanise and enslave people. Women are subjected to psychological manipulation through witnessing and experiencing severe violence, which creates fear and chaos, psychologically undermining women's ability to take effective action and escape. The 'seasoning' process describes the systematic method of brain washing, indoctrination and physical violence to ensure the psychological surrender of women entering prostitution. There is a generalised pattern to women's response. Firstly, women respond to the initial shock and sense of betrayal with resistance and efforts to escape. Pimps and traffickers will use various techniques to emphasis their dominance to form an interlocking system of control, degradation and domination intended to wear down her resistance. The realisation for a woman that there is no escape psychologically forces resignation and submission to her fate. This process ensures that women will fully comply with all demands made of her in prostitution. Finally, her continuing compliance is secured by the Stockholm syndrome, a psychological strategy for survival in captivity and describes the traumatic bonds established between women and their captors i.e. pimp and traffickers. Enforced alcohol and drug dependency functions to limit psychological awareness, lowers boundaries for risker sex acts whilst the addiction ensures her compliance. Finally, the targeted process of isolation and confinement secures her total emersion in the world of prostitution.

Adaptations to Captivity

Women adapt to this toxic environment by developing a variety of coping mechanisms in an effort to distance from the horror of their situation. In order to tolerate multiple sex acts with strangers and endure this level of intimate bodily invasion requires psychological or chemical dissociation in order to cope. Women report various shutting off techniques which may start out as a pathology but are essential to survive prostitution, such as; distancing, disengagement, dissociative proficiency, disembodiment, de-realisation and dissembling. The following quote from a survivor eloquently describes the process of dissociation.

> "Gradually B. learned to switch off. She never managed to do it completely, there were always times when she came back and found herself lying under some sweating hulk. Then she wanted to cry out in horror "NO!" it isn't happening to me! But these times became less and less frequent. Soon she

couldn't switch herself on again during the day. Everything seemed to be happening on the other side of a dirt glass, but it was worth it. A skin had formed over her mind, and she was free inside it".

Barker 1984

Physical Violence and Injury

Violence is intrinsic to prostitution and is based on the perpetration of violent, degrading, humiliating and abusive sexual acts including: sex between a buyer and several women, slashing women with razor blades, tying women and lashing with whips until she bleeds, biting, burning women's breast, burning cutting women including arms, legs genital areas; urinating and defecating on women (Raymond et al 2002). Sadistic pleasure and misogynistic fantasies are played out with lethal intent.

Farley's (2006) research showed that 82% of women had been physically assaulted since entering prostitution, 83% had been threatened with a weapon and 68% reported being raped.

Typically women will be forced to have sex with up to 7 different men a day, working on average 15 hours per week 6 days a week.

Impact and legacy

"…In prostitution, no woman stays whole. It is impossible to use a human body in the way women's bodies are used in prostitution and to have a whole human being at the end of it, or in the middle of it, or close to the beginning of it. It's impossible. And no woman gets whole again later or after."

Andrea Dworkin (1992)

Physically the impact will stem from injuries sustained during the regular beatings from pimps and punters, resulting in bruises, broken bones, black eyes and concussion. Typically, she is malnourished and exhausted which compromises the immune system and creates a susceptibility to a range of infections such as TB, Hepatitis B & C, HIV/ AIDS. Due to early sexual activity, unsafe abortions, numbers of daily/ weekly violations causing vaginal tears and therefore will be more likely to have serious complications resulting from STD's such as; chronic pelvic pain, pelvic inflammatory disease, ectopic pregnancy, septic shock and infertility. Other common conditions include; on-going skin conditions caused by lice and scabies, gum disease, dental problems and chronic conditions such as IBS and asthma.

The psychological trauma will manifest most commonly in conditions such as Post Traumatic Stress Disorder and Complex Traumatic Stress Disorder. These conditions are associated with acute symptoms such as: severe depression, suicidal

ideation, insomnia, eating disorders, flashbacks, nightmares, phobic responses, acute anxiety, memory loss, emotional numbing and dissociative disorders. Women typically use alcohol, drugs and self-harming as a means to shut off and cope with the daily trauma of their lives, contributing to a further deterioration in health.

In common with other survivors of violence women involved in prostitution undergo fundamental changes to their identity. Due to the overwhelming feelings of shame and stigmatisation from the hourly, daily onslaught of violations, and humiliations, that eventually suffocates who she was and could have been. This is replaced with a sense of despair, despondency, hopelessness, and powerlessness creating low self-esteem / self-worth and confidence.

The future health consequences escalate in a downward spiral involving more acute and life threatening conditions and at greater risk of developing:

- Coronary disease
- Liver / kidney damage
- Early onset dementia
- Neurological problems
- Diseases of eyes and ears
- More commonly cancers of the; uterus, ovaries, pancreas, throat, liver, bone and colon
- Murder / homi-suicide

Typically women involved in prostitution die some 10-15 younger than the average woman's life expectancy.

Exiting

A number of researcher's evidence that 70% of women involved in prostitution are keen to exit prostitution. This is not a one off event but a gradual process of disengagement requiring addressing the factors that initially trapped her in prostitution.

There are a number of significant barriers to women exiting prostitution and most present with complex needs. Due to the criminalisation of women in prostitution many will have a long police record for prostitution and related drug offences. This influences women's ability to secure sustainable alternative employment. Additionally, due to the early age at entry into prostitution will inevitably have meant dropping out of the educational system and as a consequence results in; low educational levels, lack of skills and qualifications. The matrix of vulnerability in terms of unresolved trauma, difficulties sustaining relationships, mis trust of others including those offering support. The psychological impact of trauma symptomology associated with surviving / enduring prostitution such as; dissociation, depression,

addiction changes to identity and feelings of shame and stigma. Other contributory factors have been identified to women's entrapment in prostitution such as:

- Physical and mental health issues
- Debt
- Entrenchment / coercion i.e. partner living off her earnings
- Drug or alcohol dependency
- Experiences of childhood violence
- Housing and homelessness
- Disposable income
- Trafficked and insecure immigration status

Exiting stages of change

Sanders (2007) suggests that there are a number of recognised processes for women exiting prostitution but all identify a turning point of events that influence exiting, such as; violent attack, ill health, new relationship, becoming older, disillusionment, desire for a new life style one that is less chaotic and drug free.

There are a number of theories associated with the process of change and women exiting prostitution. Hasten (2011) identified the following process involved in exiting prostitution:

Stage 1: Readiness and Engagement: Initial thoughts and dilemmas about continuing in prostitution. The impact of their experiences and the ensuing emotional, physical problems mean that exiting is considered.

Stage 2: Treatment and support: more active and intensive engagement with support services.

Stage 3: Transition and Stabilisation: Accessing specialist services such as counselling and detox, women begin resolving past traumas and working with current issues such as drug and alcohol use. The progression of this work finds women in a calmer and more stable place.

Stage 4: Reconstruction and rebuilding: Women reach a period of moving away from the past with a more future orientated sense and initiating a process of rebuilding a future and forging a new identity.

Stage 5: New Roles and Identities: The commitment to exiting is now firmly entrenched as a course of action. Women move away from coercive relationships and damaging peer groups and open into new opportunities such as employment and training.

Best Practice principles for exiting interventions (Mayhew and Mossman 2007)

Holistic interventions	A number of different service providers need to be engaged to address the multiplicity of issues. Including mental health and healthcare services, welfare benefits advice, housing support / advice, antenatal care, childcare and parenting support, education and training and employment services.
Dealing with changes of mind	Interventions need to accept the backwards and forwards process and be patient.
Facilitating choice	Women need choice but need to make their own decisions.
Dedicated services and advocacy	Dedicated services are needed with someone who will take responsibility for negotiation the provision of services. One to one support form a key worker seems to work best.
Building trusting relationships	Relationships of trust can provide the basis for exploring routes out. Outreach is a crucial mechanism. Trusting relationship especially important with young women who are unlikely to accept advice other than from credible supporters. Ex prostitutes are useful supports for other women.
Adequate resourcing	To ensure good service provision continuation of resources is vital.
Public education	To raise awareness about the issues associated with prostitution. Projects need to make it clear that they aim to develop routes out.
Outreach	Outreach maximises the chances of engaging women who might be considering exit and who need extra reinforcement.
Location of services	Services should be close, but not too close to areas of prostitution with flexible working hours geared towards women.

ANZA Project (Swahili word meaning 'new start')

Women & Girls Network (WGN) has been actively working with women involved in prostitution since 2004 with the Butterfly Project which worked with women globally trafficked into sexual exploitation. This was a pan London service providing women with counselling and access to body therapies and proved to be extremely successful in reaching 150 women. During the life of the project WGN developed a specific holistic model to engage women in therapeutic work. The holistic model of engagement has shown to support women to heal from their experiences and suggests contrary to Dworkin (1992) that it may be possible with the right therapeutic work for women to feel whole again following their.

The learning gathered from the Butterfly project was integrated into the ANZA Project. It was essential that this project moved away from the harm minimisation model by specifically holding a vision and working towards developing strategies to support women exiting prostitution. The Anza Project work supports the best practice principles for exiting intervention as suggested by Mayhew & Mossman (2007) and further highlights that there is a need to work at graduated levels of intensity and to provide longer term support consistently over years rather than months.

The Anza Project over the last 5 years aimed to target off street prostitution in London boroughs associated with high levels of prostitution, including; Camden, Croydon, Hackney, Haringey, Kensington and Chelsea, Lambeth, Newham, Tower Hamlets, Wandsworth & Westminster. The project had a duel response, firstly providing outreach and initiating conversation with women on the streets and giving out 'goody bags' containing information / resources on exiting and self-care provisions. The outreach workers also talked to women about the counselling services provided at convenient locations. The counselling satellite services were delivered through vital partnerships with key providers working with drug and alcohol issues and homelessness projects. This ensured that women's practical concerns such as addictions and homelessness could be addressed whilst the agency benefited by having the root causes of their addiction and a space for women to discuss their experiences of prostitution.

Women were often mistrustful of counselling and so work began by slowly developing relationships with coffee mornings and engaging in general conversations. Once sufficient trust was established then the counsellors could invite women to look at issues in a counselling context offering more structuredsupport. The ANZA Project Counsellors provided long term counselling addressing women's early experiences of abuse and violence, enabling them to share the trauma of prostitution and focus on current issues / practical problems. The learning throughout the five years of the project has been immense, and has enabled us to develop a sense of how to support women to overcome the barriers that trap them in prostitution. The issues for women exiting prostitution are complex and require a comprehensive and holistic response with multiple active partners providing specialist support related to; housing, training and skills, health, detox, advocacy and of course counselling. Equally vital is the need for the work to be developed within a strategic framework as responses towards prostitution are inconsistent throughout London. Further, the work within the ANZA Project has shown that training is vital to ensure that support agencies recognise prostitution as a form of gender based violence and respond consistently, informed by best practice protocols. Meaningful therapeutic support is required to enable women to heal from the traumas that instigated their involvement in prostitution and that we can encourage women on the path to exiting.

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Resource List

Key Documents

A Coordinated Prostitution Strategy & Summary of Responses to 'Paying the Price,'- Home Office (2006)
http://www.asb.homeoffice.gov.uk/uploadedFiles/Members_site/Documents_and_images/Prostitution_and_kerb_crawling/ProstitutionStrategy0051.pdf

Big Brothel A survey of the Off-Street Sex Industry in London – The Poppy Project (2008)
Eaves information sheet – prostitution – Eaves Housing for Women
http://www.eaves4women.co.uk/Documents/Factsheets/Prostution%20factsheet.pdf

Its just like going to the supermarket: Men buying sex in East London
Report for Safe Exit – Child & Woman Abuse Studies Unit (2007)
http://www.eaves4women.co.uk/Documents/Recent_Reports/MenWhoBuySex.pdf

No Escape? An Investigation into London's Service Provision for Women Involved in the Commercial Sex Industry – The Poppy Project (2006)
http://www.eaves4women.co.uk/Documents/Recent_Reports/poppysurveyfinal.pdf

Prostitution: Fact or Fiction? – End Violence Against Women (EVAW)
http://www.endviolenceagainstwomen.org.ukdata/files/prostitution_fact_sheet.pdf

Sex in the City: Mapping Commercial Sex Across London – The Poppy Project (2004)
http://www.eaves4women.co.uk/Documents/Recent_Reports/Sex%20in%20the%20City,pdf

Solutions and Strategies: Drug Problems and Street Sex Markets – Home Office (2004)
http://www.kcl.ac.uk/depsta/law/research/icpr/publications/COI-Sex%20Workers.pdf

Key Regional and National Agencies

Armistead Centre, Liverpool
http://www.armisteadcentre.co.uk/
The Armistead Centre provides outreach services, drop-in sessions and information and advice for women involved in on-street prostitution.

Base 75, Glasgow

Tel: 0141 204 3712
Base 75 aims to provide a non-judgmental, easily accessible service to women involved in street prostitution and to assist women to exit prostitution.

Beyond the Streets, Southampton
http://www.beyondthestreets.org.uk/
A UK charity working to end sex trafficking, prostitution and sexual exploitation by providing support and exit strategies to women involved in prostitution.

CROP – Coalition for the Removal of Pimping
http://www.cropuk.org.uk/
CROP is a voluntary organisation working to end the sexual exploitation of children and young people by pimps and traffickers, in particular by giving voice to non-abusive carers/parents.

Door of Hope, London
http://doorofhope.org.uk/
Door of Hope is a Christian Project providing outreach services for women involved in street prostitution in Spitalfields in East London.

Eaves – in particular the Poppy Project and LEA Project, London
http://www.eaves4women.co.uk/
Eaves is a London-based charity that provides housing and support to vulnerable women. The Poppy Project supports women who have been trafficked into prostitution or domestic servitude and LEA Project (London Exiting Action Project) provides advice and assistance to women in London who are involved in prostitution.

ECPAT International
http://www.ecpat.net/
ECPAT international is a global network of organisations and individuals working together for the elimination of child prostitution, child pornography and trafficking of children for sexual purposes.

ECPAT UK
http://www.ecpat.org.uk/

End Prostitution Now, Glasgow
http://www.endorostitutionnow.org/

End Prostitution Now is a campaign led by Glasgow City Council which aims to raise awareness of the harm caused through prostitution and put the focus on the buyers of sex – the DEMAND- who have in the past been invisible from public debate.

Feminist Coalition Against Prostitution (FCAP)
http://www.fcap.btik.com/
FCAP is a coalition of UK Feminist individuals and groups who believe that prostitution is violence against women; they advocate a common approach to prostitution for the whole of the UK.

Helen Bamber Foundation
http://www.helenbamber.org/
The Helen Bamber Foundation is a UK-based human rights organisation that aims to help rebuild lives and inspire a new self-esteem in survivors of gross human rights violations, including trafficking.

NSWP – The Global Network of Sex Work Projects
http://wwwiac.nswp.org/
NSWP is an informal alliance of sex worker rights activists working within sex work projects around the world. They focus on harm minimization and safety fro those involved in prostitution.

Prostitute Outreach Workers (POW)
http://www.pow-advice.co.uk/
POW Nottingham is a model peer led charity that promotes health and dignity in prostitution through empowerment, support and peer education.

Safe Exit Partnership Initiative at Toynbee Hall, London
http://www.toynbeehall.org.uk/page.asp?section=000100010001000800040005
Safe Exit at Toynbee Hall brings together voluntary and statutory agencies in partnership including the Metropolitan Police and the London Borough of Tower hamlets, to develop better services for people in prostitution and to reduce the impact of prostitution on communities.

Tyneside Cyrenians – The GAP Project
http://www.thecyrenians.org
The Tyneside Cyrenians is a homeless charity based in Newcastle-upon-Tyne. The GAP Project provides a safe, confidential and supportive service for women and help to access mainstream services and their Work Safe project helps women who have been a victim of a crime through sex work.

U-Turn, London
http://uturnproject.co.uk/
U-Turn Project works with vulnerable and hard to reach women of all ages who have been trapped in cycles of prostitution, drug addiction, physical abuse and homelessness from a young age.

Other Sources of Information / Websites
Women's Support Project, Glasgow
www.womenssupportproject.co.uk
The Women's Support Project provides short term support for women who have been abused through prostitution, pornography and other forms of commercial sexual exploitation.

Women's Work, Derby
http://www.womens-work.org.uk/

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Women's Work is a charity that provides respite, advice and support to female substance misusers targeting those involved in street sex work.