Our service deals with women over 16 years of age, but includes those who have experienced commercial sexual exploitation as a child and are now seeking support as an adult. The cases below reflect this survivor profile.

What are the most common types of CSE your organisation has witnessed in your service users?

Our service is aware of sexual exploitation on many levels, e.g.

- active involvement in prostitution through lack of choice,
- previously trafficked out of the country for sexual exploitation only to escape and return as an adult, and another specific example includes
- alcoholic parents who permitted multiple adult males to sexually abuse child during drinking sessions (suspected in exchange for alcohol). These men would either be admitted to family home or she would be taken to another house. Woman now has an alcohol dependency, mental ill health and self neglect.

In the last 3 years or so, how many cases of CSE involving your service users have you known or strongly suspected?

Unable to provide figures, especially for actual under-16 activity because we do not record as ‘CSE’ on our database at present. However, staff can identify specific cases of adult survivors.

What are the main routes or pathways through which the young people you work with have become involved in CSE?

· We do not work directly with under 16s, but as above, some women have been passed on for ‘use’ by others via their parents, by abusive partners.

Could you give an example of good practice you have witnessed through multi-agency working?

The case above re: the alcoholic parents, involves multiple services including GP, our service (advocacy and counselling), benefits services, dietetics.

Could you give an example of unhelpful practice you have witnessed through multi-agency working (or lack of it)?

The above case, adult woman now wishes help on harm reduction re: own alcohol use. Essentially, our worker has tried to get harm reduction input from an addictions team, but for some unfathomable reason they have only offered the woman full detox services.
The reality for that woman is that she currently lives with a very controlling partner, who feeds her drink (actually wakes her up to give her it), to keep her compliant, and undermines any attempt by her to get sober. So she knows until she is free of him she is unlikely to be able to manage anything more than harm reduction. That is what would currently support her in this very long journey to recovery.

In terms of poor practice though, honestly, I wouldn’t know where to start and most of it sadly comes from professional who exhibit ignorance about fundamental issues of gender, gender inequality and where ‘just a bit of fun’ morphs into what we end up picking up the pieces from.

**What changes would be most helpful in preventing young people getting involved in CSE and in helping them escape it?**

Preventing involvement – there is an urgent requirement for the gendered nature of CSE to be acknowledged through a public campaign, that requires a follow up action plan to seriously look at the continued acceptance of lapdancing, etc in Scotland, and the extremely gendered nature of our culture for young people growing up in Scotland today. Of course offering disenfranchised and vulnerable young people a future, with training and employment that supports self-esteem and independence is also at the root of preventing involvement. Where there appears to be an opportunity to use ‘what God gave you to make a quick few quid’, needs to be shown to be as unpalatable as the reality truly is.

Helping to exit – specialist services as well as the standard societal provision for any community as above.