



# Study into the extent and characteristics of the sex market and sexual exploitation in Darlington

Carried out by:



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## Foreword

In 2007 the Foundation launched a new grants programme, Safety and Justice for Victims of Abuse, which prioritises work around sexual exploitation. At the time we were struck by the prevailing view that, except for one or two towns which had an identifiable 'red light' area, sexual exploitation didn't really happen in the North East and Cumbria. This view appeared to be contradicted by information from some local projects working with vulnerable people and we decided to commission research to get a clearer picture. This report is the second in a series which takes a detailed look at what is known about people who exchange sex for things such as alcohol, drugs, money or somewhere to stay. The research benefited enormously from the support of Darlington Drug and Alcohol Action Team and its Partnership Board. The DAAT was keen to understand the local context of sexual exploitation and facilitated the researcher's access to key agencies across the County.

The research has found evidence of a range of different types of exchange across Darlington involving both women and men, adults and children. It identifies some who would describe themselves as sex workers and many more who would never dream of doing so. Whilst the numbers concerned are not huge, those involved are often extremely vulnerable and at risk of harm. Furthermore, their involvement in sexual exchanges is often hidden, making it harder for them to get the help they need.

As you read this report we would ask you to reflect on the implications it raises for your own service:

- Does your service work with people involved in sexual exchanges?
- If you aren't sure, how might you find out?
- Is there anything you can do to ensure your service responds appropriately to the needs of these individuals?
- Do you need any training or additional support to provide an appropriate response?
- Do you attend any meetings or forums where this issue should be raised?

The research undertaken since 2007 in areas across the North East shows that sexual exploitation is an issue for all our communities, affecting the lives of some of our most vulnerable adults and children. The challenge now is to do something about it. The Foundation is responding by funding projects which provide specialist support, alongside awareness-raising and prevention. What will you do?

Penny Wilkinson  
Chief Executive Northern Rock Foundation



## **Acknowledgements**

There are a number of people to thank for their contributions to this research, not least those professionals who gave up their time and spoke freely. Some of these professionals chose to speak up despite being discouraged to do so.

Thanks also needs to go to: Darlington Drug and Alcohol Action Team for their support and assistance in carrying out the study; and Dr. Maggie Mort from the Department of Sociology at the University of Lancaster who peer reviewed the proposal for us.

Finally, the commissioner of the research, The Northern Rock Foundation, its trustees and staff, in particular, Cullagh Warnock, must be thanked as without their intent, the knowledge gap would continue to be there.

## **About Northern Rock Foundation**

Northern Rock Foundation is an independent charity which aims to tackle disadvantage and improve quality of life in the North East and Cumbria. The Foundation gives grants to organisations which help people who are vulnerable, disadvantaged, homeless, living in poverty or are victims of crime or discrimination. It also supports training, research and demonstration work and seeks to share learning from the activities it funds.

More information: [www.nr-foundation.org.uk](http://www.nr-foundation.org.uk)

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## **i Executive summary**

This study, which was commissioned by Northern Rock Foundation under its Safety and Justice Programme, investigates the extent and dynamics of the sex market and sexual exploitation in Darlington. It presents a snapshot of information between December 2008 and December 2009. Using a qualitative knowledge mapping approach, we interviewed 60 professionals from over 30 different organisations. We asked professionals a standardised series of questions about their knowledge of the extent, characteristics and magnitude of the sex market and exploitation.

Our research has identified evidence of people involved in sex work (what would generally be understood as prostitution), sexual exchanges (exchanging sex for resources such as accommodation, drugs, alcohol, debt repayments, etc.) and sexual exploitation (under 18 year olds exchanging sex for alcohol, drugs, money and other resources). We found a total of 82 adult females and 27 males involved in sex work or regular sexual exchanges. We also found evidence of a total of eight female children and two male children being sexually exploited.

The numbers involved are not great, but the vulnerabilities of many involved are significant, and include vulnerabilities of health, housing, finances, safety and substance misuse. There are also apparent problems of people's very low self-esteem and poor decision making which means they put themselves at a high risk of harm, both from a health point of view and from physical violence.

Many of these vulnerabilities are associated with substance misuse. In relation to this, Darlington has a comprehensive drug treatment service including a safe injecting service and indeed some of those involved were identified through these centres. It would appear that some of those involved in sex work or exchanges who are in treatment are already in receipt of services to tackle the root of those vulnerabilities. However, there are other women who are involved in sex work or exploitation who are problematic drug users who are not accessing these centres. Such cases have been reported by other services, such as accommodation providers, who recognise behaviour but struggle to deal with it. Such agencies require a level of specialist professional support either to advise them on what action to take or to take their referrals.

An issue which represents a key barrier to the provision of services was the consistent issue raised by respondents of the normalisation of sex work or exchange behaviour. Some clients or service users were said to "*have become de-sensitised to it*". Indeed, it was reported that most women involved would not recognise they were being sexually exploited and "*if you'd say it to them they would be really offended*".

This issue does warrant further investigation from the service user perspective rather than a professionals' interpretation of a service user's feelings. There may



be no normalisation and considerable shame, or it may be as it is reported and part of vulnerable (predominantly female) lives, where a lack of resources means that sex is exchanged. However, in a similar way to domestic violence, sexual exchanges or exploitation need to become de-normalised.

A key finding to the research was that many agencies were at a loss what to do with clients who disclose or who they suspect are involved, with one professional illustrating this by saying, “*I wouldn't have a clue where to refer*”. This is particularly in relation to support services or people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes. Indeed, many agencies who come into contact with people involved do the best they can to cater for specific needs and some are better equipped than others. There is a real need for agencies working with vulnerable people to skill up and become better enabled at dealing with these particular vulnerabilities.

The situation of children who are exchanging sex for resources (particularly alcohol) is more concerning as there seems to be few services to cater for their needs and reduce their vulnerabilities. Although the situation of children is reported to have improved over the last 10 years, the research did uncover existing cases of exploitation, with a particularly emphasis on alcohol. This age group would benefit from a targeted, SCARPA-type approach (see section 3 for more details).

We have three recommendations to make in relation to the findings produced from this research. Firstly, that the findings be duly considered and acted upon by the Safer Darlington Partnership and the Local Safeguarding Children's Board. There is an obvious need for cooperation between these bodies in the light of the involvement of both adults and children.

Secondly and possibly the most important recommendation is the need for a comprehensive programme of training and awareness-raising for professionals working with children and adults. The Cyrenians based in Newcastle who run a sex worker support project or Barnardo's who deliver the SECOS project in Middlesbrough are well placed to deliver such training.

The next stage in service provision is the collaboration and cross-agency working between statutory and non-statutory agencies (facilitated by the two partnerships mentioned above), specifically the development of referral routes and protocols to govern that process. We therefore suggest the next step would be for the relevant partnerships to develop such referral routes to ensure that those vulnerable to sexual exploitation receive appropriate help and support

Finally, bearing in mind the presence of trafficked women in Darlington, there is a need to raise awareness amongst professionals about the issue and to carry out training. Such training would include how to identify people who have been



trafficked, working with people who have been trafficked and how to use the National Referral Mechanism. This need is particularly high amongst the medical profession.



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## 1.0 Introduction

This is a study into the extent and dynamics of the sex market in Darlington. It presents a snapshot of information between December 2008 and December 2009. We recognise that it is not the entire picture and we know that the findings presented here are all underestimates as sex work is under reported.

This work was commissioned by Northern Rock Foundation under its Safety and Justice Programme. Sexual exploitation is a priority in this programme and the Foundation wished to better understand how related issues manifested themselves in this area. This is the second piece of research that Northern Rock Foundation has commissioned into sex work and exploitation in the North East, having previously commissioned Barefoot Research and Evaluation to carry out a study in the Northumbria region which was completed in 2008<sup>1</sup>.

## 1.1 Definitions

From the outset, it is necessary to start with a series of definitions and clarifications.

1. A very broad definition of sex work is used for this study: adult sex work incorporates any sexual act that is exchanged for currency, be that drugs, money, alcohol, status, goods, accommodation, etc. We realise that we have gathered information that incorporates many different types of sex work each having different characteristics. For example: high earning independent sex workers who may exercise a higher level of control over their situation; problematic drug users who regularly engages in sex work for drugs or money for drugs; other problematic drug users who only occasionally engages in sex work; homeless people who exchange sex for alcohol or cigarettes or somewhere to stay. Sexual exploitation of children (see Box 1.1) includes cases where a young person (between 13 and 18 years old) exchanged sex for currency with an older man. In many cases in this report we talk about sexual exchanges, rather than sex work
2. We look at three main categories for this study: sex worker describes what we would understand as a prostitute; sexual exchanges are those exchanges by an individual for specific resources; and the sexual exploitation of young people is someone under 18 either operating as a sex worker or who is involved in sexual exchanges.
3. We have collected information about individuals who, if directly asked, may not consider themselves sex workers. This is mainly due to the occasional nature of the sex work or the type of sex work. For example, a woman with problematic drug use who must exchange sex for drugs (on a reasonably regular basis) would not consider herself involved in formal sex work. Similarly, if someone exchanged sex for a bottle of cider, they would not consider themselves a sex worker.

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<sup>1</sup> <http://www.nr-foundation.org.uk/downloads/Think%204.pdf>





### **Box 1.1 Sexual exploitation of young people<sup>2</sup>**

Sexual exploitation of young people primarily occurs as a result of young people making constrained choices against a background of social, economic and emotional vulnerability. Where young people make constrained choices in relation to their circumstances, there is a danger that services see this as a 'free choice' leading to a lack of protective action.

As the sexual exploitation of young people is not limited to formal 'prostitution', it is important for services to understand and be aware of the full spectrum of sexually exploitative situations to identify and protect young people at-risk. Talking about 'prostitution', 'commercial sexual exploitation' or 'organised prostitution' of young people is therefore unhelpful.

In relation to children and prostitution, the 2003 Sexual Offences Act stipulated that people under 18 are victims not perpetrators, i.e. they are treated as being sexually exploited rather than selling sex.

## **1.2 Methodology**

As Cusick *et al.* (2009) note, it is very difficult to establish a firm estimate of the sex working population, and a range of methodologies have been used to investigate sex workers. These including observations and interviews (Pasco, 2002; Porter and Bonilla, 2000), questionnaires (Belis *et al.*, 2007), autobiographical narratives (Annadale, 2005; Efthimiou-Mordant, 2002; Landale, 2005), diaries (Gysels *et al.*, 2002), unstructured interviews (Mosedale, 2009), semi-structured interviews (McKeganey, 2006) and ethnographic approaches (Sanders, 2005, 2006). For this study we used the qualitative knowledge mapping approach successfully developed as part of our earlier work into sex work and exploitation in the North East. We pursued a consistent line of questioning (see later) across Darlington with professionals in relation to their knowledge of sex work. We then documented that knowledge that related to the professional's direct client group (e.g. young people, drug users, homeless, etc.).

We therefore documented the direct professional knowledge of those interviewed and we took the reports with a high level of confidence, e.g. if a healthcare professional stated that they knew of three of their client group who were sex workers, we accepted that as 'the truth' and documented it accordingly. We had no reason to doubt the integrity of the reports of professionals about their client group. However, one of the limits to the methodology is this level of trust.

We minimised double counting by asking for the approximate ages of those involved, where they were from and any associated issues, e.g. 25 year old from

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<sup>2</sup> Taken from Harper, Z and Scott, S. (2005) Meeting the Needs of Sexually Exploited Children in London, Barnardo's



Darlington with a personality disorder. When other agencies would report similar individuals we knew they had already been counted. In other instances, such as sex workers advertising on the Internet, we minimised double counting by subtracting the numbers reported by agencies from totals we found on the Internet (e.g. we found a number of women from Darlington advertising on the Internet; we also had reports from professionals about women that they knew advertised on the Internet; we subtracted the latter from the former to arrive at a final figure).

In Darlington, we interviewed approximately 60 professionals face-to-face and a number of others by telephone and email. They came from over 30 different organisations from the statutory and voluntary sector agencies, including:

- Drug and alcohol services
- Durham Police
- Housing and accommodation providers
- Illegal money lending projects
- Services for lesbian, gay, bisexual and transgendered people
- Services for victims of rape
- Sexual health services including Genito Urinary Medicine (GUM) clinics and contraception services
- Youth and community services

Data were analysed using the grounded theory constant comparison method, where each item is compared with the rest of the data to establish and refine analytical categories (Pope *et al.* 2000). Themes emerged within individual interviews and across different interviews. Recurring themes across transcripts were taken to reflect shared understandings of the participants (Smith and Marshall, 2007) and the findings section is structured according to these recurring themes.

### **1.2.1 The questioning of professionals**

We asked professionals a series of questions about their knowledge of the extent, characteristics and magnitude of the sex market. They were asked how many people they were aware of who were involved in sex work, what type of sex work that was and how they knew this. We only counted sex workers when the professional had direct experience of working with that person.

We used a consistent line of questioning to arrive at the data presented in this study. The questions we asked included:

1. Do you have any knowledge of what type of sex work goes on in the area?
2. In the last year, do you know of any of your clients or service users that have exchanged sex for resources (money, drugs, alcohol, accommodation, etc.)? (take ages, gender, location)



3. How do you know this (have they told you) or do you suspect (and why do you suspect)?
4. Do you know how or why they became involved?
5. Are you aware of any travelling for sex work/sexual exchanges?
6. Do you provide any services to sex workers? Is this any different to you routine services?
7. Do you know of anyone who provides services to sex workers?
8. Do you know the needs of sex workers in the area?
9. Do you have any concerns in relation to sex work in the area?

The research used 'snowballing techniques', i.e. asking professionals who else they thought we should talk to, and in this way we covered the majority of relevant people. Snowball sampling is particularly effective in locating members of hard to reach populations where the focus of the study is on a sensitive issue (Hendricks and Blanken, 1992). We had confidence with this approach as, towards the end of the research in each area, we reached 'saturation' where people were mentioning the same set of names so we felt we had covered the most relevant agencies. Many professionals were also approached both on the telephone and in person who had no knowledge of sexual exploitation or sex markets and essentially proved to be 'blind alleys'. To those we interviewed, we guaranteed confidentiality and anonymity. If we had not done this, we would not have been able to collect the quality and level of data that we were able to.

We have only gathered information on the extent of sex work, not the outcomes (i.e. what has happened to the person identified). We did ensure that every individual, particularly under 18 year olds, were known to the relevant services (the Police or Children's or Adult Services).

### **1.2.2 Permission**

This research received ratification and approval from a series of research governance mechanisms including: the National Health Service's (NHS) Research Ethics Committee; the Primary Care Trust's Research Management and Governance Unit; the County Durham and Darlington Foundation NHS Trust's Research and Development Review Board; and the Tees, Esk and Wear Valley NHS Trust.

Copies of the participant information sheet and consent and confidentiality forms that were received and signed by research participants are included in the appendices.



## 2.0 Findings

### 2.1 Adult sex work or exchanges

We found evidence of a number of male and female adults involved in sex work and sexual exchanges. Female adults involved broadly fell into two main groups: formal sex workers, either working independently or working in brothels and occasional sex workers, women who occasionally exchange sex for drugs, alcohol or accommodation (or a combination of all three) or to pay off a drug debt. Males were predominantly formal sex workers (including male escorts, transsexual and transvestite sex workers), though there were also men who exchanged sex for alcohol and accommodation.

There is evidence of a number of brothels in Darlington. Brothels are often transitory by nature and will close and open frequently. However, the objective of this research is to get an idea of numbers and distribution rather than to arrive at an exact figure. Based on reports, it is suspected that most of these brothels will be made up of trafficked Asian women (Thai, Chinese or Filipino). There have been a series of brothels with Asian women that have been closed down by the Police over the last 18 months.

#### 2.1.1 Currency of exchange associated with sex work

The main currency of exchange for female sex workers was money, followed by drugs, alcohol, accommodation and to pay off a debt. Similar to the major female currency, the dominant currency with adult males was money followed by alcohol, then accommodation.

#### 2.1.2 Issues associated with female sex work or exchanges

The major issues associated with female sex work or exchanges were drug use, alcohol use, pimping, to pay off debt, mental health issues and accommodation. In the sections below we discuss these issues in more detail.

##### ***Drug use***

Gilchrist *et al.* (2005) note that high proportions of sex workers are drug-dependent (see also Church *et al.*, 2001; El-Bassel *et al.*, 2001; Nadon *et al.*, 1998; McKeganey, 2006). Our research indicates that over half of those women about which situations were known<sup>3</sup> were problematic drug users. The nature of these exchanges varied greatly from some people with problematic drug use and chaotic lifestyles who were reported to exchange sex for drugs “*while under the*

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<sup>3</sup> For example, those other than women in brothels, those advertising on the Internet and 13 independent sex workers (information provided from the Police National Computer and from Internet research). Information on these was accompanied by no specific knowledge of the women. This is opposed to women where knowledge on their specific circumstances was reported by different agencies who had them on their caseload.



*influence*” or “*a shag for a bag*” to more stable drug users one of whom was reported to describe herself as a “*high class prostitute*”. There was evidence of women being coerced into sex work by their ‘boyfriends’ or partners for money with which to buy drugs, particularly heroin, and reports of women being forced into sex work as a result of loans that they had taken out for money with which to buy drugs. For many women with problematic drug use, sex work may be the only means with which to finance a drug habit and this often leads to the entrapment of women in sex work (Gossop *et al.*, 1994).

From reports, more sex workers or those involved in sexual exchanges came to the attention of professionals at drug treatment services three or more years ago. However, with the advent of the Random Injectable Opiate Treatment Trials (RIOTT) service and the closure of a brothel near to a drug treatment centre where White British women were known to work, numbers had declined.

### ***Alcohol use***

There were also a number of women who were reported to be problematic alcohol users, including women who were uniquely problematic alcohol users (as opposed to poly drug and alcohol users). One woman was reported to have exchanged sex for money with which to buy alcohol, she was a 19 year old who had been exchanging sex for money since she was 12 years old. The remaining adult women about whose situations were known were problematic substance misusers, of which alcohol was one substance of many.

### ***Pimping***

We found a total of four women who were known to be exploited by another, i.e. pimped or forced into sexual exchanges. For example, there were reports of one 26 year old female who was homeless and a problematic drug user and who was known to be pimped out by her ‘boyfriend’. There was another report of a man who was injecting a woman in her late 20s in order to make her drug dependent and was then known to be pimping her out across the area.

Violence is synonymous with sex work, for example, research by Church *et al.*, (2001) indicated that 50 percent of prostitutes working outdoors and over 25 percent of those working indoors reported experience violence from clients and May *et al.*, (2000) identified that sex workers face the risk of severe physical harm from boyfriends/pimps. In our study there were many reports about women involved in sex work or exchanges who were known to be victims of domestic violence. This was either domestic violence as a separate form of abuse or domestic violence associated with the sex work or exchanges, i.e. their partners acting as their pimps, forcing them into sexual exchanges against their will, using threats of violence as the coercion. For example, there were reports of one woman in mid 30s who had an abusive partner who pimped her and beat her. There was also a case of pimping by a money lender (see following) with accompanying threats of violence.



### ***To pay off debt***

A small number of adult women (and one under 18 year old who is included in the section on children) were forced into sex work to pay off their debt to loan sharks or used sex as a means to pay off interest to their loans; in other words they were in servitude to the money lenders. For example, a 19 year old woman was pimped by the money lender in a flat in Newcastle every weekend in order to repay her loan. Two other women, one 17, the other 20 years old, exchanged sex with their money lender in order to pay off the debt. All the debts were for money for drugs (heroin). Two of the money lenders were also the women's drug dealers, the remaining lender was not involved in drugs but was involved with handling stolen goods. The initial sums that were taken out were between £50 and £100 for money to buy drugs. In order to repay the sums, they were exchanging sex for small repayments (e.g. £50) off their loans. They were also drug running for the money lenders.

### ***Mental health***

Mental health problems and sex work are commonly linked and it was a strong theme in our Northumbria research. The stigma sex workers experience because of the nature and illegal status of their work likely contributes to psychological distress (Fullilove *et al.*, 1992; McKeganey, 2006) and they are typically reluctant to seek treatment for mental health issues (El-Bassel *et al.*, 2001). Moreover, the psychological distress resulting from involvement in sex work can lead to an increase in drug use, creating a downward cycle (Smith and Marshall, 2007).

In Darlington, female sex workers were reported to have varying degrees of mental health problems, from schizophrenia to personality disorders, although the extent is suspected to be much higher (based on the Northumbria study and other national sex work studies). It was reported by one agency that they used to receive more sexual health referrals of sex workers or those engaged in sexual exchanges when the psychiatry unit was located within the grounds of the Darlington Memorial Hospital. This implies that either there are now less sex workers or those sex workers are now not being referred as the location is further away.

### ***Accommodation***

Selling or exchanging sex for accommodation is relatively common (Pyett and Warr, 1997). In Darlington there were a series of reports of women exchanging sex for accommodation and more were suspected to be doing this. These included:

- One woman disclosed that she was being sexually exploited by an older man in exchange for “*a roof over her head*”. The man would occasionally bring other men to the house to have sex with her.
- A 25 year old female was living in her own private flat and she had problems because of non-payment of rent and problems related to alcohol misuse. She



was reported to have met a man in the pub and was then exchanging sex for accommodation. She is now in a hostel.

- One female in her 30s was reported to have been exchanging sex with the landlord of a B&B as rent. She moved when she was raped by two men, one being the landlord.
- One female in her mid 20s was reported to be exchanging sex for accommodation and protection (although it was not specified from whom).

In relation to suspicions of involvement, one agency reported that a number of their clients exchange sex for accommodation, although it is not specifically known how many. They currently have a number of chaotic females who are classed as 'bed-hopping' and a proportion of these will be exchanging sex for somewhere to sleep. However, these include cases of people who create new or re-create old relationships in exchange for somewhere to sleep as well as people who directly exchange sex for accommodation.

### ***History of involvement***

Sex workers typically have a long history of physical and sexual abuse in childhood and adulthood (El-Bassel, *et al.*, 2001). For example, McKeganey (2006) reports from a study of street prostitution in Scotland, where for some of the women the decision to start working as a prostitute was shaped by early experiences of childhood sexual abuse. In Darlington there were a number of cases where agencies had knowledge of when the exploitation started. All of these were linked to children going to Middlesbrough to sell sex. For example, one agency had knowledge of women who had been involved since they were children (from the age of 11 upwards) and used to go to Middlesbrough. Another agency reported knowledge of a 19 year old female who has been exchanging sex for money in Middlesbrough since she was 12 years old and another discussed a woman who had started work as a prostitute when she was 15 and was described as having a "*hugely troubled background*" and had current mental health problems. She is now 21 and has worked on the street in Middlesbrough but now gets her clients from advertising on the Internet.

These reports corroborate testimonies from agencies with knowledge of looked after children who reported a historical (five to 10 years ago) link between children as young as 11 going to sell sex in Middlesbrough.

### ***Associated crime***

There were reports of directly related crime. For example, one agency had knowledge of a couple who were convicted of 'clipping' (the practise of luring a client to seemingly have sex with a prostitute and then the male partner threatening them and taking their money) and advertised in *The Sport*, but the woman was adamant she was not a sex worker. Another woman was known to have sex with men in exchange for money and then her partner would threaten the men for more money. There were other reports from agencies that this practice had been known on other occasions in Darlington.



### **Brothels**

There was evidence of a number of brothels in Darlington. Women working in these premises are divided into two categories: British females and Asian females (mostly Thai but also Chinese and Filipino). Asian females were identified to be working from most premises. It was reported that the women were mostly illegal immigrants and were thought to have been trafficked into the area specifically for prostitution.

In some instances this involved white older men who are thought to have travelled to Thailand and brought women back to live with them in the UK and have subsequently become involved in setting their wives up as prostitutes. This is highlighted by the recent case of Hodgkiss<sup>4</sup>. In addition, older Thai women are thought to be involved in the brothels, acting as madams, helped by their older male British counterparts.

The majority of women in the brothels are known to have entered the UK illegally and many have arrived into other areas in the UK and only stay in Darlington for a short time. Violence towards sex workers is a major health issue (Church *et al.*, 2001) and there is evidence from Police raids that many of these Thai women are working under duress. One brothel keeper was reported to have said that he expected to receive £5000 per month per prostitute and “*if he didn't get this amount he would cut their throats*”. Women were described by the Police as being desperate to escape due to the intimidation and violence they suffered. All the women who had been apprehended from the brothels were referred to projects out of the area.

This evidence of trafficked women is corroborated by another agency who had knowledge of a young Thai woman who turned up at the PCT's termination of pregnancy service wanting an abortion. This woman spoke little English and was thought to have been trafficked.

### **Location of transactions**

The space in which sex work takes place is an integral part of why and how sex is sold in certain streets of cities and towns. Sanders (2004) argues that sex work locations are frequently the target of resources from public services, especially the growth of multi-agency partnerships and forums created to act upon what has historically been considered spoiled identities associated with drugs, disease, dysfunctional families and danger. Locations described by McKeganey (2006:153) as having a ‘very run down, derelict feel’. Accordingly, sexual exchanges and sex work were identified with specific areas in Darlington, particularly those associated with drug users. In these areas there were known to be “*slum landlords*”, B&Bs and low rent housing and it was reported that “*there are a couple of streets*” that are likely areas for the location of brothels (low rent, unscrupulous landlords, absent tenancy agreements).

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<sup>4</sup> [http://www.thenorthernecho.co.uk/news/3864988.Brothel\\_keepers\\_jailed/](http://www.thenorthernecho.co.uk/news/3864988.Brothel_keepers_jailed/)





There were a number of reports about adult females travelling to work in Middlesbrough, which has a recognised on-street sex market. There were reports of women who had previously lived and worked there who had come to Darlington to move away from that life but had subsequently returned there. For example, one agency reported knowledge of a woman in her late 20s who used to work in Middlesbrough as a street prostitute and moved to Darlington to get away from that life, although it is known that she has now returned.

### **Box 2.1 The Medaille Trust**

The Medaille Trust is a Catholic service which provides safe houses across England for women who have been sex trafficked. The offices of the Trust are based in Darlington but there are no safe houses in the locality.

It is estimated that between 4,000 and 10,000 people are trafficked into the UK each year. In the five months between 1<sup>st</sup> April and 31<sup>st</sup> August 2009, 275 people were rescued, 38 percent of these were sex trafficked. In England, there are 74 secure accommodation places for trafficked women: 54 are Government funded and provided by the Poppy Project; 12 are provided by the Medaille Trust; and eight places are provided by the Salvation Army. These latter two are self financed.

There is now a standard referral route which came into force on 1<sup>st</sup> April 2009, known as the National Referral Mechanism (NRM). The NRM is to be used by any agency when they find someone they suspect has been trafficked. Those referring are known as the First Responders (in the figures above, these were the UK Border Agency (113), the Police (93) and the rest were local authorities). The NRMs are submitted to the UK Human Trafficking Centre (UKHTC) in Sheffield who then must find accommodation within five days. There is then a 45 day 'reflection period' for the victim (a recovery period), then their asylum status is reviewed by the authorities and it is determined whether they have been trafficked. The best outcome is for individuals to receive a residency permit for one year.

It was noted by the Trust that it is especially difficult for young people who are 16, 17 and 18 who have been sex trafficked. This age group are too old to be placed in local authority residential or foster care and are instead placed in independent living with no support, care or protection.



### **2.1.3 Issues associated with male sex work or exchanges**

Adult males involved in sex work include: male escorts; transvestites, transsexuals; and those exchanging sex for either accommodation or alcohol.

#### ***Money***

Most adult male sex workers exchanged sex for money. Some classed themselves as male escorts and would advertise on Gaydar, *The Gay Times* and travel to Newcastle to work. There was also a small group of adult transsexual sex workers aged 28, 37 and in their 50s (there was one under 18 year old who is included in the section on children). These individuals were engaged in sex work to raise capital for gender re-assignment. It is thought that such costs are in the region of £20,000. It was reported that a transsexual sex worker can earn between £10,000 and £50,000 per year. The transvestite sex workers (all aged over 28) were all engaged in sex work as a main income source and one is reported to be involved for pleasurable purposes. They advertise in *The Sport* and the Internet

#### ***Accommodation***

A small group of men were known to be exchanging sex for accommodation. The men who are providing the accommodation are older (all over 30). In these cases, the 'purchaser' of sex is reported to supply all resources, such as food and domestic bills.

#### ***Alcohol***

A more vulnerable group is the men who are known to exchange sex for alcohol. These are all aged under 23 and all are thought to engage in risky sexual behaviour when under the influence of excessive amounts of alcohol. One professional said "*you can see them [the purchasers] giving them more and more drink and you are thinking what is going to happen to them [the providers]*". They continued "*the power imbalance shifts with the amount of alcohol*".

#### ***Location of transaction***

It was reported that arranging the locations of transactions has dramatically changed since the advent of the Internet. Now, most male sex workers advertise on Gaydar (an Internet site) and arrange locations. Other contact is made through sex workers advertising in *The Gay Times*, *The Sport* and on the street (the Gardens in Newcastle).

### **2.1.4 Other issues**

#### ***Purchasers***

Purchasers of sex are frequently linked to specific locations, and we found evidence of a small number of sex workers travelling to York to work. There are also those that work in brothels. However, many of those involved in sex work or exchanges do so on a 'casual' basis, i.e. they do not work at a specific street



location as in Middlesbrough, or work in brothels or in clubs. The purchasers of the sex for many people have been described as casual, drug dealers or drinkers, meaning associates of theirs or friends of associates. No 'formal' sex transactions took place.

This issue of associates and 'friends' was brought up on many occasions and about how quickly they develop between vulnerable people, especially with newcomers or strangers. One professional said "*Networks are really quick to develop ... you can be from out of the area, then before you know it, they're best buds with them* [resident groups of homeless or drug and alcohol users]". From our research, it would appear to be within these groups and groups attached to people within these groups, where sex is 'purchased'. One professional from a treatment centre reported "*I've got no doubt that it goes on with both our male and female clients, 'I'll do something for you for a bag' type of thing*".

### ***Normalised behaviour***

Another consistent issue that was raised by respondents (and one that may be linked to the previous point) was the normalisation of sex work or exchange behaviour. In other words, it was reported that clients and service users considered it 'normal' to be having sex for drugs, alcohol or money. "*They see it as mutual benefit ... if you take me to the pub, I'll have sex with you ... they wouldn't consider it exploitation*". Another professional said "*not one of the young people saw anything wrong with it* [exchanging sex], *there was no shame or embarrassment and they see nothing wrong with the relationship*". Clients or service users were said to "*have become de-sensitised to it*". Indeed, it was reported that most women involved would not recognise they were sex workers and "*if you'd say it to them they would be really offended*".

This is an issue which warrants further investigation from the service user perspective rather than a professionals' interpretation of a service user's feelings. There may be no normalisation and considerable shame, or it may be as it is reported and part of vulnerable (predominantly female) lives, where a lack of resources means that sex is exchanged.

This normalisation of behaviour represents a barrier in the development of certain services specifically tailored to sex workers or those who are sexually exploited. One service said "*People don't see it as exploitation so what can we do? We do the individual support thing and we would talk about it but if they say 'stop' there's nothing we can do. We are a landlord and we are not equipped to deal with issues of sexual exploitation. We bring it up in support meetings and try and disrupt behaviour but we lack anything else*".

### **2.1.5 The experience of services**

When conducting the research, it was clear that, for the majority of respondents, sex work or sexual exchanges was not an issue that they had paid much



attention to, either because it was something that was not raised by service users or it was considered secondary to other needs (e.g. drug treatment or harm minimisation).

For other services, it was an issue that they were aware of amongst their client group, but one which was not specifically addressed. For example, one agency stated *“no-one asks the question, if people are sex workers”* and another said *“we will have more clients that have been damaged by sex work but we won’t know because we don’t ask”*.

Not surprisingly, other than the expected sexual health and genito-urinary services, many organisations were at a loss what to do with clients who disclose, with one professional illustrating this by saying, *“if someone was to disclose what would we do?”* This is particularly in relation to support services or people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes, with one professional reporting *“For women involved in sexual exploitation there is nothing we can do. For domestic violence cases there is MARAC but for them there is nothing. Even the rape and sexual assault services have waiting lists. So if they answer yes to a question, it leaves you at a dead end”*.

Police respondents, who often have a relative high amount of contact with sex workers, reported that it was difficult to refer women onto support services because the arresting officer may have a limited knowledge/awareness about what is on offer. One professional stated *“There is a gap in the knowledge about what is out there”*. It is thought that no local women were ever referred to support services, other than the illegal immigrants that were sent to support projects across the country. Some agencies reported that they would refer to a drug treatment centre and others said they would deal with client need in-house. For example, one agency reported *“Darlington is well provided for ... if we did have clients [who were sex workers] we would refer them [to the drug treatment centre]”*.

For male sex workers, there is a general lesbian, gay, bisexual and transgendered support service in Darlington, which is not specific to sex workers, but provides free condoms, lube, advice, signposting and guidance. Indeed, a number of service users have approached them for advice on becoming escorts.

There were other concerns that were raised by agencies in Darlington concerning sex work and exchanges. One issue concerned the relatively common occurrence of brothels and the reported issue of trafficking. One professional stated *“We never hear about sex work in strategy meetings, why not? Particularly the trafficking issue”*.

Related to the issue was the need for services for sex workers or those who have been sexually exploited. One agency stated *“There is obviously a need because*



*there's been a number of brothels shut down, but you never hear about what happened to the women".*

A dominant issue to arise from interviews with agencies was the need for training. One professional stated *"We need to make sure that staff are accessible, approachable and have the right attitude. This is to ensure that their services are not stigmatising, so there is a need for training and education"*. This professional gave an example of a client she took to A&E with a severe injecting infection who was to be discharged; the worker had to argue with the nurse to get him admitted as the nurse was reported to have a *"serves him right attitude"*. As Smith and Marshall (2007) note, perceived negative judgement makes drug rehabilitation more difficult and encourages service disengagement.



## **2.2 Sexual exploitation of children**

A small number of both female and male children were identified as being sexually exploited. There were a number of themes associated with this exploitation, the most dominant being the association with alcohol.

### **2.2.1 Themes associated with the sexual exploitation of children**

#### ***The currency of exchanges***

Sex was exchanged for a range of currencies, including alcohol and money, in one case it was exchanged to pay off a debt to a loan shark and in another it was in exchange for general resources.

#### ***Alcohol***

Some children were reported to be directly exchanging sex for alcohol and others were known to be exchanging sex for money with which to buy alcohol. For example, there was one report of a 14 year old female who was known to be exchanging sex for alcohol. She would engage in very risky behaviour, for example on multiple occasions she was said to wake up without any clothes on after being intoxicated until unconscious. She had a history of abuse and parental neglect; it was reported that her parents were extremely chaotic and she (the child) had grown up in and out of care.

There were associations found between alcohol, sexual exploitation of children and take away food outlets; links which have been documented in many other parts of the country.

#### ***Money***

Of the children reported to be exchanging sex for money, two were females exchanging sex for money to buy alcohol. There were also reports of a 17 year old male escort who advertised on Gaydar (an Internet site) and a male transsexual sex worker who engaged in sex work in order to raise capital for gender re-assignment.

#### ***To pay off debt***

An agency gave the example of a 17 year old female was known to exchange sex with a money lender in order to pay off debt (the initial sum was between £50 and £100), which was initially for money to pay for heroin. In order to repay the sums, she was exchanging sex for small repayments (e.g. £50) off her loan. She was also drug running for the money lender.

#### ***Suspicious of involvement***

In addition to this direct knowledge of the sexual exploitation of children, there were also a number of suspicions of involvement. These suspicions were due to both male and female children between the ages of 15 and 17 years exhibiting combinations of risky behaviours which included:



- Significant alcohol abuse and going missing overnight from looked after accommodation.
- Class A drug misuse, having unexplained sums of money and associations with different men.
- Staying in B&B accommodation, associations with different men and a ready supply of Class A drugs.
- Associations with a number of men and hotel stays.

## 2.2.2 The experience of services

It was reported by agencies involved with supporting vulnerable children that there had been reduction in the numbers of children who were sexually exploited over the last 10 years. This mainly related to reducing the number of children who were migrating to Middlesbrough. This was reported to be due to two main factors: the move from one children's home with high numbers to dispersed residential settings across the borough; and a focus by the Police and child protection agencies on the disruption of sex markets in Middlesbrough.

However, there still remains knowledge amongst agencies of children within their client group who are either at-risk of sexual exploitation or who are being sexually exploited. There are particularly strong links to alcohol misuse and sexual exploitation.

One issue that was raised was that of responsibility, where it was reported "*it's difficult to know who is responsible [for the young person] and a lot of the quality [of service received by the young person] depends on who the referring agency is*". It was felt by certain agencies that there is a need for a specific service to take the lead in cases of sexual exploitation.

For some current children's services that often identify exploitation, there is also a problem of insufficient time being able to be spent with the young person. Currently many services are geared up to provide brief interventions. To illustrate, it was reported "*If a young person turns up again which is obviously an indicator of need but you've got 30 people waiting to be seen, then you can't spend the time you need to go over the issues and give any level of support*".

Similar to the Northumbria study, organisations that work with children in Darlington reported that there is a need to set up a system of shared chronologies including recording behaviour patterns, names of predatory males, addresses, cars as one professional noted "*things keep cropping up again and again, same names, addresses, same colour car*".



### 3.0 Conclusion and recommendations

#### 3.1 Conclusion

We have carried out research in Darlington and we have found evidence of people involved in sex work (what we would understand as prostitution), sexual exchanges (exchanging sex for resources such as accommodation, drugs, alcohol, debt repayments, etc.) and sexual exploitation (under 18 year olds exchanging sex for alcohol, drugs, money and other resources).

In carrying out our research, we specifically chose organisations to interview who worked with vulnerable groups, e.g. homeless providers, treatment centres, sexual health services. As with our previous research in Northumbria, it was services with the closest relationship with service users that had the most knowledge. Indeed, this was apparent within specific services where certain professionals would have much knowledge and others have none. For example, in one service it was the psycho-social intervention and the harm minimisation workers who held the knowledge as they had the closest relationships.

The numbers involved are not great, but the vulnerabilities of many involved are significant, and include vulnerabilities of health, housing, finances, safety and substance misuse. There are also apparent problems of people's very low self esteem and poor decision making which means they put themselves at a high risk of harm, both from a health point of view and from physical violence.

As an illustration of these vulnerabilities, below are two comments from different professionals:

*"These people [who are exchanging sex for resources] are so damaged ... the way that they see things ... what planet are they on, their decisions are so bad".*

*"In 2009, a 22 year old woman was thrown out of the women's refuge she was staying in because she was bringing clients back with her [men who were having sex with her for money]"*.

Many of these vulnerabilities are associated with substance misuse. In relation to this, Darlington has a comprehensive drug treatment service including a safe injecting service and indeed some of those involved were identified through this centre. It would appear that some of those involved in sex work or exchanges who are in treatment are already in receipt of services to tackle the root of those vulnerabilities. However, there are other women who are involved in sex work or exploitation who are problematic drug users who are not accessing these centres. Such cases have been reported by other services, e.g. accommodation, and these struggle to cater for needs and require a level of support.





An issue which represents a key barrier to the provision of services was the consistent issue raised by respondents of the normalisation of sex work or exchange behaviour. Some clients or service users were said to “*have become de-sensitised to it*”. Indeed, it was reported that most women involved would not recognise they were being sexually exploited and “*if you’d say it to them they would be really offended*”.

This issue does warrant further investigation from the service user perspective rather than a professionals’ interpretation of a service user’s feelings. There may be no normalisation and considerable shame, or it may be as it is reported and part of vulnerable (predominantly female) lives, where a lack of resources means that sex is exchanged. However, in a similar way to domestic violence, sexual exchanges or exploitation needs to become de-normalised.

A key finding to the research was that many agencies were at a loss what to do with clients who disclose or who they suspect are involved, with one professional illustrating this by saying, “*I wouldn’t have a clue where to refer*”. This is particularly in relation to referring on to support services or supporting people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes. Indeed, many agencies who come into contact with people involved do the best they can to cater for specific needs and some are better equipped than others. There is a real need for agencies working with vulnerable people to skill up and become better enabled at dealing with these particular vulnerabilities.

The situation of children who are exchanging sex for resources (particularly alcohol) is more concerning as there seems to be few services to cater for their needs and reduce their vulnerabilities. Although the situation of children is reported to have improved over the last 10 years, the research did uncover existing cases of exploitation, with a particularly emphasis on alcohol. This age group would benefit from a targeted, SCARPA-type approach.

*Note: SCARPA stands for Safeguarding Children At-Risk Prevention and Action. The project has been established to provide an intensive support and early intervention service to young people, between 11 and 18 years of age, who are either experiencing, or are at-risk of running away, sexual exploitation or trafficking. The project is a collaboration between The Children’s Society, Barnardo’s and Save The Children and links to the Newcastle Local Safeguarding Children Board. The service is delivered from the Brunswick Methodist Church in Newcastle city centre (contact Richard Haigh, Project Manager).*

Finally, there is a note of concern that we have identified during our research concerning trafficked women in Darlington and the relative frequency of brothel raids by the Police would indicate the practice of trafficking women into Darlington continues. The Police are clearly proactive with regards to the closure



of the brothels. However, no other agency in Darlington interviewed for this research had any knowledge or awareness of this trafficking issue. This situation is amplified by the presence of the headquarters of The Medaille Trust, which exists to accommodate and support trafficked women across the UK, which is in Darlington. It would appear that there is potential here to collaborate and to train professionals regarding trafficking issues.

### **3.2 Recommendations**

We have three recommendations to make in relation to the findings produced from this research.

Firstly, that the findings be duly considered and actioned by the Safer Darlington Partnership and the Local Safeguarding Children's Board. There is an obvious need for cooperation between these bodies in the light of the involvement of both adults and children.

Secondly and possibly the most important recommendation is the need for a comprehensive programme of training and awareness-raising for professionals working with children and adults. The Tyneside Cyrenians based in Newcastle who run a sex worker support project or Barnardo's who deliver the SECOS project in Middlesbrough are well placed to deliver such training.

The next stage in service provision is the collaboration and cross-agency working between statutory and non-statutory agencies (facilitated by the two partnerships mentioned above). Specifically the development of referral routes and protocols to govern that process.

Finally, bearing in mind the presence of trafficked women in Darlington, there is a need to raise awareness professionals about the issue and to carry out training. Such training would include how to identify people who have been trafficked, working with people who have been trafficked and how to use the National Referral Mechanism. This need is particularly high amongst the medical profession.



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## **Appendix one: Participant information sheet for research into the sex market and sexual exploitation in County Durham and Darlington**

You will have received and read *Information about the study* and will now be familiar with the study and the reasons behind it.

As a participant in the research we would like to let you know what being involved entails. We are interviewing professionals only for this piece of work and would like to come and ask you a series of questions about your knowledge of the sex market and exploitation and what services you currently provide. The discussion is completely confidential (we are governed by the Primary Care Trust's strict confidentiality contract and the study has been through a Research Ethics Committee). The interview will take no more than one hour.

The questions we would like to ask you are:

1. Do you know what type of sex work goes on in the area? At this point we will have a discussion about definitions of sex work and exploitation (see *Sheet 1*).
2. Are you aware of any travelling for sex work?
3. What is the magnitude of the sex market in the area (how many sex workers are in the area)?
4. Do you provide any services to sex workers?
5. Do you know of anyone who provides services to sex workers?
6. Who else do you think I should talk to (who may know something)?

After carrying out our research with professionals, the results will be analysed and written up in a report. One report will be shared with County Durham Drug and Alcohol Action Team, Local Safeguarding Children Board and Crime and Disorder Reduction Partnership and one will be shared with Darlington Drug and Alcohol Action Team, Local Safeguarding Children Board and Crime and Disorder Reduction Partnership. As participants, you will also see a copy of this report. A summary report will also be written which will be distributed throughout agencies in both areas with a series of recommendations. In these reports, no individuals or agencies will be referred to (unless with their explicit permission) and again no individually identifiable information will be presented.

You will be asked to sign a consent form and confidentiality agreement before we interview you. This is to make sure that you know the reasons for the study, what will happen with the findings and about issues of confidentiality.

Please note that the interview is entirely voluntary and you can bring it to a close at any point, with no ill effect to you or your organisation.



## Appendix two: Consent form and confidentiality agreement

Research Title: **Research into the sex market and sexual exploitation in County Durham and Darlington**

Name of Researcher: Dr. Christopher Hartworth

### Please initial boxes below

1. I confirm that I understand the purpose of the study as explained to me by the researcher (named above and have had the opportunity to ask questions).

*Initial in box*

2. I understand that my participation is voluntary and that I am free to finish this interview at any time, without giving any reason.

*Initial in box*

3. I agree to take part in this study.

*Initial in box*

4. I understand that if I disclose any information relating to children who are being sexually exploited or about named individuals who are at risk of serious harm that the researcher will report these cases to the Police and Social Services.

*Initial in box*

\_\_\_\_\_  
Name of Participant

\_\_ / \_\_ / \_\_

Date

\_\_\_\_\_

Signature

Christopher Hartworth  
Name of Researcher

\_\_ / \_\_ / \_\_

Date

\_\_\_\_\_

Signature

The fieldwork for the research is being monitored and audited by the University of Cumbria. If you have any concerns about the research, please contact Dr. Ian Convery, Senior Lecturer, Faculty of Science and Natural Resources, University of Cumbria, Fusehill Street, Carlisle, CA1 2HH, Tel: 01768 893570  
[ian.convery@cumbria.ac.uk](mailto:ian.convery@cumbria.ac.uk)