



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

Carried out by:



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University of Cumbria

Faculty of Health and Wellbeing



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 fourth 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 Cumbria Drug and Alcohol Action Team and its Partnership Board. Cumbria DAAT was interested to know the links between adult sex markets and drugs and alcohol.

The research has found evidence of a range of different types of exchange across Cumbria 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 adults involved in sexual exchanges?
- Does your service work with children and young people who are, or are at risk of, being exploited?
- 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 and Cumbria 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.

We would also like to thank: Cumbria 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 commissioners of the research, Northern Rock Foundation, their trustees and 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

About the authors

Barefoot Research and Evaluation is a social research organisation based in Newcastle upon Tyne. It has particular expertise in work with vulnerable and at-risk groups and on projects and strategies to support them. Barefoot Research and Evaluation has carried out work for Nacro, Crime and Disorder Reduction Partnerships, the Probation Service and local authorities on initiatives to reduce crime and re-offending and improve community safety. Dr. Christopher Hartworth, who set up Barefoot, has 20 years' experience of research and evaluation, beginning in developing countries in poverty alleviation programmes and continuing in the North East of England in work with disadvantaged communities.

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i Executive summary

This study, which was commissioned by Northern Rock Foundation under its Safety and Justice for Victims of Abuse Programme, investigates the extent and dynamics of sex markets and sexual exploitation in Cumbria. The study was carried out by Barefoot Research and Evaluation and the University of Cumbria using a knowledge mapping approach; we interviewed a total of 120 professionals from over 40 different organisations across Cumbria. It presents a snapshot of information between 2010 and 2011.

We found evidence of a number of different types of sex markets and exploitation across Cumbria where both adults and children were involved. Adult markets included:

- Female sex workers who work for escort agencies from the North West of England travelling up along the M6 corridor to work from hotels.
- Females who work as independent sex workers who live across Cumbria who offer incalls and outcalls.
- Females who work in brothels
- Females engaged in survival sex work, exchanging sex for essential resources from money to accommodation.
- Heterosexual males advertising as sex workers across Cumbria who offer services to females or male and female couples.
- Homosexual males advertising as sex workers across Cumbria who offer services to males.
- Homosexual males engaged in survival sex work.

We make a distinction between formal sex work and survival sex work (though we fully accept that the boundaries between formal and survival sex work are often blurred). The difference between the two is generally the motivation for the work and whether the work is full time or occasional, Formal sex work, undertaken by escorts or independent sex workers, is often done as a full-time form of employment. Survival sex work tends to be occasional and is done when the individual needs either money for essential resources or often exchanges sex directly for those resources. Survival sex work is commonly associated with problematic substance misuse, for example, heroin or alcohol or other complex needs such as homelessness and mental ill health.

To illustrate a typical service response from an agency in Cumbria where knowledge was held about adult sex workers, one agency reported that their clients involved in sex work were *“damaged and vulnerable individuals, all with mental health problems, all victims of domestic violence, all have been sexually abused as children and all have drug and alcohol problems. And they don’t want to stop because they say things like I need the drink because of what has happened in my life”*.



In relation to exploitation involving children, we found evidence of:

- Females across Cumbria between 13 and 17 exchanging sex for a range of resources, dominated by alcohol and drugs (but not heroin).
- Small numbers of male children exchanging sex for similar resources.

Most of the exchanges where children were involved were for drugs and alcohol, which could be described as 'thrill seeking substances'. However, there were some cases where children were paid for sex. There were also some children who could be described in the same way as survival sex workers as they were exchanging sex for resources such as accommodation. The children involved were reported to have come from both the looked after system and from 'normal' functional families.

The following response is an example of a service in Cumbria who works with children who have been sexually exploited: *"we work with these girls on increasing their emotional resilience ... so they realise that it's not a good idea swapping sex for alcohol and cigarettes ... They have such low self worth that they really respond to the attention [from the men] and the praise that gets heaped on them and the gifts and the loads of texts ... They feel like they're the most precious thing in the world"*.

Recommendations

Based on the cumulative experience of studies into sex markets across a total of nine local authority areas in the North East and Cumbria and a knowledge of sex worker welfare projects for both adults and children, we feel in a strong position to make the following (mostly inter-linked) recommendations:

- Agencies across Cumbria who have been involved in this study should come together and discuss what these findings mean for frontline service delivery across Cumbria. Many agencies said that they lacked knowledge about sex markets but they would like to develop services if there was a need. This study has clearly demonstrated a need and has provided some baseline information about extent and theme and can usefully form the basis of multi-agency discussions. These discussions must involve statutory (local authority and health services) and voluntary sector providers.
- Frontline professionals need training and capacity development from sector specialists in sex work and child sexual exploitation. Such training should include: how to spot indicators of sex work and child sexual exploitation; asking the question; understanding vulnerabilities of those involved; learning how to respond and intervene; and how to improve multi-agency working. Ideally such training should form part of a rolling programme in the same way as safeguarding or domestic violence training is provided. Although there are



a number of such training programmes available nationally, in order to provide a rolling programme, a train the trainers approach would be required.

- Multi-agency referral pathways are needed which allow the creation of centres of expertise in sex work and exploitation. This is linked to the above issue and concerns what a professional does when they are in receipt of information about the exploitation of one of their clients. Currently, the response to an individual's needs is dependent on chance; whether they are in contact with a service with relevant skills and a sympathetic stance. By creating competent professionals through capacity building and training, other professionals can contact them for advice and guidance about what to do and who to refer on to. There are more basic referral routes which can be created, such as between GUM clinics and community drug and alcohol services and vice versa.

Clear pathways should be also created and made operational between services and the Police; particularly between organisations that work with vulnerable young people and the Public Protection Unit of Cumbria Constabulary. The successful recent operation that resulted in the arrest and prosecution of suspected perpetrator in Carlisle demonstrated a viable model; one in which victims were actively listened to and supported (opposed to discredited and disbelieved) with the help of community agencies. Such an approach could be broadened to include and identify social welfare organisations which could more proactively support victims of ongoing Police investigations. Indeed, there is much scope for this approach, particularly if the Police themselves recognise that such investigations into the problem of exploitation represent 'the tip of the iceberg'.



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1.0 Introduction

This is a study into the extent and dynamics of the sex market and sexual exploitation in Cumbria. It presents a snapshot of information between 2010 and 2011. We recognise that it is not the entire picture and we know that the findings presented here are all underestimates as sex work is frequently under reported (Efthimiou-Mordant, 2002).

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 fourth 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 studies in the Northumbria region, County Durham and Darlington¹.

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 empowerment; problematic drug users who regularly engage in sex work for drugs or money for drugs; other problematic drug users who only occasionally engage in sex work; homeless people who exchange sex for alcohol or cigarettes or somewhere to stay. Child sexual exploitation (see Box 1.1) includes cases where a young person (between 13 and 18 years old) exchanged sex for currency with an older man.
2. We use the term `sex worker and sex work as general headings and they include the range of different types of sex worker. We recognise that there is much debate and controversy about the naming of those involved in sex markets and we are using the terms to introduce a level of consistency to our observations.
3. We have also 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

¹ These reports can be seen here: <http://www.nr-foundation.org.uk/resources/publications/sexual-exploitation-research-reports/>



work. Similarly, if someone exchanged sex for a bottle of cider, they would not consider themselves a sex worker.

The original intention of the research when we began our studies in 2009 in Northumbria Police Force Area was to map adult sex markets. However, during that study and subsequent studies, it became clear that people did not suddenly become sex workers at the age of 18 and there was knowledge held by agencies of people as young as 13 exchanging sex for resources. We collected information about people under the age of 18 exchanging sex for money and drugs in crack houses (outside of Cumbria), being pimped by others and otherwise being involved in what would commonly be understood to be 'prostitution'. There were often reports from agencies about their adult clients who had been involved in 'sex work' since they were children. We therefore started collecting information about children.

In law (see following box), children can not be associated with sex work but are understood to be victims of abuse perpetrated by adults. Thus, the studies became research about adult sex work and child sexual exploitation. However, we should note that the term 'sexual exploitation' can equally be applied to the adults who are the subject of our study. Although there are those involved in adult sex work who exercise a degree of control, there are many adults who continue to be exploited and abused.

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 (Bellis *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 section 1.2.1) across Cumbria with professionals in relation to their knowledge of sex work. We then documented that knowledge that related to the professional's direct client group (for example, young people, drug users, homeless, etc.).

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Box 1.1 Child sexual exploitation²

In relation to children and sex work, 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. Thus we no longer refer to 'child prostitutes' but rather child sexual exploitation.

Child sexual exploitation primarily occurs as a result of young people making constrained choices against a background of social, economic and emotional vulnerability. Where children 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 child sexual exploitation 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, such as exchanging sex for alcohol, drugs or rides in cars. Talking about 'prostitution', 'commercial sexual exploitation' or 'organised prostitution' of children is therefore unhelpful.

National government policy in this area has developed significantly in the last four years: in 2009 the Department for Children, Schools and Families issued guidance for LSCBs on safeguarding children and young people from sexual exploitation and the Department for Education is currently drawing up an Action Plan on child sexual exploitation. Child Exploitation and Online Protection (CEOP) published a thematic assessment in June 2011 – Out of Mind, Out of Sight and the Children's Commissioner recently announced an inquiry into gang-related exploitation.

We therefore documented the direct professional knowledge of those interviewed and we took the reports with a high level of confidence, for example, 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.

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



We minimised double counting by asking for the approximate ages of those involved, where they were from and any associated issues, for example, 25 year old from Carlisle with a personality disorder exchanging sex for money near the train station. When other agencies would report similar individuals with similar characteristics, 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. For example, we found a number of women from Cumbria 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. Note: it is likely that this approach will also lead to further underestimates of numbers involved, but our approach is towards conservative estimations opposed to over estimations.

The majority of sex workers advertising on the Internet posted photographs which enabled us to identify separate individuals. Some sex workers advertised on several different websites but by cross referencing images we were able to identify different individuals.

We interviewed a total of 120 professionals through focus groups, individual one to one interviews, on the telephone and by email (table 1.1 displays the number of such interviews). They came from over 40 different organisations from the statutory and voluntary sector agencies and included representatives from:

- Black, Minority and Ethnic (BME) services
- Cumbria Constabulary
- Drug and alcohol services
- Housing and accommodation providers
- Lesbian, Gay, Bisexual and Transgender (LGBT) services
- Services for victims of domestic violence and rape
- Sexual health services including Genito Urinary Medicine (GUM) clinics and contraception services
- Therapeutic services
- Youth and community services

Narrative 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.



A published academic paper that discusses this methodology can be seen here: www.barefootresearch.org.uk/wp-content/uploads/Knowledge-mapping-sex-work-paper.pdf

Table 1.1 Interviews and their format*

Agency	Number of interviews	Type of interview
Criminal Justice Agencies**	8	2 focus groups; 4 one to one interviews; 2 telephone
Domestic violence and abuse services	9	3 focus groups; 3 one to one interviews; 3 telephone
Drug and alcohol services**	14	8 focus groups; 3 one to one interview; 2 telephone; 1 email
GUM services	4	1 one to one interview; 2 telephone; 1 email
Housing services	9	1 focus group; 5 one to one interviews; 3 email
LGBT and BME services	5	2 one to one interviews; 2 telephone; 1 email
Sexual health services	9	1 focus group; 2 one to one interviews; 2 telephone; 4 email
Young people's and children's services****	14	3 focus groups; 5 one to one interviews; 2 telephone; 4 email
Other*****	4	1 one to one interview; 2 telephone; 1 email
Total	76	18 focus groups; 26 one to ones; 17 telephone; 15 email

* The names and categories of these agencies were correct at the time of the fieldwork in 2011 but may now have changed.

** These services include Police and departments therein, the Probation service, Youth Offending Service and voluntary sector providers

*** These include both DAAT commissioned services and non-commissioned voluntary sector providers

**** Including statutory services and voluntary sector providers

***** Fraud investigation service and licensing

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 they were involved in 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.)?
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 your 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 child 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 and all 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; and the Cumbria Primary Care Trust. The study was also supported by the Cumbria Local Safeguarding Children's Board.



2.0 Findings

2.1 Adult sex work

We found evidence of several different layers to sex markets in Cumbria, ranging from formal markets, for example, escorts and brothels, to informal exchanges of sex for a range of resources. This latter group is characterised by issues of substance misuse (often referred to survival sex work³). The evidence we collected consisted of reports from the Police, frontline community agencies who reported upon practices within their client groups and from Internet advertising.

Sex markets in Cumbria are made up of both female and male workers. We found an equal number of female and male formal sex workers although survival sex work was almost entirely made up of females.

The sex work mostly took place 'off-street', for example in people's houses and in hotels, although there were small numbers of people involved in what would be described as street markets, for example, around a train station and a service station, and some sex workers stated on their adverts that they do outcalls 'outside'.

The markets are hidden and unregulated and although many of those engaged in sex work are known to services, they are known because of practices other than sex work, for example, because of a substance misuse or an accommodation need. Many of those involved were reported to experience violence, abuse and rape (from partners, peers and strangers). Similarly, there were many reports of those involved having experienced similar issues as children.

2.1.1 Formal sex markets

Formal sex markets in Cumbria consist of brothels, escorts and a small on-street market. There were a number of different agencies who reported knowledge of brothels, from the Police to community agencies and a similar number reported knowledge of a small on-street market. We found the majority of escorts, both male and female advertising on two websites. Some females also had their own individual websites.

2.1.1.1 Female formal sex markets

There are female formal sex markets across Cumbria. We found evidence of formal female sex workers made up of: women advertising on the Internet; working in brothels; and working on the street.

³ Hidden for Survival: Peer Research into the Lives of Sex Workers within Newcastle, Gateshead, Sunderland, South Tyneside and North Tyneside, 2007, the Voices Heard Group, Tyneside Cyrenians and Counted 4.



2.1.1.2 Categories of female formal sex work

There was more stratification of female sex markets in comparison to formal male markets.

- **Females from outside of Cumbria who offer outcalls** to people's houses or hotels, most of whom are attached to escort agencies in the North West and some others who are independent escorts (i.e. who work for themselves) and who also advertise on the Internet. There are a series of hotels across Cumbria where sex workers from outside the area did outcalls.
- **Females from Cumbria who offer outcalls and incalls.** The former take place in similar locations to the above. These females are located across Cumbria. These are the most numerous of the formal sex workers and most appear to be working independently.
- **Females who work in brothels;** in 2008 there was a brothel in one area where a number of women from the North West were working – this was closed down after Police raids. There were a total of three brothels reported in Carlisle in the last 12 months which are currently reported to be operational; there were other reports of brothels which had been closed down because of Police raids. It is the nature of brothels that physical locations change frequently in response to Police attention or community tension. In the UK Brothels typically appear and disappear quickly in low quality rental property (i.e. they move properties often in response to Police attention).

Brothels have been in existence for a number of years as there were historical reports, for example, one agency reported "*in 2007, there were girls from Manchester working from above a shop in Carlisle*". Generally, a total of three females will work in a brothel, although this can be considerably more. Females who work in brothels tend to have multiple vulnerabilities and often have substance misuse problems.

- **Females who work 'on street';** we had reports from unconnected community agencies about a small number of females who were known to sell sex around transport nodes and this was negotiated by their boyfriends/pimps.

2.1.1.3 Male formal sex markets

We found evidence of heterosexual and homosexual male sex workers working across Cumbria. The majority of these advertised on the Internet and six were on-street sex workers.



2.1.2 Survival sex work

Survival sex work is typically defined as the practice of individuals exchanging sex for resources that they need in order to 'subsist' (Barefoot Research and Evaluation, 2009). This includes accommodation, cigarettes, drugs and alcohol, food, laundry and other resources. Money can also be exchanged although this tends to be related to the purchasing of drugs or alcohol.

Many of those involved would not consider themselves to be a sex worker, for them this may only be an occasional practice done in times of need. However, there are others that would describe themselves as sex workers as they are involved on a more regular basis. They may also have experience of working as 'formal sex workers', often from outside of the area.

People involved in survival sex work invariably experience a range of vulnerabilities affecting their accommodation status (often homeless or living in deprived neighbourhoods); health (poor physical and mental health); and exposure to violence and abuse. . They also commonly have experienced a history of abuse, for example, birth parents having substance misuse problems, the experience of childhood abuse (emotional, physical and sexual), domestic violence, poor parenting and being in the looked after system.

In Cumbria, survival sex markets involve both male and females, although the sector is dominated by females, with only a small number of males. This high to low female to male ratio is commensurate with other areas, for example, Newcastle and Tyne and Wear, where research⁴ has shown similar patterns. However, a caveat to these ratios is that male survival sex work is even more hidden than female work, which may be reflected in the low numbers of males.

2.1.2.1 Female survival sex work

There are several trends apparent from the reports of community based organisations:

- Female drug users exchanging sex for drugs with members of their peer group
- Female drug users exchanging sex for money, alcohol and food with staff at food outlets and off licences
- Female drug users exchanging sex for money with strangers in order to buy drugs.

Survival sex work takes places across Cumbria.

⁴ Hidden for Survival, 2007, *Op Cit.*



2.1.2.2 Currency of female survival sex work

Figure 2.1 indicates the currency used for female survival sex work or exchanges. Most exchanges were reported to be for drugs, followed by money, then alcohol and accommodation. In the cases where sex was exchanged for money, commonly the purpose was money with which to buy drugs, most often heroin.

Figure 2.1 Currency of exchanges (females)

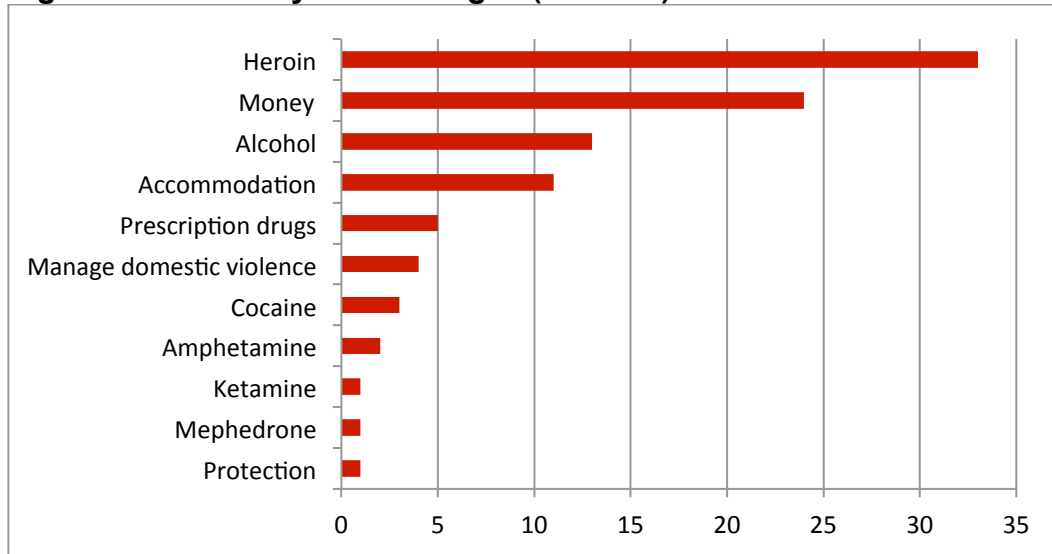
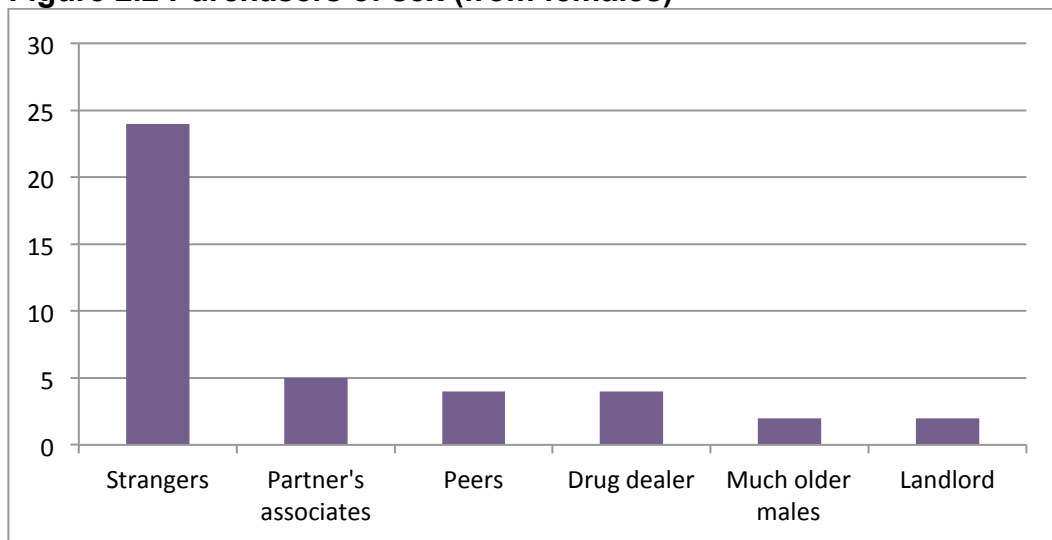


Figure 2.2 presents the purchasers of sex, where it was known. The evidence for this information came from community agencies who had a 'good knowledge' of their clients. Such knowledge developed as a result of close relationships where clients disclosed much personal information.

Figure 2.2 Purchasers of sex (from females)





2.1.2.3 Male survival sex work

We identified a much lower incidence of male survival sex work.

2.1.2.4 Currency of male survival sex work

Most male survival sex exchanges were for money followed by accommodation (figure 2.3).

Figure 2.3 Currency of exchanges (males)

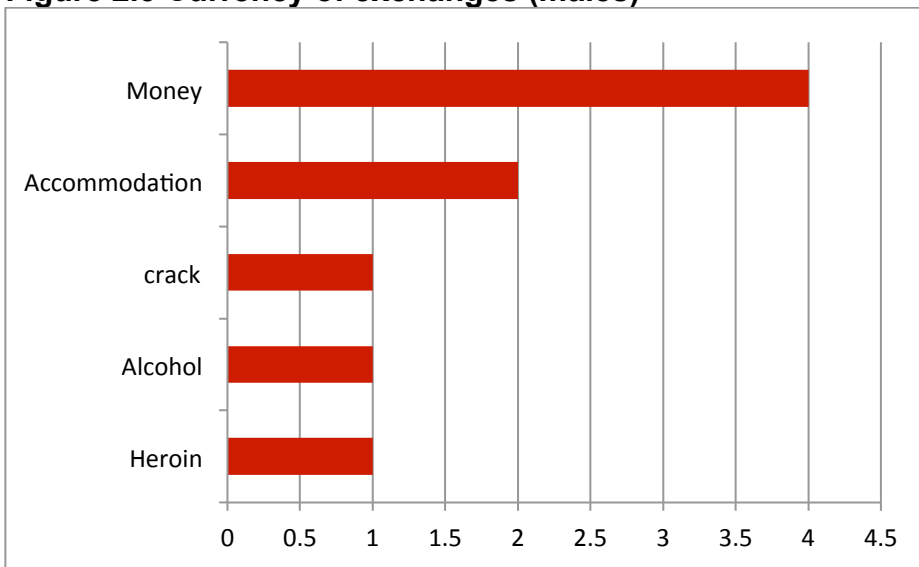
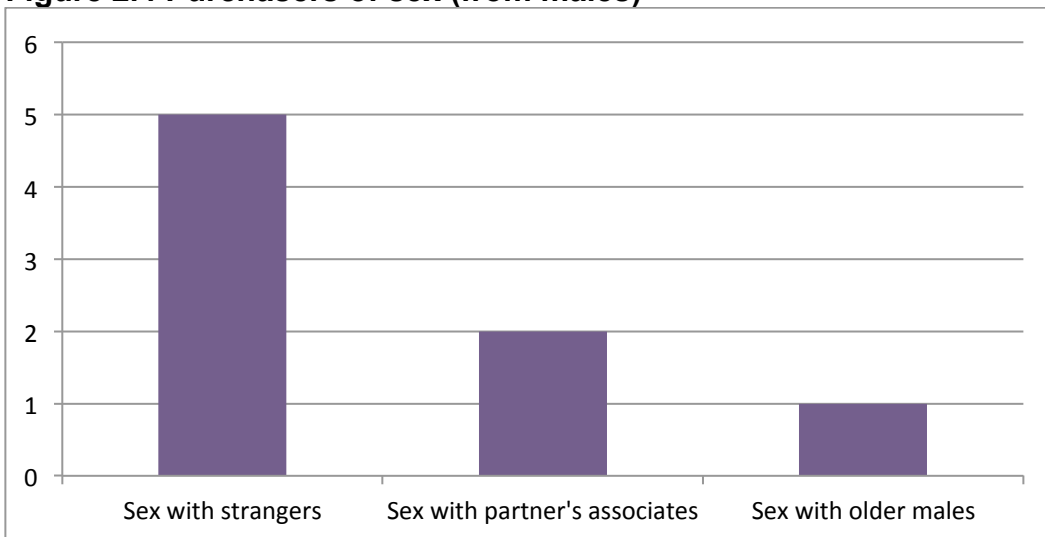


Figure 2.4 indicates the purchasers of sex, where it was known.

Figure 2.4 Purchasers of sex (from males)





2.1.2.5 Themes associated with survival sex work

Substance misuse

There is a strong relationship between survival sex work and substance misuse, particularly heroin, for example, individuals exchanging sex for heroin or money for heroin. This finding of course links to broader associations between sex work and substance misuse. For example, 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) and for street work in the UK, 80 percent of sex workers need to finance a serious drug habit (Hester and Westmarland, 2004).

Our research indicates that over half of the female survival sex workers about which situations were known were problematic drug users, exchanging sex for heroin or money for heroin. Some of these were involved in drug treatment either periodically or regularly (although some were not). Unfortunately, numbers cannot be attributed to this.

Sex was also exchanged for alcohol. For example, it was reported that there is current trend, which has developed over the last three years, of adult females exchanging sex with staff who work at food outlets and off licences.

Examples of such exchanges include the following:

- Female in her 30s with a heroin addiction, exchanging sex for money in order to buy heroin and alcohol. She has been a sex worker since she was a child and now had children of her own that have subsequently been taken into care. She was known to be exchanging oral sex for £20 with her neighbours.
- Female under 20 exchanging sex with older males (reported to be in their 40s) for heroin, benzodiazepine, cocaine and money. This female was also known to approach taxi drivers. She had been exploited by men when she was a young teenager, was brought up in care and had suffered a history of abuse.
- Female in mid 20s, a long time problematic heroin user, would exchange sex for drugs from dealer, she also had an abusive boyfriend who takes her outside of Cumbria for sex work
- Female in her 30s moved up from the South of England with her boyfriend where she was a sex worker. It was reported that the prices she charged for sex had dropped to £5 “to feed her habit”.



Multiple vulnerabilities

Associated with the (predominantly female) survival sex were reports of multiple vulnerabilities. These vulnerabilities included:

Accommodation: a number of females and two males were reported to exchange sex for accommodation because they would otherwise be homeless. It was noted that accommodation for vulnerable or substance misusing females was particularly problematic. It was reported by several agencies that they work with high numbers of sofa surfers, who were likely to be forced into situations of sexual exchange. Examples include:

- Female in her 20s living with her partner who “*used to turn a blind eye*” when she exchanged sex with the landlord and his friends in exchange for a lowered rent.
- Female under 30, a victim of numerous sexual assaults, chronic drug addict, homeless, sometimes sleeping rough and sometimes sofa surfing. She is known to exchange sex for accommodation, money or substances.
- Female under 20 with suspected learning disabilities, victim of sexual assault, appears with different drug users, lots of male traffic at her flat, known to be exchanging sex for accommodation.

Health: there were a number of reports of females and males with poor mental health (for example, personality disorders, depression and anxiety) and physical health (for example, not attending sexual health services despite engaging in risky behaviours). For example, one agency reported knowledge of one male sex worker who suffered from severe depression. There were also reports of sex workers (particularly survival sex workers) with Borderline Personality Disorder. Poor mental health and sex work is a common connection which is made elsewhere in the research literature (see for example, Barefoot Research and Evaluation, 2009; Fullilove *et al*, 1992) and this ranges from anxiety and depression to more severe forms, such as Post Traumatic Stress Disorder.

Learning disabilities: people with learning disabilities are disproportionately vulnerable to exploitation of any kind. In this study, we received reports of females who were said to have learning disabilities and were involved in sex work and these were all connected to another individual, i.e. a boyfriend or pimp. For example, one agency reported a “*vulnerable female with learning disabilities who uses a flat occupied by a drug dealer who is known to engage in group sex in exchange for heroin*”.

Domestic violence: there were a number of reports linking sex work and domestic violence, ranging from females in abusive relationships and being pimped by their boyfriends/partners, to females engaging in sex work to manage domestic violence to them and their children. One community agency reflected



this by saying “*associated with these exchanges are controlling partners, domestic violence and abusive relationships*”. Examples include:

- Female in 30s, in an abusive relationship, partner pimps her to “*people he knows*”, she does this in exchange for safety for her and her children, she is “*plied with drink*”.
- Female in 20s exchanging sex for money, heroin and alcohol. Her boyfriend was very abusive and encouraged her involvement in sex work.
- One community agency reported that for many of their clients, if women do not engage in sex work, their partners, “*they will beat them up*”.

Histories of abuse

There were many reports of females and males involved in sex work who had grown up in a climate of childhood and/or teenage abuse. This included childhood sexual abuse, rape and violence. Examples include:

- One agency reported of one of their clients “*She was abused as a child and turned to alcohol and other substances, then started exchanging sex with older men for money and substances*”.
- Another reported, “*The majority of those involved have been raped or abused*”.

Other issues

Food outlets

There were several associations made between sex work and food outlets and off licences. Links between sex work and the night time food and drink economy have also been found in other areas across the North East where we have carried out similar research⁵. There were strong links between such establishments and child sexual exploitation, though adults were also involved. In some cases, adults had been engaged in sex work with employees since they were children but in others adults were reported to be exchanging sex for food, money and alcohol.

Groups

There were several reports of sex taking place between a number of males and one female. This was in the context of consensual sex work (either formal or survival sex workers) and also coercion by males, particularly of their partners. There were reports of males bringing their friends back to their houses after pub closing time to have group sex with their partners. There are examples of other group sex situations in the preceding text. Whilst it is difficult to know exactly what is happening in all situations (whether it is consensual or forced), there are concerns about criminality (rape), the safety of females, both from a health

⁵ See Barefoot Research and Evaluation, 2009 for example.



(physical and mental) and violence perspective and trends in this type of behaviour (i.e. whether such practices are on the increase amongst certain groups of men).

Normalised behaviour

As in our other research studies into sex work⁶ in the North East, there were reports by agencies of a normalisation to the sex work/exchanges. For example, it was reported that clients say “*I have to do that so I can stay here*” and that it becomes a ‘normal and mundane’ practice. Another agency reflected the sentiments of others by commenting “*it’s engrained in people’s lives ... It’s as if it’s acceptable*”.

Other services recognised that people with very few resources had little else to use to ensure a livelihood. For example, one agency said “*it’s one of the biggest bartering tools*”. Another service agency reflected this normalisation from a professional viewpoint by saying “*you don’t see them suffering, they have control over it ... It’s the one thing they have control over*”.

Purchasers

There were a number of types of purchasers of sex identified during the research. These included: peer group members (particularly within the substance misusing community); strangers (where contact was negotiated by partners/pimps); and significantly older males (outside of their peer group but not strangers).

In relation to the first group, there were concerns from agencies about very aggressive older males associating with younger females, who then subsequently entered the agencies’ client group after being ‘groomed’. In other words, older members of the drug using community grooming non-drug using females who then become addicted to drugs.

2.1.3 The experience of services

Agencies across Cumbria had a varying knowledge and appreciation of sex work, both amongst their client group and the broader community. The knowledge that did exist was limited to specific individuals within professionals’ client group. Generally, there was little knowledge about sex markets or where people could go to purchase or sell sex. However, other agencies felt that it was an area that was under-reported and under-represented, for example, one agency said “*I think a lot more goes on than we’re aware of*”. Another agency said “*amongst professionals, it is not accepted but it’s ignored*”.

If agencies were aware of individuals within their client group who were known to be sex workers, a common response was that they would “*work a bit deeper with*

⁶ see <http://www.nr-foundation.org.uk/resources/publications/sexual-exploitation-research-reports/>



them and take a close look at their vulnerabilities". However, other agencies felt powerless to help those clients who were involved, with one agency saying *"contact was increased in attempts to keep her safe and help her in her attempts to leave but it was very difficult to find a service for her"*.

Other agencies felt that the issue of sex work was ignored and in particular some agencies did not want to pursue the issue with the client. For example, one agency commented *"people don't want to deal with it, so they don't ask the question"*. Such agencies felt that they should be asking the question and should be developing the area of work. For example, one agency said *"It's an area we want to improve on ... are we asking the right questions ... it's not defined as an area of work"*. Indeed, there was a realisation amongst some agencies that perhaps they should be asking the question (although there was a corresponding service need about how to do this. For example, one health professional noted in their record keeping, they do not tag sex workers on their datasets – but they do tag sexual assaults.

It was felt by certain services that there were not sufficient numbers involved in sex work/exploitation to justify a specific service. Some agencies felt they were sufficiently able to cater for the needs of sex workers, for example one drug agency said *"we deal with safety issues, domestic violence ... we'd do a little bit more on relationships – but by and large we feel skilled enough"*.

However, other agencies recognised a service need and there was a concern that *"people are not looked after and that it's kept under wraps"*. One agency commented *"People who have been sexually exploited have specific needs and so require specific services ... we always pick them up at crisis point"*. Another agency felt that if a service was provided specifically for those people who had been affected/were involved, then people would come to it. However, it was noted that in order for people to access services, they must be delivered locally because people do not travel.

There were some specific concerns relating to sex work amongst the LGBT community, some of which are relevant to the non-LGBT community. These are reflected in the following comments, all of which are from the same individual with sector expertise:

"What may begin as a mutual arrangement of exchanging sex for money or accommodation, may turn into a violent relationship where the seller or the purchaser may use violence with the other".

"There are problems relating to the substance misusing trajectory, where the seller starts using increasingly harder drugs or increases consumption which in turn increases the need to sell sex to fund habits".



“We have concerns about the long term health consequences of risky sexual behaviour amongst sex workers, relating to both themselves and their risk of infection) and to their other sexual partners”.

“We worry about the deteriorating mental health of sex workers, particularly depression and low self esteem”.

“Another of our concerns is that people cannot get out of the cycle of sex work and substance misuse or dependency on the money they make. I know that some people can and do become sex workers for specific reasons, such as to pay for gender reorientation, and then stop, but there are others, particularly those from deprived communities who get involved in sex work and who become trapped in cycles of survival sex work and the associated vulnerabilities”.

In relation to service needs there were two main issues to arise. The first (and most prevalent) issue was a desire for capacity development, for example, one agency said *“we would like to be given knowledge and awareness of being able to identify and the best things to do”*. The second was the desire to make better links with the Police with regards to sexual exploitation of females.



2.2 Child sexual exploitation

We found evidence of a number of female and male children who had been sexually exploited in the last 18 months. Just to reiterate, we define child sexual exploitation as individuals under 18 years of age exchanging sex for resources. Note: all children were known to either Social Services and/or the Police.

The majority of children were between 15 and 17 years old, with a small number being between 12 and 14.

The dominant currency of exchange of the sexual exploitation of female children was alcohol, followed by drugs (unspecified), then money. However, if all the cases of drug exchange are added together, the total equals that of alcohol. It is also worthy of note that heroin only appears as one incident as the currency of exchange, in all other cases the drug is not heroin. The drugs that do form the currency of exchange are all stimulants, such as Mephedrone and Ketamine. The currency of male exchanges include cocaine and unspecified drugs (but not heroin). Thus stimulant based drugs and alcohol are the two dominant currencies of exchange. It is also important to note that money is the currency of exchange in seven cases, which indicates a strong connection between sex work and individuals under 18.

Some of the individuals identified had been in the looked after system of the local authority but others had not and were described as coming from 'normal, functional families'.

2.2.1 Themes associated with child sexual exploitation

Alcohol

Other studies we have carried out have shown strong links between alcohol and the sexual exploitation of children and this current study is no different. In a number of cases of exploitation, sex was exchanged for alcohol. For example:

- A 14 year old female, exchanging oral sex for alcohol and cigarettes.
- Two 15 year old females exchanging oral sex for alcohol and cigarettes.
- Two 15 year old females exchanging sex for vodka. One female was worked with and had now stopped the practice; the other is increasing her ketamine use.

Drugs

There were a similar number of reports connecting the exchanges of sex for stimulant type drugs. Examples of reports included:



- 14 year old exchanging sex for cocaine and cigarettes with older men in their 40s. It was reported she had said *“I don’t remember the first time I had sex”*.
- 16 year old female reportedly addicted to drugs and alcohol, exchanging sex for drugs and alcohol, she would abscond and run away and is now in a secure unit.

Accommodation

Similar to adult sex work, there were reports of links between child sexual exploitation and accommodation. For example: two females aged 15 and 17, exchanging sex for accommodation. These females were sofa surfing and homeless and were known to be exchanging sex with people staying in a hotel.

Self harm

There were several reports from agencies of children self-harming who were exchanging sex for resources. For example, reports of male and females (aged between 15 and 17 years old) who were known to all be serious self harmers. It was reported that they would self harm on top of legs and arms where no-one could see their injuries.

Origins of involvement

From the reports it was clear that there was no standard route into child sexual exploitation; some people involved had experienced abusive pasts, some had grown up in care and others had come from affluent areas and professional families. For example:

- Female who had grown up in foster care, self harms, exchanging sex for alcohol and mephedrone with an older male. It was reported that these exchanges started when she was a young teenager. She is known to have had a number of terminations, morning after pills and STDs.
- Females from families which had histories of parental substance misuse and chaotic lifestyles.
- Female under 16 described to have come from a relatively stable family but was *“led astray by the other girls”*.
- Female under 16 who was raped when she was 14 years old. It was known that she had grown up in the looked after system and had absconded when she was younger with an older male and had been exchanging sex for drugs and alcohol with him.



Purchasers

There were a number of reports about the purchasers of sex. Most of these were older males, with a small number known to be sex offenders. There was a report of exchanges with the peers of a young person for alcohol. There was a report of an exchange with a drug dealer.

There was a small number of children who were pimped by another individual; some were older 'boyfriends' and the others were pimped by family members. For example one agency reported a "*17 year old female exchanging sex for money for alcohol from her boyfriend's flat who was acting as her pimp*".

Suspicious of involvement

In the following sections on suspicions of involvement we have documented knowledge of professionals that does not relate to their direct client group. This may include: colleagues who have told them about practices within *their* client group, i.e. second hand knowledge; partners of their clients who have disclosed about practices of their (predominantly) girlfriends; or risky practices which leads them to believe they are involved in exchanges, but they do not definitively know, for example, frequent and numerous male visitors to a flat and unexplained access to money without legitimate means.

There were a series of suspicions of involvement of children involved in exchanges of sex for resources. These included:

- There has been a series of reports by community based agencies concerning the exploitation and abuse of females by their partners and their friends/associates. This is reported to commonly happen after pub closing. It is unclear if this practice is consensual, in exchange for resources or rape. There is evidence of the latter two, for example, there are reports of items being exchanged between the men and the woman including alcohol, cigarettes and children's clothes (for the women's children). There has also been an incident reported to them of a female with mental health problems and being raped by five males described as friends of her partner. Such practices were described as being 'hard to unravel' and heavily linked to domestic violence, which is said to be endemic within some communities.
- It was also reported that men were having sex with females in the back of their vans and this was thought to be in exchange for alcohol and gifts.
- There were concerns about male children from the LGBT community who may be putting themselves at risk (of violence and risky sexual behaviour) in the urban and rural areas of Cumbria as a result of a lack of support services and information and guidance.



Links with offenders who pose a risk to children⁷

These links have been identified in other areas across the North East in our other research and is not something unique to Cumbria.

In Cumbria, there were different unconnected reports of associations between females under 16 years old and offenders who pose a risk to children.

There was also a report relating to patterns and practices and not individuals. For example, in hostel accommodation used by some male high risk offenders it was reported that there were sexual exchanges between both males and females. It was reiterated that there were connections between vulnerable young females, some with learning disabilities or difficulties, and offenders who pose a risk to children. Patterns were reported where such offenders often get names, addresses or phone numbers from other offenders when they are in prison. If 'boyfriends' are in custody, then the girls are free to be contacted; addresses are then passed between prisoners. It was also reported that another common practice is for older residents to befriend younger male residents in order to attract young females, using the males as 'honey traps'.

Other issues affecting children

Groups

Similar to the adult sex work, there were also reports of children being involved in group sex. One report concerned females who were involved in group sex with older males and being exposed to pornography.

2.2.2 The experience of services

Similar to the adult sex work findings, experiences and knowledge of child sexual exploitation varies greatly amongst agencies. For example, there are agencies working with high numbers of young people around the subject of sexual health who have no knowledge of exploitation and there are others working in the same field who do. Different agencies work at different tiers of need (tier one – universal services, tier four – critical) but knowledge of exploitation is not limited to those working at the higher tiers. Generally, knowledge of exploitation is dependent on the quality of relationship between the worker and the young person; the better the relationship, the more knowledge (i.e. the more likely the young person is to trust and confide in the worker). Thus, the differing knowledge raises the question of quality of relationship across sexual health services.

This difference in knowledge is illustrated by the experience of two services: one that says "*over half of our caseload have been sexually exploited*" and the other that says "*it's not an issue which ever comes up*". Similar to other study areas,

⁷ In the past such offenders would have been known as Schedule One offenders.



there were reports of social practices in areas of economic deprivation which relate to the sexual exploitation of young teenage females by older males (typically in their 30s or 40s). This is often in exchange for gifts or alcohol and there are links to domestic violence (male to female), substance misuse (generally alcohol and also to mephedrone) and teenage pregnancy and further cycles of deprivation and abuse.

In some agencies, frontline professionals have reported *“In the majority of cases it appears that the recipient of the disclosure is either in denial, or ignorant, through cultural barriers/lack of training and not necessarily through any fault of their own”*. Another agency reported *“The majority of the girls are going out with men their fathers’ age ... we’ve got desensitised to it”*. This often means that child sexual exploitation may not receive the necessary attention.

In addition, a factor which may limit in-depth knowledge of exploitation is that certain services were reported to be reluctant to broach the subject of exploitation with young people as it was reported *“if you bring it up, then there’s a risk that you ruin the relationship [between professional and young person]”*. Another agency reported *“it is neither understood nor taken seriously [by other organisations] in the majority of cases known to this organisation”*.

Again similar to the experience of certain adult agencies, there were organisations for young people that alter their response when they know that individual service users have been sexually exploited. For example, one such service said that they work more intensively with young females affected: *“we work with these girls on increasing their emotional resilience ... so they realise that it’s not a good idea swapping sex for alcohol and cigarettes ... They have such low self worth that they really respond to the attention [from the men] and the praise that gets heaped on them and the gifts and the loads of texts ... They feel like they’re the most precious thing in the world”*.

One service reported *“we try and raise awareness amongst those involved ... Most girls don’t think they’re being manipulated, they think they’re the ones doing the manipulating and having the control ... But they’re the ones being manipulated”*. Another agency who works with a number of females who have been sexually exploited illustrated their approach *“We work with clients when they are at the bottom [psychologically and materially] ... once the kids have gone [i.e. their children have been removed by services], it takes their soul away and then we can start our work”*.

There was concerns amongst some agencies of the health risk (both mental and physical) posed by exploitation as there is an absence of take up of sexual health services by vulnerable service users. For example, it was reported that *“there’s not a kid [who uses our service] who knows about sexual health or contraception services [one service said “I’ve not seen one advert for GUM services”] ... the biggest form of contraception is having the child removed”*.



In relation to service need, agencies working with young people said that there is a training and capacity building need. For example, one agency said “we would like training ... *we have safeguarding training and domestic violence training ... we could do with skilling up about sexual exploitation*”.

Services also reported that they would like better connections to the Police as often they found that the Police response to reports of exploitation were sometimes inadequate. One agency summarised the feelings of others by saying “*we would like clearer pathways with the Police*”.



3.0 Conclusion and recommendations

3.1 Conclusion

We have found evidence of a number of different types of sex markets and exploitation across Cumbria where both adults and children were involved. Adult markets included:

- Female sex workers who work for escort agencies from the North West of England⁸ travelling up along the M6 corridor to work from hotels.
- Females who work as independent sex workers who live across Cumbria who offer incalls and outcalls.
- Females who work in brothels.
- Females engaged in survival sex work, exchanging sex for essential resources from money to accommodation.
- Heterosexual males advertising as sex workers across Cumbria who offer services to females or couples.
- Homosexual males advertising as sex workers across Cumbria who offer services to males.
- Homosexual males engaged in survival sex work.

We make a distinction between formal sex work and survival sex work. The difference between the two is generally the motivation for the work and whether the work is full time or occasional, Formal sex work, undertaken by escorts or independent sex workers is often done as a full time form of employment. Survival sex work tends to be occasional and is done when the individual needs either money for essential resources or often exchanges sex directly for those resources. Survival sex work is commonly associated with problematic substance misuse, for example, heroin or alcohol. Such distinctions between formal and survival sex work are of course frequently blurred, as with the case of brothels, which may contain full time 'formal' sex workers or those who occasionally engage in survival sex when they lack the resources for example to buy heroin.

In relation to exploitation involving children we found evidence of:

- Females across Cumbria between 13 and 17 exchanging sex for a range of resources, dominated by alcohol and drugs (but not heroin).
- Small numbers of male children exchanging sex for similar resources.

Most of the exchanges where children were involved were for drugs and alcohol, which could be described as thrill seeking substances. However, there were some cases where children were paid for sex. There were also some children

⁸ There were a few references about females from Scotland travelling down to Carlisle, but these were mainly from female escorts advertising on the Internet who described themselves as 'on tour'.



who could be described in the same way as survival sex workers as they were exchanging sex for resources such as accommodation. The children involved were reported to have come from both the looked after system and from 'normal' families.

The study was a knowledge mapping exercise, where we identified frontline professionals who were judged likely to come into contact with those individuals involved in sexual exchanges. We then documented their direct knowledge of their client group, i.e. people who they definitively knew to exchange sex for resources. We did not document rumours or hearsay. We did document professionals' suspicions of involvement where there were a number of risk factors apparent, for example, high numbers of partners and unexplained access to resources in the absence of criminality or employment – and these are included in this report. There were many professionals consulted who did not have any knowledge. There were other professionals who may have knowledge but we failed to consult with. However, we feel confident that we consulted with a sufficiently high number (a total of 120) of professionals from a broad enough range of community services to get a reasonably good picture of sex markets in 2010/2011 in Cumbria.

3.2 Recommendations

Based on the cumulative experience of studies into sex markets across a total of nine local authority areas in the North East and Cumbria and a knowledge of sex worker welfare projects for both adults and children, we feel in a strong position to make the following (mostly inter-linked) recommendations:

- Agencies across Cumbria who have been involved in this study should come together and discuss what these findings mean for frontline service delivery across Cumbria. Many agencies said that they lacked knowledge about sex markets but they would like to develop services if there was a need. This study has clearly demonstrated a need and has provided some baseline information about extent and theme and can usefully form the basis of multi-agency discussions. These discussions must involve statutory (local authority and health services) and voluntary sector providers.
- Frontline professionals need training and capacity development from sector specialists in sex work and child sexual exploitation. Such training should include: how to spot indicators of sex work and child sexual exploitation; asking the question; understanding vulnerabilities of those involved; learning how to respond and intervene; and how to improve multi-agency working. Ideally such training should form part of a rolling programme in the same way as safeguarding or domestic violence training is provided. Although there are a number of such training programmes available nationally, in order to provide a rolling programme, a train the trainers approach would be required.



- Multi-agency referral pathways are needed which allow the creation of centres of expertise in sex work and exploitation. This is linked to the above issue and concerns what a professional does when they are in receipt of information about the exploitation of one of their clients. Currently, the response to an individual's needs is dependent on chance; whether they are in contact with a service with relevant skills and a sympathetic stance. By creating competent professionals through capacity building and training, other professionals can contact them for advice and guidance about what to do and who to refer on to. There are more basic referral routes which can be created, such as between GUM clinics and community drug and alcohol services and vice versa.

Clear pathways should be also created and made operational between services and the Police; particularly between organisations that work with vulnerable young people and the Public Protection Unit of Cumbria Constabulary. The successful recent operation that resulted in the arrest and prosecution of the take away owner in Carlisle demonstrated a viable model; one in which victims were actively listened to and supported (opposed to discredited and disbelieved) with the help of community agencies. Such an approach could be broadened to include and identify social welfare organisations which could more proactively support victims of ongoing Police investigations. Indeed, there is much scope for this approach, particularly if the Police themselves recognise that such investigations into the problem of exploitation represent 'the tip of the iceberg'.



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