

THINK

hidden markets

Sex work in Northumberland and Tyne and Wear

Barefoot Research and Evaluation



Acknowledgements

In this report we draw heavily on another innovative piece of research which was carried out by a group called Voices Heard in 2007. This group was made up of ex-drug users and sex workers who carried out research with sex workers in Tyne and Wear. They were supported by Tyneside Cyrenians and Counted 4. Their full research report can be found on the Tyneside Cyrenians' website www.tynesidecyrenians.co.uk. We acknowledge the important role that the Voices Heard group have made in contributing to both this report and the wider work across the region in supporting vulnerable people.

This work would also not have been possible without the support and cooperation of a series of important people. These include: Rob Williamson and Cullagh Warnock from Northern Rock Foundation; Laura Seebohm from the GAP project; Richard Haigh and Kirstin Demangeot from the SCARPA project; Ian Fiddes from Northumbria Police; Vicky Major from South Tyneside PCT; and Joan Flood and Lesley Storey from Safe Newcastle.

The intellectual, professional and moral support that these individuals have provided has been invaluable and highly appreciated.

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Contents

| | Page |
|----------------------------|-------------|
| Foreword | 3 |
| Summary | 5 |
| 1 Introduction | 7 |
| 2 Methodology | 13 |
| 3 Findings | 18 |
| 4 Themes from the findings | 35 |
| 5 The service response | 47 |
| 6 Conclusion | 63 |

Foreword from Northern Rock Foundation

Those privileged to work in philanthropy often feel a weight of responsibility to put the resources and the independence which are uniquely theirs to the best possible use. This report and our support of it represents, for me, one of the best examples of how an independent funder can assist partners who are not as free as we are.

The subject of the report is the murky world in which vulnerable people exchange sex for money, food, shelter and 'gifts'. It is not a world which many of us notice – as one of the interviewees says: *'if you didn't know what you were looking for, you wouldn't know it's there'*. Most of us choose not to look. Colleagues in local authorities, charities and the police who participated in the research shared our concern that the small visible sex market in the Northumbria Police Area was but an indication of a much bigger exchange system.

Christopher Hartworth from Barefoot Research set out to find a methodology that would give insight into this unadopted problem. What they did, of course, was to look at an old problem with new eyes; sometimes that's the only way to confront deep-seated and uncomfortable realities.

This, the second Barefoot report on the subject, concentrates on looking at exploitation of adults. We are aware of assertions about a willing cohort of people who sell sex but we believe there is overwhelming evidence that they are a tiny minority and that their willingness masks deeper social problems about how our society views sex and status. Legislation proposed in the recent Queen's Speech addresses the problem acknowledging, at least in part, that those who consciously buy sex from people who have been trafficked or coerced are as culpable as the traffickers. We hope that this research and its earlier companion piece help shine more light into this very dark world and that further protection against exploitation will follow.

As Director of the Foundation, I would like to thank those who persisted in wanting to know – Christopher, members of our Sexual Exploitation Reference Group, colleagues at the Foundation, especially Cullagh Warnock and Rob Williamson, for raising the questions, and of course our Trustees for seeing why this was important work.

Fiona Ellis
Foundation Director

Summary

This is a report about the sex market in Northumberland and Tyne and Wear in 2007. It was commissioned by Northern Rock Foundation under its Safety and Justice Programme. To arrive at the findings presented here, we mapped the knowledge of professionals across the area and we also drew heavily on peer-led research that was carried out by the Voices Heard group (see later).

We found a hidden market which is characterised by mostly off-street sex work which can roughly be categorised in three sections; high, middle and low. The high section includes workers attached to escort agencies or independent workers who charge high fees. The middle section (reported to make up the majority of sex workers in the area) includes independent workers, those attached to escort agencies and those working in most brothels. The low section includes problematic drug users, failed asylum seekers and those working on the streets and in crack houses.

In each area we found evidence of a range of types of sex work being undertaken by a variety of different people. We found:

- sex workers advertising on the internet and in newspapers, belonging to escort agencies and brothels and selling sex as individuals (both male and female);
- brothels throughout the region and between nine and 25 brothels in each local authority area. In one, there were reports of up to eight crack houses where sex was traded;
- soliciting and street markets reported in several areas. Street-based sex work was reported to be taking place in car parks, bus interchanges, around hostels, pubs and on the streets;
- reports from services about their clients being involved in sex work for example at contraceptive and sexual health services, harm reduction services, drug treatment and support services, GUM clinics and housing providers.

We also looked at how people were paid for sex, where sex work took place, methods of advertising, the prices of sex and how people became sex workers.

A number of important themes emerged from the findings and strong links were found between sex work and issues such as drug misuse, mental and physical health and the use of services. A key theme was that many sex workers suffered economic, housing, health, social and physical vulnerabilities. These themes have implications for local statutory and voluntary services.

We then explored the response of services to sex work in the area and we found some excellent examples of good practice, some from the voluntary sector and others from statutory authorities. Case studies are detailed in the full report.

1 Introduction

This is a report about the sex market in Northumberland and Tyne and Wear¹. Here, we identify the main types of sex work that take place in the six areas and we outline the major themes associated with that sex work. This work is a snapshot of the situation as it was in 2007. 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. The Foundation is also funding two voluntary sector projects: one led by Tyneside Cyrenians aimed at adult sex workers called the Girls Are Proud (GAP) project; and the SCARPA project led by a partnership of The Children's Society and Barnardo's aimed at children at-risk on the streets, including those who are sexually exploited.

A previous summary document on sexual exploitation and sex work in Northumberland and Tyne and Wear, with recommendations, was published by the Foundation in 2007².

1 Gateshead, Newcastle, North Tyneside, South Tyneside and Sunderland.

2 Barefoot Research and Evaluation, 2007, *Sexual exploitation and sex work in Northumberland and Tyne and Wear*, Northern Rock Foundation, Newcastle upon Tyne.

1 The study areas

The research took place across the Northumbria Police Force Area, which covers Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland. It is a diverse area, which covers sparse rural populations and densely populated urban centres, extremely affluent areas and places of considerable poverty. There follow brief introductions to each area.



- **Gateshead** has a population of almost 190,500 and borders the river Tyne at its northern edge. The 2004 Index of Multiple Deprivation (IMD) ranks Gateshead as the 26th most deprived district in England (out of a total of 354) and almost half the population live in the top 20 most deprived areas. Although there are areas in Gateshead which are characterised by high deprivation, it is also a significant regeneration area and has recently seen the creation of the Angel of the North, The Sage Gateshead, the Millennium Bridge and the Gateshead Hilton.
- **Newcastle** is the regional capital and has a population of 270,000 with an additional 90,000 people coming to the city to work each day. The city centre is the region's most popular shopping centre and an established international and national tourist destination, particularly catering for stag and hen nights. In addition, many of the region's most important hospitals, sports facilities, cultural and entertainment attractions are based in Newcastle. The city also has almost 40,000 students in further and higher education. Newcastle residents are diverse with affluent rural and semi-rural areas to the north and west and areas of deprivation in the east and inner west. Newcastle is ranked as the 20th most deprived district in England (IMD, 2004).
- **North Tyneside** is made up of several town centres and has a population of around 190,000. It has been associated in the past with seaside tourism, in particular the towns of Whitley Bay and Tynemouth, and heavy industry at Wallsend and Howdon. However, these have declined over the last 30 years and the district is undergoing a slow regeneration. It is the 80th most deprived district in England and Wales, with 11 percent of its population living in the 10 percent most deprived areas.
- **Northumberland** is one of the largest counties in England. It is a predominantly rural area which includes the Cheviot hills and the Northumberland coast. Although it has a population of 310,000, no urban area within its boundaries has more than 35,000 people. Its notable settlements include the border town of Berwick, Alnwick with its castle and gardens, the seaside port of Blyth, and Hexham and Corbridge on the river Tyne. There are pockets of urban deprivation in many of its towns and villages which is associated with a decline in heavy industry. There are also areas of high affluence. As an average across the local authorities within Northumberland it carries a score of 138th most deprived district in England.

1

- **South Tyneside** is the smallest district in the study area, covering just 64 square kilometres, with a population of around 150,000. Similar to North Tyneside, its history is dominated by heavy industry, particularly in ship-building, coal-mining and engineering and also similarly, these have significantly declined since the 1980s to leave large pockets of deprivation. South Tyneside is the 27th most deprived district in England (IMD, 2004) and 60 percent of its population live in wards which are ranked in the 25 percent most deprived in England.
- **Sunderland** is the most southerly of the five Tyne and Wear authorities and shares northerly borders with South Tyneside and Gateshead, with the coast lying to the east. It has a population of 280,000 and is the 22nd most deprived district in the country with 46 percent of its population living in the 20 percent most deprived areas in England. Much of the deprivation has its origins in the decline in heavy industry, particularly ship-building, coal-mining and glass-making. There have been successes in attracting modern industries, including automotive and telecom businesses which currently employ more people than previously worked in ship-building and mining.

Strategic context

The strategic context to this report is provided by the Home Office's 2006 Coordinated Prostitution Strategy, which proposes five key elements to tackle prostitution. These are as follows.

- **Prevention** – awareness raising, prevention and early intervention measures to stop individuals, particularly children and young people, from becoming involved in prostitution.
- **Tackling demand** – responding to community concerns by deterring those who create the demand and removing the opportunity for street prostitution to take place.
- **Developing routes out** – proactively engaging with those involved in prostitution to provide a range of support and advocacy services to help them leave prostitution.

- **Ensuring justice** – bringing to justice those who exploit individuals through prostitution, and those who commit violent and sexual offences against those involved in prostitution.
- **Tackling off-street prostitution** – targeting commercial sexual exploitation, in particular where victims are young or have been trafficked.

The Strategy states that Crime and Disorder Reduction Partnerships (CDRPs) must carry out a mapping exercise to determine the extent of the sex market in their local area. If the results of the mapping indicate a problem, then the Strategy states that CDRPs should tailor a response. Although commissioned as an independent study, this research represents such a mapping exercise for the six CDRPs in the study area.

The Strategy states that local partnerships must take the following actions to tackle prostitution.

‘Where prostitution is an issue locally, Crime and Disorder Reduction Partnerships (CDRPs) are well placed to respond to the concerns of local businesses and residents by ensuring an appropriate response to criminality and anti-social behaviour associated with it, coordinating activity as part of the crime and disorder and drug strategy. CDRPs may wish to raise this with their Local Strategic Partnership executive to consider how it fits with any wider preventative and social issues.

‘A first step will be to map the nature and extent of the issues locally and to develop an understanding of the complexity of the impact of prostitution, and then consider ways to address it.’

Definitions

It is necessary to start with a series of definitions and clarifications.

1. We have specifically entitled this report *Hidden Markets*, firstly because the research relates to a situation that is hidden from the public eye, and secondly because we have gathered information on sex work where in all cases sex is exchanged for a commodity or currency

1

(see following bullet point), and this implies a market. We are not implying respectability or arguing for formal recognition, rather we are simply indicating an exchange mechanism.

2. 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, there is the high earning, independent sex worker who exercises a higher level of empowerment; there is the problematic drug user who regularly engages in sex work for drugs or money for drugs; there is a similar problematic drug user who only occasionally engages in sex work; there is the destitute asylum seeker who exchanges sex for somewhere to stay; and there is the homeless person who exchanges sex for alcohol or cigarettes or somewhere to stay.
3. 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 these terms to introduce a level of neutrality to our observations. The Voices Heard research (2007)³, to which we refer heavily in this report, asked respondents what their job title was; 35 percent stated sex worker, 25 percent said prostitute, 13 percent rent boy, 13 percent escort and the remainder used terms including dominatrix, business woman or street worker.
4. 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) due to insufficient money to pay for drugs 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.
5. The information presented in this report is for the period June 2006 to July 2007.

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 Methodology

This was a mapping exercise where interviews were carried out with professionals who were considered likely to have contact with sex workers. It was an experimental and innovative piece of work which attempted to capture a general picture of sex work and identify themes. The methods used here represent a particular approach to evidence gathering and there are, as with all approaches, limits to those methods. We had a major advantage that another piece of research was taking place at the same time – a piece of peer-led research (ex-sex workers carrying out research with sex workers). The findings of this research backed up and reinforced our findings and therefore each research approach added validity to the other. It was also encouraging to both methods that taking a view from above, as ours did, and view from the ground, as the peer research did, yielded roughly the same results.

For this research, we pursued a consistent line of questioning (see later) across the six local authority areas with professionals in relation to their knowledge of sex work. We then documented the knowledge that related to the professional's direct client group (e.g. young people, drug users, asylum seekers, etc.). In many cases, we did not document credible reports of sex work as those reports related to clients who did not 'belong' to the professionals who were questioned. We did not document gossip or rumour.

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 wrote it down. 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 and it may be the case that in some instances the professionals may not be telling the truth. In support of this approach, however, is the level of consistency of findings across all of the six areas which indicates that the methodology is sound and we can have confidence in the findings.

2

We interviewed approximately 150 professionals face to face and 50 by telephone. They came from a range of statutory and voluntary and community sector agencies, including:

- sexual health services e.g. Genito Urinary Medicine (GUM) clinics and contraception services⁴
- child protection nurses
- teenage pregnancy services
- children’s services
- looked after children and leaving care services
- Social Services
- drug support agencies, including harm reduction and treatment services
- asylum seeker and refugee (AS&R) services
- youth and community services, including outreach
- housing and accommodation providers
- services for sex workers
- services for lesbian, gay, bisexual and transgendered people
- services for victims of rape
- central government representatives
- Crime and Disorder Reduction Partnerships (CDRPs)
- Local Safeguarding Children Boards (LSCBs)
- Northumbria Police.

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 information and numbers presented in this study. We first asked professionals: *‘What type of sex work do you know takes place in the area?’* The common response to this question was *‘There’s no sex work, no street prostitution around here ... it’s not like Middlesbrough.’*

⁴ This work received authorisation from the Northumberland and Tyne and Wear Primary Care Trusts’ Research Management and Governance Consortium.

We then clarified what we meant by sex work and there followed a discussion which commonly resulted in a realisation amongst the professionals that, in fact, they were aware of particular people who may have exchanged sex for somewhere to stay or for drugs, for example. We then asked: *'Amongst your client group in the last year, how many people can you think of that engaged in such work?'* Numbers were then provided, for example: *'Yes, I can think of at least three clients who I know of, and another three who I strongly suspect were, because they were picking up more condoms than you would use every two weeks, or their boyfriends were.'*

As another example, we asked a harm minimisation service: *'What is your active caseload?'* From the figure provided, we subtracted steroid users and the male caseload. With the remaining figure, we asked what proportions of the females were likely to engage in sex work. If the answer was *'At least half'*, then 50 percent of the remaining figure would be used as an estimate. Such figures were triangulated (verified) through interviews with other agencies involved with similar client groups both within and outside the areas. For example, harm reduction services were approached in all areas and all gave similar replies, similarly with agencies involved with looked after children.

Other agencies had a more specific knowledge because some of their clients had disclosed that they were sex workers. We attempted to minimise double counting by again pursuing a line of questioning with the professionals. For example, with a drug treatment service, we asked how many of the clients whom they knew or strongly suspected of engaging in sex work, and how many of these would be likely to access harm reduction services or any other services.

There was much preparation before the interviews with the professionals. This included seeking permission from a series of gatekeepers including senior managers within the Primary Care Trust, local authorities, CDRPs, LSCBs, voluntary and community sector organisations, Northumbria Probation and Northumbria Police. Without going through a lengthy process of introducing the researchers and the research topic to such gatekeepers, it is unlikely that the findings presented in this report would have been produced.

2

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. 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.

What we know already

There have been a total of six previous studies since 1998 into sex work and exploitation in the study area; mostly focusing on Newcastle. These include the following.

- *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. A total of 86 people were interviewed for the study which concentrated on ‘survival sex work⁵’ and the more vulnerable and chaotic people. As a result, the study captures a certain section of the sex market in the area. This work is referred to throughout this report.
- *Child Trafficking in Newcastle*, Save the Children, March 2007. This identified 14 cases of possible trafficking in Newcastle, of which seven were Chinese young females.

⁵ This incorporates sex work for day-to-day survival, e.g. sex in exchange for accommodation, drugs, food, etc.

- *Child Sexual Exploitation Through Prostitution*, Barnardo's Newcastle upon Tyne, September 2005. This research identified 28 young people who were sexually exploited (both male and female) and a total of 136 young people who were at-risk of sexual exploitation.
- Research for a dissertation and for the Drug Interventions Programme, Government Office North East in 2005. In-depth interviews were carried out with six women who were involved, in varying degrees, in off-street prostitution in Newcastle, Sunderland and Middlesbrough.
- Research that was commissioned by the PCT in 2000 into the sex market in Newcastle. There was no report published from this as the researcher could find no evidence of a market.
- Research into the informal economy for *The Big Issue North East* in 1998 carried out by Barefoot Research and Evaluation. This brief study identified a thriving though small market of independent sex workers trading through local papers and adult contact magazines.

Further information on methodology

The methodology used for this research is explored in more detail in a separate paper, *Populising methodologies to investigate sex markets*, which can be supplied upon request⁶.

In addition, we have published a guide, *How to measure sex markets in your area*, which is available on Northern Rock Foundation's website www.nr-foundation.org.uk/publications_think.html.

⁶ Contact barefoot@barefootresearch.org.uk.

3 Findings

Sex markets

From the evidence we collected in Northumberland and Tyne and Wear, we can roughly categorise the sex market into high, middle and low sections.

- The high section includes workers attached to certain escort agencies or independent workers who charge high fees.
- The middle section includes independent workers, those attached to escort agencies and those working in most brothels. People working in this section of the market can be ‘career’ sex workers, or many simply drift in and out of it over considerable periods of time (when they need the cash)⁷. These are reported to make up the majority of sex workers in the area and can be from a number of nationalities. Sex workers in this section will do in and out calls.
- The low section includes problematic drug users, failed asylum seekers and those working on the streets and in crack houses. These groups are extremely vulnerable and have varying degrees of involvement in sex work, from full time to occasional. Much of this work is called survival sex work (see Voice Heard, 2007). Northumbria Police had this to say about this group:

‘All sex workers can fall foul of “dodgy punters” but it is the girls that make up this section that are at most risk. These girls operate on a local basis, occasionally working on the streets or exchanging sex for a roof over their heads⁸.’

However, as with any attempt at categorisation, there are difficulties with definitions. The project manager for a sex worker support project in Newcastle stated:

‘There are different layers to the sex industry in Tyne and Wear. Some may work independently or for escort agencies and charge high fees for their services. This group’s involvement in sex work is unlikely to relate to social exclusion factors. Others may be involved in what could be described as survival sex and their involvement in sex work relates directly to homelessness, drug and alcohol dependency, failed asylum claims, etc.’

⁷ Ian Fiddes, pers. communication, 2008.

⁸ *Ibid*, 2008.

'In my experience, there are not three distinct strands but there is one extreme to the other with everything in between.'

Types of sex work

In each geographical area, we found evidence of the following.

Sex workers advertising on the internet

These sex workers could be divided into two groups: independent individuals selling sex, often from their own premises, and individuals attached to escort agencies. These included both male and female sex workers.

Independent individuals selling sex either had their own websites, or more commonly had their contacts and adverts on other 'adult' websites. These sex workers were identified by area, for example, although many stated on their websites that they travelled for 'out calls' throughout the region, their 'in calls' were taken in a particular area i.e. Gateshead, Sunderland, Newcastle, etc. All locations in the study area had significant numbers of such sex workers, with the number of females ranging from 10 to 100, and the number of males ranging from five to 50.

There are at least 10 different escort agencies operating in the area with numbers of sex workers attached to each ranging from five to 50. Escort agencies advertise mostly female sex workers but there are also males.

Adverts in newspapers including *The Ad Mag* and *The Sport* for escort agencies, individuals and brothels

Escort agencies are typically the same as those advertised on the internet. Individuals advertising in the papers may also have websites or more commonly advertise on adult contact websites.

Brothels and crack houses

The former were found throughout the region where we found evidence of between nine and 25 brothels depending on the area. Brothels consist of anything from two to 10 individuals, both male and female, predominantly the latter although there were male brothels identified in one of the areas. Brothels are typically found in low-cost rented properties and frequently

⁹ Laura Seebohm, pers. communication, 2008.

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change premises. Northumbria Police's Operation Pentameter 1¹⁰ found 12 women working from brothels, including Eastern Europeans, Kenyans and Namibians. Most foreign nationals working in the sex industry are associated with brothels; Chinese and Eastern Europeans are most represented, with a number of brothels specialising in 'Oriental' women only¹¹. In one of the areas, there were reports of up to eight crack houses where women exchanged sex for both money and drugs. Sex is cheap at the crack houses and can be purchased for £10.

Soliciting and street markets

This was reported in several areas, with over 27 different individuals having been identified. Street-based male and female sex work was reported to be taking place in car parks, bus interchanges, around hostels, pubs, clubs and on the streets. A growing street market was identified in one local authority and we received reports of young men with significant mental health needs soliciting and exchanging sex for cigarettes. There is also evidence of heterosexual males with problematic drug use selling sex to gay men.

The on-street market in Newcastle is different to the traditional image of the 'red light area'. There are areas which have been traditionally associated with on-street sex and continue that association, such as the area around Central Station in Newcastle, and there are areas which have recently been connected to on-street sex workers, such as around the Metro Arena (although in this area others, mostly males, look for non-commercial sexual encounters). There are other places across the study area, which are not places where punters tend to go to buy sex, but are places where sex workers know they can go if they need to sell sex. However, it has been pointed out by a manager of a sex worker support project that in all of these on-street locations *'If you didn't know what you were looking for, you wouldn't know it's there.'*

Reports from services about their clients being involved in sex work

We received reports from the following types of agencies.

- **Contraceptive and Sexual Health (CASH) services** in two out of the six areas where between five and six individuals were reported to be known as sex workers.
- **Harm reduction services** (such as needle exchanges) throughout the region consistently reported that a significant number of their female caseload and some of their male clients occasionally or regularly

¹⁰ There has since been a Pentameter 2 carried out by Northumbria Police and the results are pending.

¹¹ Ian Fiddes, pers. communication, 2008.

exchanged sex for drugs or money for drugs. Many of these services across the region have high caseloads, for example, of 150 active service users (those accessing their service at least once a month or more).

- **Drug treatment and support services** across the region also consistently reported that they knew of service users who were involved in sex work. Reports included numbers ranging from two to 17. It is worth noting here that the Voices Heard research found that many of their respondents led too chaotic lives to access drug services.
- **GUM clinics** across the region reported that sex workers regularly access their services, ranging from one to 25 individuals, both male and female. The GUM services state that the figures or knowledge that they have are underestimates.
- **Women’s support services** across the region identified individuals in their caseload who were sex workers, ranging from three to 70 people depending on the area. These individuals engage in sex work to varying extents ranging from sex work as the sole means of paying for drugs to occasional sex work.
- **Asylum seeker and refugee services** across the region report that many destitute failed asylum seekers exchange sex for accommodation and other essential resources. Numbers ranged from one to 40 individuals.
- **Housing providers** such as emergency accommodation, B&Bs or hostels had knowledge about their clients involved in sex work, for money, alcohol, drugs or status. Reports ranged from five to 20 individuals depending on the area.

There are many more women and men, particularly those identified by the Voices Heard research, that lead such chaotic lives that they would not access any of these services.

Travel in the markets

Our research found evidence of extensive travel between sex markets including evidence of sex workers travelling throughout Tyne and Wear, into Northumberland and as far south as York and Birmingham. The Voices Heard research also found that there was a high degree of travel throughout the area, with 42 percent of people from outside Newcastle travelling there to

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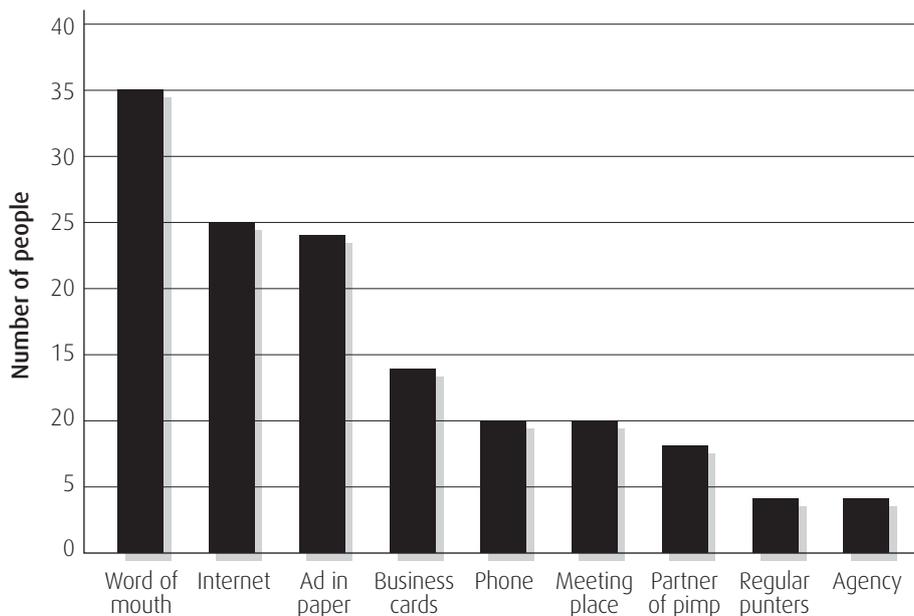
work, 36 percent from outside Gateshead travelled in to work, 31 percent from outside South Tyneside and Sunderland travelling there to work and 16 percent from outside North Tyneside. Respondents also travelled as far as Middlesbrough, Stockton, Preston and Leeds. One professional said *‘When I asked her what it was like on her ‘weekend away’ she said she’d never left the hotel.’* Another said *‘Girls from Newcastle go as far as Alnwick and Morpeth – these often know clients from the brothel and a driver will take a girl up, wait then take her back.’*

There were also reports of punters travelling to pay for sex within the study area, for example, men from Newcastle and Gateshead travelling into South Tyneside to pay for sex.

Methods of advertising

Our research found evidence of widespread use of the internet and local papers as a means of advertising sex work. The Voices Heard work also identified a series of other ways of advertising and as can be seen from the following graph, word of mouth is by far the most widely used method.

Methods of advertising sex work



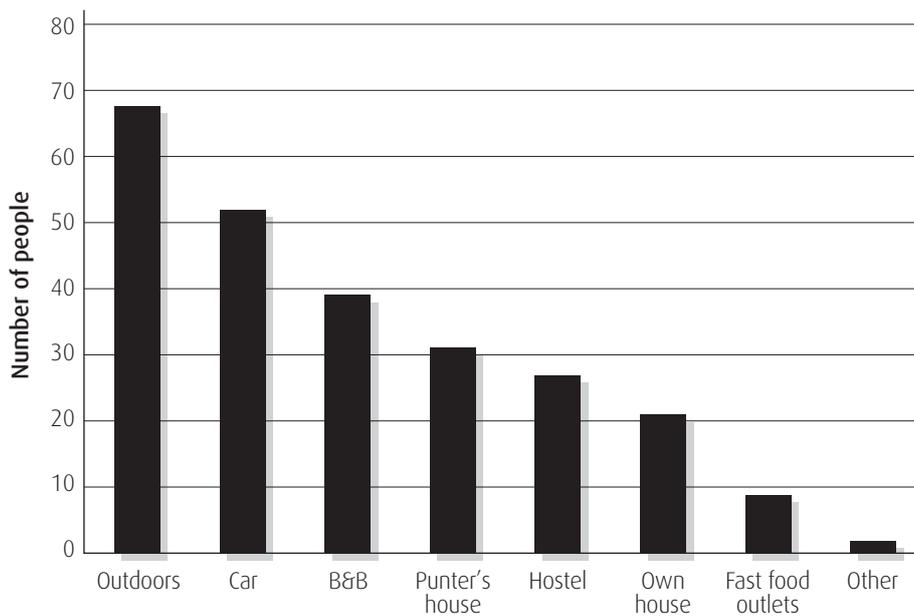
Source: Voices Heard, 2007.

However, it is recognised that the method of advertising will depend on the type of sex worker.

Location of transaction

We found evidence of a series of places where the transaction of the sale and purchase of sex took place, from outdoors, to hostels and hotels, B&Bs and people’s houses. The Voices Heard research found that the most popular transaction place was outdoors followed by in cars and B&Bs. Interestingly, brothels are not mentioned in the Voices Heard research which indicates that brothel sex workers were not part of the peer group of the researchers (which focused on the low end of the sex market).

Location of transaction



Source: Voices Heard, 2007.

3 The price of sex

We found evidence of a remarkable variation in the prices of sex, from £10 in crack houses to £650 for an overnight stay with an escort. Also, as the following section, *methods of payment* indicates, money is often not the means of exchange. The Voices Heard research gathered more detailed information about the prices of sex amongst their respondents, which is presented in the following table.

| The price of sex | | |
|---------------------------|--|---|
| Description | With condom | Without condom |
| Full sex* | Highest £150 Lowest £5 Average £37 | Highest £100 Lowest £10 Average £34 |
| Oral sex | Highest £100 Lowest £3 Average £18 | Highest £100 Lowest £5 Average £15 |
| Hand job | Highest £30 Lowest £2 Average £11 | Highest £30 Lowest £2 Average £11 |
| Anal sex | Highest £100 Lowest £5 Average £30 | Highest £100 Lowest £10 Average £32 |
| Watersports | | Highest £100 Lowest £10 Average £32 |
| * Penetrative vaginal sex | | |

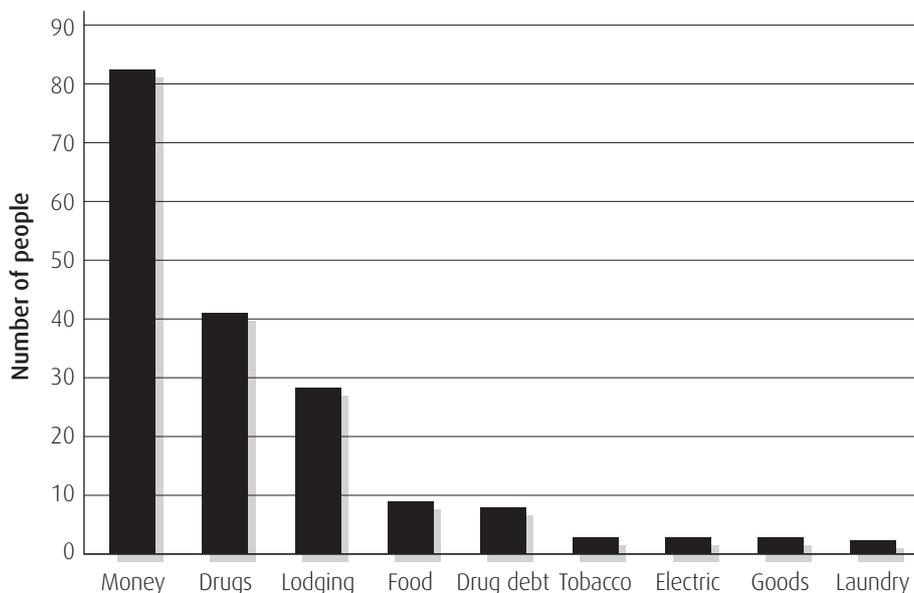
Source: Voices Heard, 2007.

As can be seen, sex is sold for as little as £5, with the average for full sex with or without a condom being around £35. Anal sex is cheaper, at an average of around £30. The Voices Heard research offers an explanation for the small differences between prices with and without condoms: *It would appear that sex workers providing services without protection are operating from the lower end of the market e.g. bed and breakfast, hostels, etc. as opposed to working for an agency [where prices will be significantly higher for sex without a condom]* (pg 71).

Methods of payment

We found evidence that sex workers were being paid in a number of ways including traditional financial transactions, to being paid in alcohol, drugs and in somewhere to stay. The Voices Heard research substantiates these findings and reinforces the fact that a series of services and commodities are exchanged for sex. It is noteworthy that a sex worker may on one hand exchange sex for money but also exchange sex for drugs, food and lodging, i.e. sex work is a survival strategy and fulfils all needs, not just providing access to finance. This finding also substantiates our broad definition of sex work.

Methods of payment



Source: Voices Heard, 2007

The organisation of sex work

As with the wide variety in the types of sex work, there is also a range in the extent to which sex work is organised. For example, there is evidence to suggest that there are links between organised crime and sex work, with one agency commenting that independent female sex workers who advertise in the classifieds are usually contacted by a *'notorious man ... who*

3

tells them they are working for him’. There is also evidence which connects lap dancing or ‘gentlemen’s’ clubs and sex work on a range of different levels, from connections between their owners and escort agencies, to punters at the clubs purchasing sex from the women that work there. We found evidence of pimps from a range of different ethnic groups, including White British, organising different numbers of women. This also includes male drug users who often pimp their girlfriends to other men and certain men are often seen with a series of women at particular services, for example, picking up lots of condoms. On the other hand, there are many sex workers who work for themselves, indeed, the Voices Heard research identified that almost 80 percent of the sex workers in their study worked for themselves (the remaining 20 percent worked for someone else, a partner, an escort agency or pimp).

There is evidence of far more organised prostitution in Newcastle; for example, there are more brothels and escort agencies than in other areas. There is also evidence of prostitution associated with high earning business, for example, sex workers are known to frequent wealthy city centre locations.

Who is involved

There is evidence from both our research and the Voices Heard work that both men and women are involved in sex work. Whilst the research has identified a bigger female market, there is still significant involvement of men. This includes straight men working as escorts, straight and gay men advertising as individuals on the internet, gay men working in brothels, B&Bs and saunas, and straight men selling sex to gay men in on-street locations.

Numbers involved

From our research we can roughly estimate that approximately 1,000 people across the area are involved in sex work to some degree at any one time, whether that is as independent escorts, as those working in brothels or as drug users occasionally engaging in sex work for money or drugs. We arrived at this number from totalling the numbers of individuals provided to us by those professionals we interviewed (see the sections on methodology and the questioning of professionals) across all six local authority areas.

The Voices Heard research identified 744 individuals from its participants in Tyne and Wear (not counting Northumberland), although it was recognised that there would be double counting as some respondents mentioned the same names. It is also recognised that these figures would not capture numbers of sex workers from across Tyne and Wear and only capture information about sex workers from the low section of the market.

Is the market increasing or decreasing?

There is much evidence which suggests the sex market is growing across the study area. Northumbria Police estimate that the sex industry has grown in the North East by around 25 to 30 percent in the last three years. The number of adverts in *The Sport* and *The Ad Mag* are increasing year on year¹², there are increasing reports of street sex work and escort agencies are producing advertising material to recruit sex workers (posted through doors – see examples below). It is at the mid-end of the market where the highest growth is observed. It was reported that as a result of the growth, the prices for sex have dropped, from approximately £80 per half hour in 2005, to £50 now.



Over the past three years, one drug support agency has conducted research into drug use within four localities south of the Tyne and has seen a significant rise in the amount of women reporting sex work as their main source of income to fund their drug use.

¹² Northumbria Police, who monitor the extent of the market, stated 'Three years ago there were around 18 ads in *The Ad Mag*, now there's 59 and there's 32 ads in *The Daily Sport*.'

3 How do people become sex workers?

The most frequently reported route into sex work is via drugs, followed by homelessness. This is demonstrated by the Voices Heard research which asked respondents how they became involved in sex work (see following box). We also found that experiences as a young person are critical in routes into sex work and exploitation.

We found evidence of many people who were reported to be only occasional sex workers, i.e. often problematic drug users who engaged in such work when other forms of access to money were not available. However, there were reports of such people later becoming more involved in sex work and some who became full-time sex workers. It seems for many marginalised people sex work is one of many forms of access to money, others include begging, stealing and fraud.

Our research found many incidences of children involved in sexual exploitation¹³. Although all these children were known to the relevant authorities, i.e. the Police or Local Safeguarding Children's Boards, most of those identified continued to be involved in sex work. Our findings indicated that current child protection mechanisms fail to protect children who do not wish to engage with services. Our findings particularly identified that 15 to 18 years old was a critical age for young people, with many statutory services washing their hands of involvement in this age group. One professional said:

'I don't think it's taken seriously by professionals ... it's the 16 to 18 year olds who are the problem ... the professionals think that once they're older they bring it on themselves ... like the first case [see following case study], two weeks after she was raped, she couldn't walk very well, she was showing me a Playboy thong that she'd bought to go out in ... she's not making good decisions.'

We found considerable information which linked adult sex work with histories of sexual exploitation and abuse. Not surprisingly, such histories of abuse are frequently found within children in the looked after or leaving care systems. The following examples illustrate this.

¹³ The box at the end of this section outlines the legislation as it affects children.

Case study: sexual exploitation of girl X

The case started in 2004. Girl X was 15 and living in supported accommodation in local authority 'a'. Suspicion was initially raised when she became involved in a relationship with a 20-year-old man and started using drugs, but not paying for those drugs. She started a friendship with another girl (who was on the Child Protection Register as at-risk of sexual exploitation) from local authority 'b'. She started absconding from her supported accommodation and was known to be staying in local authority 'b' and being sexually exploited by asylum seekers. She reported staying with different men and she was reported as missing several times. A drug support service remained in contact with the girl and went to visit her in local authority 'b' and took her mother to see her and also kept a dialogue with her around safety and relationships. She then returned to local authority 'a' to her supported accommodation although this broke down and she returned to her parents. She was then raped by two men who lived two streets away. Although she was taken to the paediatric unit at the RVI Hospital where she was shown to have serious internal injuries, and she made a complaint to the Police, the case was not taken to court as *'it was thought that it wouldn't make a very good case ... she wouldn't make a very good witness'*. She then went to live at a women's refuge in local authority 'c', near to three hostels. She then disclosed that she was having relationships with some asylum seekers and once returned with bite and hand marks around her neck, although no complaint was made. She then started a friendship with a young woman at the refuge whose mother ran brothels and an escort business and she disclosed that she was working as an escort. She was moved out of the refuge and is now over 18 and pregnant and living back in local authority 'a'.

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Case study: sexual exploitation of girl Y

The case started in 2006 and concerns a care leaver. She had been supported by a drug support service since she was 15 and living in supported accommodation. She was known to be injecting speed and heroin on a daily basis and had mental health problems. *'She was accessing pricey drugs, but had no offending history and no income.'* She disclosed that she was being controlled by a man who took her to a brothel where she was sexually exploited. It was reported that *'all the men had wanted to go with her because she looked younger than she actually was'*. She had made a series of allegations about sexual abuse and rape to different services. A drug support service liaised with the LSCB and the Police as all the information being given was not being acted upon as in many ways *'so many allegations were made ... you don't know what to act upon'*. The girl presented at Accident and Emergency because she had overdosed and she was subsequently sectioned. She is currently on a treatment programme, about to turn 18 and is about to leave the secure psychiatric unit.

Case study: sexual exploitation of girl Z

[Name] is an 18-year-old female who lives in a B&B. She has been sexually exploited since she was 14 years old and is now pimped by her father and brother who also live in the same B&B. She works from the B&B and advertises on both the Internet and in *The Sport*. It was reported that *'she doesn't like having sex without a condom but is sometimes forced to ... her father or brother negotiate a price with the customer over the phone on her behalf'*.

[Name] has a dependency on heroin and her drug intake is controlled by her father depending on how much money she has earned. At the moment, [name] injects around six times a day and has seen up to a maximum of 14 customers in one day.

She is not in mainstream drug treatment and has just started engaging with The Women's Project [a local women support project that provides drug treatment] accepting delivery of clean injecting equipment, condoms and food – this is with the permission of her father and brother who also request injecting equipment and food. The Women's Project obliges to ensure contact with [name].

On the last visit [name] has asked The Women's Project to assist her in finding alternative housing provision. The project found [name] a bedsit and she is planning to attempt to escape from her father and brother as soon as she can sign the tenancy agreement.

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There were many other case examples given by professionals including:

- *'There was a 17-year-old put in B&Bs by the local authority and she was sexually exploited by the owners. She was then put over a pub, now she's in and out of St George's [hospital psychiatric unit].'*
- *'Looked after children abscond to known houses and take ecstasy or tranquilisers. The girls go and take someone with them ... who may not abscond ... the girls when they go tend to stay overnight.'*
- *'There was a 15-year-old in care who was having sex for alcohol, then she was raped by 10 men but nothing happened.'*
- *'A 15-year-old boy was having sex with a 48-year-old man ... he kept leaving his foster home to stay with the man and kept returning with money and mobile phones.'*
- *'There was a 15-year-old who was going with an older man for drugs, heroin ... she didn't want to disclose [about the exploitation] because of her habit.'*

The sexual exploitation of young people¹⁴

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.

¹⁴ Taken from Harper, Z and Scott, S. (2005) *Meeting the Needs of Sexually Exploited Children in London*, Barnardo's.

The following box presents the trigger factors that provide routes into sex work, as found by the Voices Heard research.

How did you become involved?

Drugs: A total of 43 percent (n37) report drugs to be the primary reason for first becoming involved with the sex industry. One respondent said *'I went out one night rattling me arse off, some bloke asked if I was doing business, I did it, I cried all the way through and was so desperate to get away I forgot the money, it was the drugs not really me, it's as simple as that.'*

Friends: Just over 40 percent (n35) identified their friends as introducing them to sex work. One respondent stated *'I was babysitting for some prostitutes and they were giving me money to look after their kids. They said I could make more money for the gear if I went out and worked with them, so I did.'* Another said *'My friend was doing it and she was making loads of money. I saw it as easy money.'*

Homelessness: A total of 15 percent (n13) said that they got involved with sex work through homelessness as one respondent explains *'I met a girl when we lived on streets, we were desperate so when she told me she did it I started doing it too.'*

Drug debt: Nearly 14 percent (n12) reported becoming involved with the sex industry through drug debt. It is important to note that this was particularly prevalent within one of the research areas after seven respondents named the same dealer as giving them credit then forcing them to *'work for him'* after exceeding a certain credit limit. One respondent stated *'It just happened, I got 500 tick [credit] off [dealers name] and then he said that was it and I had to work or I was going to be done in, that was that and I've worked for him for two years and I'm still in debt.'* Another comment was *'I had no choice, it was working or done in or killed and I mean that.'*

Family and parents: Almost 12 percent (n10) became involved through their parents and family. Comments from respondents include: *'I got involved through drugs and pressure from dad, was told be made homeless if didn't pull my weight,'* and *'My mam was on the game and it was just natural I suppose, I was 14 when I started.'*

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Boyfriend/partner: Just over eight percent (n7) reported that they had become involved through their boyfriends or partners. Comments included *'He was rattling his arse off and I felt sorry for him, he said it was the only way. I still work and still support both our habits,'* and *'I was on the streets and I met my partner and I needed to look after us 'cause he had an ASBO and couldn't go to graft.'*

One respondent reported *'When arrived in England tried to find work, couldn't get work permit ... another girl I shared a room with explained about selling her body ... she was making enough money to support herself and send money back home to family.'*

Source: Voices Heard, 2007, pg 67.

4 Themes from the findings

We found a number of key emerging themes from our research and the Voices Heard work. Firstly, we found that sex work takes place throughout Northumberland and Tyne and Wear. There are no significant differences across the six areas but there are remarkable similarities. These similarities not only relate to the type of sex work that takes place in each area, but also the themes and issues which relate to the sex work.

Drug use

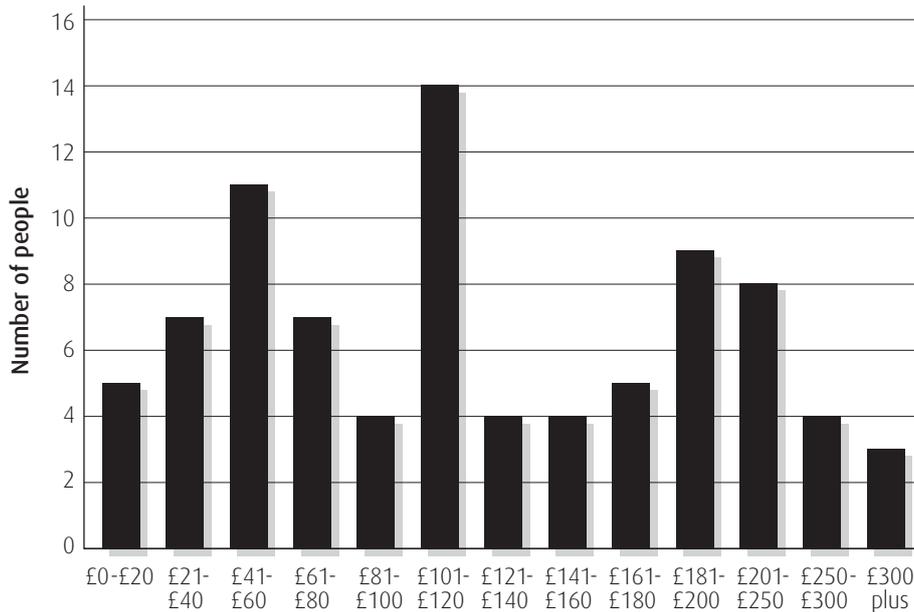
The links between sex work and drug use, particularly problematic drug use, are conclusive. Our study agreed with national research findings and found significant links between problematic drug users and sex work in all the areas and were given many examples of people engaging in sex work for money to pay for drugs, for a direct exchange for drugs or to pay off a drug debt.

The Voices Heard research found that all of their respondents reported that drug use was the main reason for engaging in sex work. Indeed, 83 percent said that all of the money they earn goes on drugs. The majority of these said that if they could stop taking drugs they would no longer engage in sex work. A total of 81 percent of respondents were addicted to heroin, most using every day. The average daily spend on heroin was £84. However, most respondents used a variety of drugs on a daily or weekly basis, including cocaine (with around half the respondents using crack), speed, alcohol, cannabis and vallium.

The average daily drug spend was £137. However, as can be seen from the following graph, some spend considerably more. The Voices Heard research highlighted other local research which demonstrated average drug spends by non-sex workers was considerably less than drug use amongst this group.

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Daily drug spends



Source: Voices Heard, 2007.

Whilst the proportion of problematic drug users involved in sex work is high, many would not identify themselves as sex workers. They will occasionally, although regularly, exchange sex for drugs or money for drugs and often accommodation. Some women may rarely engage in sex work for money when they need desperately to buy drugs. The occasional nature of some sex work explains characteristics of street work in certain areas; they are not permanent street markets but are areas where purchasers of sex can be found. For example, one project worker said *‘There was one woman who had a bad injecting injury and I had to take her to a Newcastle hospital. We went at 5.30pm and left at 10.30pm; she was getting really stressed that the shops had closed and she couldn’t go shoplifting and she said she’d have to go to the bus station to sleep with a dirty man.’*

Sex work provides an ‘easy’ source of money with which to buy drugs, particularly for those who have been drug users for a long time. One worker said *‘For drug users, sex work is a safe bet to get money ... shoplifting ceases to be an option when most shopkeepers know their faces or they have been banned from particular shops.’* For women with children, sex work generally carries a lower risk of prosecution or custody than acquisitive

crime. However, the 'safe' bet carries many serious risks, including physical and sexual violence and emotional, mental and physical abuse.

Sex work is an option to women to fund their drug use, in a way that is not available to all men. The Voices Heard research found that the majority of their respondents engaged in sex work as it was unlikely that they would get caught. One respondent stated *'I was sick of going to jail all the time, doing this is the only way I can get enough money to keep my habit and not be locked up every five minutes.'* (Voices Heard, 2007, pg 49.)

Drug treatment

Our research was able to gather some information on sex workers in drug treatment. However, the Voices Heard research gathered significantly more data. It found that just over one third of respondents (a total of 86 people were interviewed) were in drug treatment. Of these, it found that only 16 percent said it helped them reduce their drug use.

Of the remaining people who were not in treatment, the research asked them why. Almost one third stated they had previous negative experiences, 11 percent said they did not know where to go, 14 percent said that drug treatment would not help with their drug of choice (crack) and 13 percent said they were worried about social services involvement if they went.

Some respondents stated that they liked taking drugs, one saying that they *'take away the nightmares,'* and another *'it's the only thing I've got.'* (Voices Heard, 2007, pg 37.)

The Voices Heard research found that sex workers were reluctant to access drug services as a result of:

- levels of prescribing at drug treatment centres that were inappropriate for their usage levels;
- the prejudices of other drug users;
- the inability of drug services to cater for crack and stimulant addiction;
- the male dominated nature of services.

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The Voices Heard research also found that 90 percent of respondents who injected drugs share needles and respondents reported not having enough injecting equipment for their needs.

The Voices Heard work made the following points¹⁵ about drug treatment services.

- The vast majority of those surveyed wished to access drug treatment, including residential rehabilitation, substitute prescribing and counselling.
- All of the respondents said that they wanted some kind of support *'from someone who understands and doesn't judge you'*.
- Female respondents reported barriers to accessing service provision included opening times, flexibility of services, male dominated services, previous experience of accessing treatment, with the major barrier being that the respondents did not believe that services available locally were able to help them with their lifestyle and drug problem.
- All respondents felt that they were not able to be honest with drug workers about their work for fear of being judged and the fact that they were never asked about sex work or their sexual health.
- Male respondents reported similar barriers to access however, this included that they felt 'different' when accessing services and felt extremely excluded from the mainstream population within the treatment system.
- The main reason respondents reported not accessing treatment was illustrated by one who said *'I can do a punter, get me self fifty quid, get sorted and have me gear within half an hour. I can go for a script which will take days and hours of sitting round in shit holes, what's the point? I can rely on me, I can't rely on them.'*
- Respondents said that they wanted to see outreach services with fully trained, qualified and flexible and consistent (i.e. the same faces) working staff.
- Respondents said they wanted to talk to ex drug users and ex sex workers about their feelings and felt in the first instance this may help them to gain confidence to deal with professionals.

¹⁵ Voices Heard, 2007, pg 46.

Mental health

Both our research and the Voices Heard study identified many links between sex work and mental health problems.

Our research identified a number of sex workers who had been 'sectioned'. Many sex workers were reported to display symptoms of Post Traumatic Stress Disorder and many asylum seekers engaged in sex work are already believed to be severely sexually traumatised. These mental health issues are often linked to drug use; sex workers take drugs to be able to undertake sex work and take drugs to forget they have undertaken sex work. When drug use stops, then mental health needs become more acute as they often remember with some clarity the abuse they have suffered.

The Voices Heard research identified that 40 percent of respondents said being involved in sex work directly affected their health. Of these, over three quarters reported experiencing depression as a direct result of their work, over half experienced anxiety and panic and three quarters reported self harming. Of this group, almost two thirds reported that drug use helped them control the symptoms of their mental health problems.

Respondents in the same research reported that because of their lifestyle and work, they felt unable to relax, were constantly worried, unable to sleep, anxious and mildly depressed. Those respondents stated that reduced drug use, appropriate medical interventions and adequate accommodation would alleviate their symptoms.

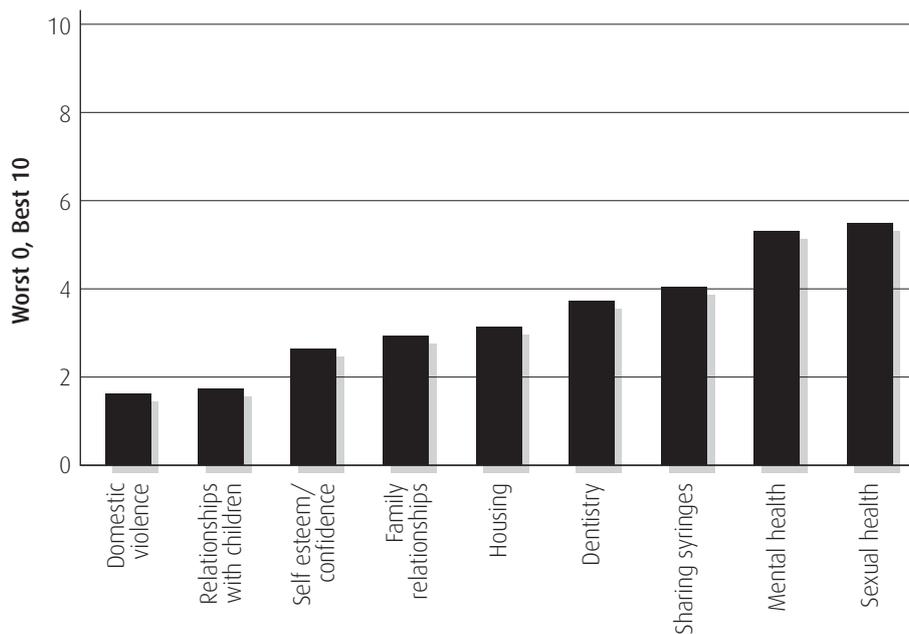
The Voices Heard work identified that respondents did not use mental health services as they did not know where to go and were anxious about what would happen if they did. Almost half of the respondents in the study said that they thought that they needed anti-depressants but either did not have a GP or did not feel they could raise the subject with their GP because of the nature of their work.

4 Vulnerability

Our research highlighted the levels of vulnerability associated with many people involved in sex work. One professional said *'Sex workers are the most damaged clients I've ever met ... their self-esteem is in their boots ... they show a recklessness with their own safety.'*

The following graph illustrates sex workers' self-reported vulnerabilities and is based on responses from sex workers in the Voices Heard research. Respondents were asked to score themselves in a range of areas, one being the worst and 10 being the best, e.g. *'I rate my relationships with my children as a 1 [i.e. very bad].'*

Self-reported vulnerability scores



Source: Voices Heard, 2007.

It is clear from the graph, that sex workers suffer particular vulnerabilities in the areas of domestic violence, relationships with their children and self-esteem/confidence, although all areas of their lives have similar low scores.

The Voices Heard research was able to gather further detailed information from those sex workers it interviewed and this highlighted how vulnerable they are, under the following headings.

■ **Economic vulnerability**

Their research found that one third of sex workers supplemented their incomes by begging and nearly all were receiving government benefits. There was a high level of criminality associated with their respondents' economic activity, including selling drugs, fraud and forgery, shoplifting and theft.

This economic vulnerability is highlighted in the prices charged for sex, with the Voices Heard research commenting 'homeless respondents operating from bed and breakfasts ... are charging a mere £5 for anal sex with little differentiation between anal and full sex'. (Voices Heard, pg 72.)

Added to this were respondents' feelings that formal employment was not an option for them, and that the majority of respondents had low literacy and numeracy skills.

■ **Housing vulnerability**

A total of 21 percent of the sample were of no fixed abode, 41 percent lived in B&Bs and 12 percent lived with a 'punter'. The remainder had their own private tenancies.

Sex workers are often unable to get their names on council housing waiting lists because they commonly have a criminal record. They may also have problems with completing housing benefit forms because of low literacy.

In the Voices Heard research, 31 percent of their respondents reported payment in the form of lodgings and rent as one respondent explains *'I hate sleeping on the street, I try to find a punter who will let me sleep for free sex, I hate it but I hate sleeping on the streets more.'* (pg 57)

■ **Health vulnerability**

A total of 63 percent of respondents said they had injected drugs in the four weeks prior to interview. Almost 90 percent of these re-used needles, with cleaning methods ranging from using water, their own blood, sterilizing tablets and fizzy drinks. The research identified that 90 percent of respondents shared needles with another person.

A total of 64 percent of respondents did not have a dentist. This was viewed as a major problem by many, especially as dental decay and gum disease

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increases with drug use (particularly crack, cocaine, methadone and amphetamine). One quarter of respondents reported carrying out dental procedures on themselves or each other, with one respondent saying *'My tooth had snapped in half so I went grafting got meself some coke and got my mate to take it out.'* (Voices Heard, 2007, pg 45.)

Over 25 percent of respondents said they had caught a sexually transmitted disease through their sex work although a total of 24 percent had never visited a family planning clinic and 57 percent had never visited a GUM clinic.

■ Social and familial vulnerability

Just over 40 percent of respondents said they had children, the majority of whom were not living with them.

A total of 90 percent (n78) of respondents reported that their lives were affected by stigma. The effects varied from being beaten up in the street, to what is perceived as *'dirty look'* or *'just being treated differently from everyone else'*. (Voices Heard, 2007, pg 66.) Sex workers feel more marginalised as they do not feel that they belong to the sex work industry as they are drug users and do not feel part of the drug using community as they are sex workers.

■ Vulnerability to violence

A total of 57 percent of the sex workers in the research reported experiencing physical pain (caused by assaults from punters) as a result of their sex work. A total of 41 percent of people reported being in a violent relationship. One respondent from their research stated *'If you could have a place where there was a doctor to sort out a script and whatever broken bone you've got this time and somewhere to sleep and try and get out of prostitution that would be the best and the only real chance you would have.'* (Voices Heard, 2007, pg 48.) Other comments from sex workers about the violent nature of sex work included:

'I was raped while staying at a man's house. I'd already gave him sex so that I could stay there, he woke me up for sex again, I said no he got violent raped me and hit me.'

'I got burnt with fags cause I let this bloke tie me up for an extra 30 quid and he basically kept me the night and tortured me, took my clothes off and kicked me in the street.'

'I got done in and I was really worried cause it was when my friend had just been murdered in 'bro [Middlesbrough].'

'Just took to this really dark place in Sunderland, these big woods, got kicked about and left there. I had to knock on this farm door and ask them to get me a taxi cause I had lost my shoes.' (pg 64, 65)

Almost 80 percent of the respondents did not report incidents to the Police.

Housing and sex work

A series of issues relating to sex markets were identified in areas which have a high number of hostels, refuges and B&Bs that are used by a series of agencies, both within and without the area, to house a range of vulnerable groups. These groups include young people leaving care, people on electronic tags after release from prison, homeless families and individuals, ex-offenders returning from prison and people with alcohol and substance misuse issues. Agencies that are reported to refer people into such accommodation include Police and Probation and homeless teams from local authorities across the region and from as far as London and Scotland.

The Voices Heard research also identified that B&Bs and hostels were a common location for sex work in all areas. Respondents were both taking bookings from hostels and B&Bs, using rooms by either renting by the hour and/or being resident within the establishment.

'The landlady takes all the bookings for me. She takes her cut for the rent and that, I get my cut and a free bed.'

'People know where to come, we're all young lasses in here so men know where to come and know what they'll find, everyone is doing it whether they admit it or not.'

'At the end of the day it's business, and being in with [name of landlady] is good for business, she sorts out the phone calls, gets the clients in, sorts out the room and you know she's there if the shit hits the fan.'

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Many residents of such accommodation have substance misuse issues with one agency in one area estimating that up to 95 percent of residents are problematic drug and/or alcohol users. The majority of residents also have histories of abuse, particularly female residents. It was reported that it was common for female residents to exchange sex for alcohol or drugs or money to buy alcohol and drugs with residents in the hostels. One agency said *'So many of these adults are emotionally damaged ... they don't even see it as sexual exploitation.'*

It was also reported that pimps in cars pick up females from certain hostels, as one agency reported *'to ply their trade outside ... then they drop them off'*.

It would appear that housing vulnerability is taken advantage of by men and women. In one area, it was reported that on several different occasions an older man of between 50 and 60 has given accommodation to two or three women in their twenties at the same time. In one case, a 61-year-old and his son provided accommodation on at least three occasions to a series of females, all of whom were known problematic drug users. These women were exchanging sex for accommodation and sex for drugs or money for drugs.

In another example from the Voices Heard research, they received reports of women being coerced into sex work by landladies, at least one that was used by a homelessness unit in the area. This unit sends their 'roofless customers' to a B&B where one respondent reported *'I'd never done it before but I was on the streets, I got sent to [name of B&B] and the landlady got me into it, to cut a long story short I either do it or I'm homeless. I'm in a catch 22 situation, I went to the homelessness unit and they said I'm not homeless cause I'm in the B&B, I can't tell them what's going on or I will be homeless and get done in.'* (Voices Heard 2007, pg 67.) The same research interviewed eight residents of the same B&B who all reported similar experiences.

Failed asylum seekers

From the evidence gathered from interviews with services for asylum seekers, we estimate that there are at least 400 failed asylum seekers in Northumberland and Tyne and Wear. There are many concerns about this group relating to their destitution, their mental health (often highly sexually

traumatised) and their sexual health (there are many sub-Saharan failed asylum seekers with a high prevalence of HIV/AIDS). This research found evidence of failed asylum seekers exchanging sex for accommodation and money or food. At one support project, in Spring 2007, a group of failed asylum seekers invited female politicians (of which only two attended) to hear their stories of having to exchange sex for accommodation and other essential resources. One asylum seeker support worker reported:

'One girl had to prostitute herself for a bed ... she was offered a place to stay and when she was there she had to fight the guy off her and she ran off ... but then she had to go back to see him for a place to stay because she had nowhere else to go ... she's still there.'

Women who are at the end of the asylum process and who have been refused permission to stay have no access to public funds. We were told *'they are in a state of limbo until they are deported'*. They can apply for Section 4 (supported repatriation package where they receive non-cash luncheon vouchers and accommodation) but must agree to cooperate with immigration and go back to their country of origin. This puts most people off and so the options for men and women are very limited.

'They can stay at their friends, but if their friends are claiming asylum and they're found out then they can get their support withdrawn so they go there very late at night and leave early in the morning ... it's a nomadic existence.' Many other people sleep on the streets, under bushes, in building sites: *'they are very good at hiding'*.

'Because of this I've heard of women getting a bed for the night by prostituting themselves ... there's also been cases of pregnancy and babies ... I'm very concerned about what these women have experienced, particularly the violence.'

Such asylum seekers are being forced into extremely risky situations and many have been homeless for up to two years. Their physical and mental health deteriorates rapidly as a result of no permanent accommodation, interrupted sleep patterns, fear of returning to their country of origins, running away from the authorities once more: *'they fall apart'*. Many are suicidal, have complex health problems and many have no access to secondary health care services, as the Government withdraws such services.

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Interestingly, in Gateshead there are currently around 200 asylum seekers, 90 refugees and 60 asylum seekers on Section 4. Only 17% of these asylum seekers have successful applications, which means 160 are failed and potentially destitute, many of whom travel to Newcastle. The asylum seekers who are housed by the local authority are all reported to be healthy and secure. Comparing the situation of these with those who are destitute, we can see that those without housing or food (i.e. the destitute) are forced to engage in survival sex work. This illustrates the link between destitution and poverty with sex work.

Links between sex workers and services

Traditionally, most sex workers do not engage with services which is reported to be due to stigma, issues of access related to confidentiality and anonymity, their chaotic lifestyles being ill-suited to keeping appointments, fear of social service involvement, among others.

However, we found that knowledge about sex work is held within a few key agencies which have relatively close relationships with their clients. Such services include drug harm reduction and treatment services, some GUM clinics, women's support services and specific sex worker support projects. As an illustration, one drug support agency had knowledge about three sex workers with whom they had developed strong working relationships. The same agency stated *'I'm sure there are other clients but they haven't come to light but we worked deeper with these three clients.'*

However, amongst the majority of statutory and voluntary services, sex work is a topic that is unknown and at best suspected. One agency raised the issue that sex work is often not considered 'remarkable' or something that they feel they can deal with: *'It's not something that is brought up ... not something that we're qualified to deal with ... abuse is sometimes discussed but not sex work.'*

The Voices Heard research highlighted the difficulty experienced by sex workers in talking about sex work to professionals. One respondent said *'I told my drugs worker that I was on the batter [meaning a sex worker] and she went bright red and never talked about it again, I was really shown up and will never talk about it to them again.'* (Voices Heard, 2007, pg 49.)

5 The service response

The research identified a number of services and initiatives that were targeted at sex workers across the area. This section provides six examples of services that have tailored their services to sex workers in different ways.

The Girls Are Proud (GAP) project

The GAP project is an initiative of Tyneside Cyrenians, a charity supporting homeless and vulnerable people in the North East. The project has one full-time manager and two project workers who provide outreach services to sex workers and training to other voluntary and statutory agencies. Most of the funding for the GAP project comes from charitable sources, which means it is free from obligations set by statutory conditions, such as a reduction in drug use or improvements in health.

The GAP project is presented here as it is one of very few examples of how to provide services to sex workers in a hidden market. It began with a small drop-in started in 2006 in a church that was accessed by around seven sex workers. It now has a caseload of almost 40 which is growing all the time.

The project provides a holistic service to adult women involved in sex work and/or subjected to sexual exploitation with the aim of addressing a wide spectrum of personal, social and economic needs. Particular focus is placed on encouraging women to access and engage with mainstream services such as drug and alcohol treatment, sexual and mental health, housing, benefits, domestic violence and criminal justice.

The client group for the GAP Project is women who are or have been involved in sex work and/or have been sexually exploited. The criterion is that some commodity is exchanged for sex. Some women may identify themselves as being involved in sex work. Others do not, however they are involved in 'survival sex' whereby they may have sex to procure alcohol/drugs or a roof over their head.

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Most referrals stem from word of mouth between service users and their peers. The peer support provided by women at the weekly drop-in has been vital to the development of GAP's client contact. Although referrals are taken from any source, very few have originated from other agencies as women tend not to disclose their involvement in sex work or sexual exploitation to other professionals.

The GAP project maintains a total acceptance policy and will work with women who have traditionally experienced poor relationships and poor engagement with other agencies. Women are often initially mistrustful and uncooperative for a variety of reasons, including lack of confidence, fear of stigma and chaotic lifestyles. However, the project has used innovative interventions to develop trusting relationships and it is their experience that once engaged the level of demand for support is extremely high.

GAP aims to create alternative and positive life experiences. It provides regular activities including creative writing, art and photography, the Freedom Programme (for women suffering partner abuse), horse-riding, sport, college taster sessions, pamper days and training courses. In addition, there is a GAP drop-in every Friday afternoon in a city centre location where women provide peer support.

There is a view at the project that until the basic needs of clients are met it is not possible to address personal development (Maslow's 'hierarchy of need' theory¹⁶). However, it is evident that women may not engage with services where the initial focus is fixed on identifying and addressing problems areas. GAP's experience is that, in some cases, they need to engage women by offering opportunities which focus on maximising positives and enjoyment. Women who lead chaotic and difficult lives can leave their problems behind for periods of time and engage with a variety of constructive activities through the arts, sports, and skills development within a range of unusual settings (DIY training at the Tyneside Cyrenians Construction Centre, photography to exhibition standard, play-writing, story-telling, debating). The benefits these activities bring to women's lives are far reaching and make a significant and genuine impact on their lives. Self-confidence and self-esteem dramatically increase and it is often these experiences which are the first step on the route to making changes. The project believes that the reality is that until

¹⁶ http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs

women believe there is a reason to stabilise their lifestyle, the concept of addressing problems is felt to be insurmountable and unachievable.

The GAP project has been instrumental in developing a personal safety initiative for sex workers in partnership with Northumbria Police called WorkSafe (in some areas known as the 'Ugly Mug' or 'dodgy punter' scheme). Northumbria Police has worked with GAP to develop a system whereby the project can report violent crimes committed against sex workers whilst maintaining the anonymity of the victim. The scheme is intended to improve safety for sex workers as the Police will also inform the project of any evident risks which should be shared with GAP's clients.

The project uses an assertive outreach approach where almost all contacts take place within the community at any location which is comfortable to the client. This approach is extremely successful in gaining a real insight in the day-to-day realities of the women, their families and peers. It has highlighted the need to bring the professional service to the clients to establish meaningful relationships, previously unattainable to the women as they commonly do not engage.

The project is experiencing growing numbers of women asking for increasing levels of support and this has surpassed expectations. This suggests that given the appropriate intervention there is a high demand by this group of women for their unmet needs to be addressed.

The project has also recently started a two-day training programme aimed at frontline agencies in Newcastle. The objectives of the training include the following.

- Increasing understanding of the current debates regarding prostitution/sex work.
- Improving knowledge and understanding about the nature of sex work in Newcastle.
- Understanding the key reasons why people become involved in sex work.
- Identifying common features of the lives of people involved in sex work.
- Exploring common stereotypes about people involved in sex work.
- Becoming familiar with good practice guidelines around working with women involved in sex work.

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- Increasing awareness of the potential for violence against sex workers and local and national schemes to reduce risk.
- Identifying the extent and range of needs presented.
- Considering barriers to services including opening times of services, rigid appointments, lack of flexibility, professional judgements/attitudes, lack of professional confidence, the impact of domestic abuse.
- Identifying how GAP's approach, attitudes and practice impact on engagement and effectiveness.
- Identifying action plans to improve practice.

SCARPA

We are presenting the SCARPA project because our research found significant links between children who were sexually exploited and the transition into adult sex worker.

SCARPA stands for Safeguarding Children At-Risk Prevention and Action. The project is a collaboration between The Children's Society and Barnardo's, and links to the Newcastle Local Safeguarding Children Board (LSCB). It is based in Newcastle but offers a service across Tyne and Wear and Northumberland. The project provides targeted youth support to young people, between 11 and 18 years of age, who go missing or are at-risk of sexual exploitation. It is funded by a range of organisations including Northern Rock Foundation, Pret-a-Manger, Barnardo's and the Children's Society.

The project is based at Brunswick Methodist Church in the city centre, which is an ideal location to enable young people from all areas of Newcastle to call in and see a worker if in need. The Church members have been extremely supportive of the service and some strong working relationships have been developed.

Referrals are taken from a series of agencies and services that are well placed to identify at-risk young people, including the Police, education services, social services and the voluntary and community sector.

SCARPA makes contact with young people and then:

- Works with them to try and help them change their situation so that they do not need to run away again.
- Increases their awareness of strategies and resources to increase their own safety if they do run away.
- Increases awareness of sexual exploitation, encouraging young people to exit situations of risk and keep themselves safe.

Project workers have case responsibility to work with individual young people. Planned support work takes place based on the needs identified by the young person and their project worker, with the aim of helping young people to exit the situations of risk that they have been involved in, leading to them being able to stay safe.

SCARPA is committed to being as accessible as possible to young people in need of the service, which is why the following resources have been made available: city centre premises; a free phone number for young people to contact the project; a text number; a partnership has been set up with the Runaways Helpline so that calls can be diverted to their 24 hours helpline when SCARPA offices are closed; evening and weekend staff services; willingness to meet young people wherever suits them.

Between July 2007 and March 2008, there were 17 sexual exploitation related referrals from across Northumberland and Tyne and Wear. Of these, nine young women have been identified as being directly sexually exploited and the other eight referrals were seen as at significant risk of exploitation at the time of referral.

SCARPA has also set up a practice group which meets every two months and delivers training on different aspects of sexual exploitation, work and awareness. The group is open to anyone who works with young people. SCARPA also provides training on demand across the region on related issues, particularly to the health services, and is about to embark upon a rolling programme of training for Newcastle's LSCB.

SCARPA's approach, including the targeted outreach and training, is based on several pieces of research into sexual exploitation in the area and on a history of small pieces of practice. The research identified the need for an alternative

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method of delivery (one that was needs led, flexible and responsive to the young person) and the practice base tested the approach. Research had also identified that training of frontline agencies around issues such as how to identify risk factors and how to work with young people was vital to addressing sexual exploitation.

Safe Newcastle

Safe Newcastle is the local statutory Crime and Disorder Reduction Partnership and has been involved in addressing the needs of sex workers since early 2006. Since then, the partnership has had an identified lead on prostitution and is now in the process of developing its first prostitution strategy. Safe Newcastle has taken direction both from national strategies and plans, and local needs and research in developing this area of work.

In 2005, the partnership commissioned Barefoot Research and Evaluation to carry out continuous consultation with a range of communities and interest groups across Newcastle, including frontline agencies, for a period of two years. The objective of this was to constantly feedback, via an independent organisation, the views and issues experienced in Newcastle about community safety. One issue that was identified was that of sex work, where a range of different groups and organisations mentioned aspects of the local sex market with a series of concerns. Without an associated budget, Safe Newcastle and Barefoot Research and Evaluation approached Northern Rock Foundation in autumn 2006 with a proposal to carry out research into the sex market in Newcastle. The Foundation agreed although the scope was widened to include all of Tyne and Wear and Northumberland.

At the same time, a drop-in for sex workers was started in a local church which was supported by Safe Newcastle's Drug Support Unit (DSU). Members of the DSU were also instrumental in supporting the Voices Heard peer-led research into sex work in Tyne and Wear.

The findings from the research undertaken by Barefoot Research and Evaluation and the Voices Heard group were both released in late summer 2007. In early 2008, Safe Newcastle convened a prostitution planning strategy day which included representation from around 80 agencies across Newcastle from both the voluntary and community sector and the statutory sector.

The partnership has also supported the development and delivery of training for frontline agencies in conjunction with the GAP project, which is delivered with their domestic violence training coordinator.

Safe Newcastle continues the process of developing a strategy and plan to have a specific strategy which concentrates on the most vulnerable, whilst acknowledging the range of associated issues. Until that strategy is developed, they have included actions to address prostitution in their current 2008-11 Community Safety Strategy.

The Genito Urinary Medicine (GUM) clinic in Newcastle

This statutory NHS service started responding to the needs of sex workers in a targeted way in about 2003 through the interest and motivation of a Community Sexual Health Advisor. It was recognised that sex workers were a marginalised group that have greater sexual health needs than routine service users.

At that time, there were occasional service users who disclosed that they were sex workers, although it was suspected that there were more who used the service. Those people who did disclose received an enhanced service and they were encouraged to take up additional sexual and general health services as their needs were greater than most who accessed the GUM clinic.

A key task of the clinic was to standardise that service, i.e. to ensure that all sex workers received a similar degree of care and intervention when accessing the clinic. For that reason, they introduced an Enhanced History Form, which was to be completed each time a client disclosed. Also, an 'S' code was to be used on their records for data gathering purposes.

It is recognised that not everyone discloses at the first visit and it is often up to the intuition of the GUM nurses and certain indicators, such as number of sexual partners, when identifying sex workers. This leads nurses to ask in a sensitive way whether the client is a sex worker. When an Enhanced History Form is completed, the service user is offered the opportunity to spend some time with a sexual health advisor covering:

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- the benefits of, and encouragement to make, regular visits;
- more in-depth sexual and general health advice;
- the consideration of security issues when working;
- use of condoms and lubricant;
- relationships with regular partners;
- hepatitis B vaccinations;
- post exposure prophylaxis after sexual exposure (PEPSE) to HIV;
- sign-posting or referral to other services or groups as necessary.

Although this element of the GUM service is not publicised, it is increasingly becoming known in the sex worker community as it is communicated by word of mouth and referrals are received from other sex worker specific projects (e.g. the GAP project). As a result, the number of sex workers the clinic sees is increasing every year, with about 25 new registrations each year in addition to their regular clients. It was explained by the service that sex workers accessing the clinic were more likely to belong to the mid to high end of the sex market.

The GUM clinic has an informal referral pathway with one escort agency and they have attempted to make contact with several others but until very recently had received no positive responses from the owners.

Newcastle PCT and its GUM service have also started a women-only health drop-in service, called Just 4 Girls, in collaboration with Tyneside Cyrenians GAP Project and Lifeline (a harm reduction service) in a drug treatment centre in Newcastle. The need for such a service was identified through a series of pieces of work carried out by a number of partner agencies where it was recognised that many vulnerable and marginalised women, particularly those with problematic drug use and more chaotic sex workers, were not accessing drug treatment or health services. Home Office guidance also encouraged local health organisations to provide such services.

The service is currently being run on a trial basis for up to nine months and they provide:

- harm-reduction services and needle exchange (Lifeline);
- sexual health and contraception services;

- free condom provision;
- access to a GP;
- access to support services (GAP);
- The Freedom Programme (a domestic violence awareness and action course);
- drug assessment, referral and treatment services.

Currently, an average of eight women have accessed each session. They have taken a bottom-up approach to service delivery and are led by the needs of the client-group. Currently, they are considering providing dentistry and housing advice from the drop-in.

24/7 Gateshead Alcohol and Drugs Services – Harm Reduction

This is a service of Gateshead’s NHS Primary Care Trust (PCT) which is targeted at problematic drug users, particularly injecting drug users. 24/7 provides a range of services all provided from one building including: a needle exchange, substitute prescribing, smear tests, blood tests, brief interventions to address stimulant addiction, hepatitis B vaccinations and other general health services. The service is led by nurses and support workers but does include two GPs.

The service is unique in the region and an example of good practice as it provides everything under one roof, which is unusual for a harm reduction service. Their service users have a male to female ratio of 70:30, which is better than the ratio in drug services elsewhere which is usually 80:20.

The service also provides unlimited access to condoms, either by giving them directly or people can take them from a basket, which is essential when providing support for sex workers.

One of the support workers moved to the GAP project in Newcastle and she now brings their clients to Gateshead for harm reduction services. Again, a big advantage here is that all services are provided under one roof in a familiar setting.

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There are a number of service users who have disclosed they are sex workers. The clinical manager of the service was involved in the Voices Heard research and as a result of that involvement, service users who have previously not disclosed they were sex workers, have disclosed. These women are encouraged to access the range of healthcare services available, particularly the hepatitis B vaccinations.

The clinical manager also carries out a one-day training event to frontline agencies on a quarterly basis about issues surrounding sex work, particularly about how to ask service users the questions about if they are a sex worker. This is now a mandatory requirement on the National Drug Treatment Monitoring System (NDTMS) when at the triage stage with a new service user but a question that is often overlooked or not asked sensitively.

The Women's Project in Sunderland

The Women's Project is implemented by Counted 4 which is a Community Interest Company based in Sunderland. It was founded to develop a full range of treatment options for people who misuse substances including opiates, 'crack', cocaine, stimulants and alcohol. It is led by an integrated team drawn from health, social care and the third sector

The Women's Project has information that 71 of its female caseload have engaged in sex work at some point in their drug careers. The project has recently been successful in employing a full-time activities' coordinator, has a specialist midwife and a key worker for two days per week. The project provides condoms, needle exchange, diversionary activities, crisis intervention, counselling and group work for female drug users. It is an outreach-based project and women are seen wherever they feel most comfortable, for example, within the local community, a local drug service or in their own home. Fast-track prescribing and clinical interventions are provided through a partnership between the project and Wearside Substance Misuse Service. Women have direct, fast-track access to hepatitis testing, immunisation and health assessments. This is generally done out of hours and in community settings.

The project is well attended and has been built on trust, developed over time, between the project and the women. Workers also make appointments for the women with different agencies such as housing, GUM clinics, the CAB, welfare rights, the Police, solicitors and dentistry services. Project staff generally accompany clients or attend on women's behalf if they are unable to attend. The project now has nine volunteers, some of whom have been service users and several are starting courses at Sunderland University.

The following is a case study of a successful referral to the Project.

Case study: successful referral to the Project

[Name] is a 24-year-old female Sunderland resident. She was referred to The Women's Project in March 2006 by her friend. [Name] had been in the care of the Local Authority since the age of three after being removed from the family home due to physical and sexual abuse by both parents. [Name] first started sex work at the age of 14 where she was paid in alcohol and drugs. At the age of 15, [name] and her friend were raped by five men who were on a stag party. *'This threw [name] into deeper and harder drug use. She discovered heroin and benzodiazepines and then later crack cocaine.'* She ran away from the home at the age of 16 and never returned. She has had no contact whatsoever with Social Services since.

[Name] had no faith or trust in authorities and viewed the drug services as being associated with Social Services and would not access them. She funded her drug habit through sex work and eventually joined up with an escort agency. After being raped again by a customer, she was unable to work and eventually became homeless. She became severely depressed and attempted suicide.

[Name] was referred to The Women's Project by her friend who she shared a tent with in the local park; she had just started sex work again after being caught shoplifting. On first meeting the volunteers, [name] was extremely suspicious and did not trust the project. The Women's Project started working with [name], first by delivering clean injecting equipment, condoms and food to her tent. The Women's Project visited her tent six times a week for around three months.

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[Name] started to attend diversionary activities although her attendance was erratic due to drug use. Through one of The Women's Project partners, the project was able to get [name] to see a prescribing GP in the local leisure centre and was offered substitute prescribing. [Name] had hepatitis B immunisations and tested positive for hepatitis C. Many months of intense work started with securing a tenancy with a local housing provider, assistance with benefits, self esteem building, one-to-one counselling eventually leading to group work and creative therapy. She started combination therapy for hepatitis C in November 2006 and had confirmation of successful treatment in May 2007.

After 12 months of attending the project, [name] went to a local college and started learning to read and write; she also did a level one and two cookery course with The Women's Project and learned how to cook for herself and take care of her home.

[Name] says 'If you told me two years ago I'd be at college, could read and write, have my own flat and even have some friends I would never have believed it. I know I still have a long way to go but I know I will get there. I am still going to counselling to try and deal with my past, but now I try and look forward to the future. I know I have people who believe in me and I know that is what makes it all worth it ... it's the little things that make the difference like someone remembering my birthday and no one's ever done that before. I know I can get help whenever I need it and there's always someone at the end of the phone. I only hope that other people can get the help that I have. I am happy and I never thought I'd say that.'

Northumbria Police

As an addition to this section, it was thought useful to include the position of Northumbria Police.

There are certain key individuals within Northumbria Police, both at the Force and Area Command level, who have carried out a significant amount of work around sex work and sexual exploitation.

However, sex work is not a priority for Northumbria Police nor does it have a Home Office performance indicator associated with it. Organised crime is a priority and so if a connection can be made with prostitution then it becomes a priority. In 1994, Northumbria Police's Vice Squad was disbanded and the Officers put to work in other areas. Northumbria Police currently has one Police Constable and an Intelligence Analyst who manages the intelligence on sex work (in addition to other duties). The Public Protection Unit at both headquarters and at the Area Command level covers the sexual exploitation of children.

Operations Pentameter 1 and 2 attempted to identify trafficked foreign nationals working in North East brothels and targeted premises in Cleveland, Durham and Northumbria from January 2006 and again in October 2007. Pentameter 1¹⁷ found two foreign women working as individuals and 12 women working from brothels, including Eastern Europeans, Kenyans and Namibians. There were no significant arrests or action taken in the Northumbria Force Area.

The Police response is based on reported incidents: if they receive few or no reports then response will be minimal. Due to the nature of much adult sex work being linked to other criminal activities, mainly class A drug use, then it is unsurprising that there are few incidents reported (e.g. if a woman is violently assaulted whilst engaged in sex work to enable her to pay for drugs, she is unlikely to make a report). Where incidents are reported, they tend to be nuisance reports of excessive parking or traffic on a residential street because of a brothel.

Many of those interviewed were concerned by what they saw as an ineffective Police response to the sexual exploitation of under 18s. This again is linked to the tendency of non-disclosure by the young people as illustrated by this example:

'The Police had a report of one young person in a flat who was being sexually exploited ... [when they visited the flat] and they saw another two young people who were from the looked after system in Gateshead that were known to the Police, but they couldn't do anything about it because they weren't reported.'

¹⁷ The results of Pentameter 2 are pending.

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Offences linked to sex work and sexual exploitation

The following list presents offences related to sex work and the sexual exploitation of children.

- Keeping a brothel (Sexual Offences Act 1956, Section 33)
- Loitering or soliciting for prostitution (Street Offences Act 1959, Section 1)
- Kerb crawling (Sexual Offences Act 1985, Sections 1 and 2)
- Arrange or facilitate commission of a child sex offence (Sexual Offences Act 2003, Section 14)
- Meet child following grooming (Sexual Offences Act 2003, Section 15)
- Paying for sexual services of a child (Sexual Offences Act 2003, Section 47)
- Cause or incite child prostitution or pornography (Sexual Offences Act 2003, Section 48)
- Control a child involved in prostitution or pornography (Sexual Offences Act 2003, Section 49)
- Arrange or facilitate child prostitution or pornography (Sexual Offences Act 2003, Sections 50 and 51)
- Causing or inciting prostitution for gain (Sexual Offences Act 2003, Section 52)
- Controlling prostitution for gain (Sexual Offences Act 2003, Section 53)
- Penalties for keeping a brothel used for prostitution (Sexual Offences Act 2003, Section 55)
- Trafficking into the United Kingdom for sexual exploitation (Sexual Offences Act 2003, Section 57)
- Trafficking within the United Kingdom for sexual exploitation (Sexual Offences Act 2003, Section 58)

What do we learn from these services?

We learn a series of noteworthy lessons from the service response outlined in this section.

- Targeted outreach is the most effective way of engaging sex workers and current generic professional positions are generally unable to identify and work with this group.
- Charitable trusts and foundations are instrumental in funding services to sex workers. This is a historical position, where philanthropic institutions donate funds and commission services to vulnerable and marginalised groups. It is fair to say that the services we find, particularly in Newcastle, would not exist if it was not for the involvement of churches (particularly St Andrews and Brunswick Methodist) and a range of charitable funders (particularly the Northern Rock Foundation). These groups have also attempted to move the subject up the local political and policy agenda.
- A group of committed individuals is critical to the development of services and the debate around sex work. This is necessary to counter the many instances of resistance to investigating markets, sharing findings and creating services and developing a policy response.
- Despite the HIV campaigns of the 1980s, condom access continues to remain an issue leading to both public health and personal risk dangers. Condom access from most services is restricted to around a dozen per person per visit. Condoms are expensive to buy and if the worker has many punters then the additional cost will come way down on their list of priorities. There is also the stigma attached to buying lots of condoms from one shop.
- There are capacity issues for both voluntary and community sector projects listed here dealing with sexual exploitation and sex work. SCARPA has one full-time-equivalent project worker that manages a caseload of young people who are at-risk of sexual exploitation. As a result of the high level of input that is needed to work with these young people, the project limits itself to a maximum caseload of 10, where face-to-face contact will be had at least once a week and one quality communication is made each day via phone conversations or texts. However, some young people will be seen at least three times a week. SCARPA is involved with Complex

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Abuse Procedures which can result in several young people being identified in one instance as being in need of intensive support. Local research has also identified that sexual exploitation occurs throughout Northumberland and Tyne and Wear. Therefore, the level of need and incidence demonstrate that additional provision is needed. If such provision is to be provided through a generic social work response then existing social workers need considerable skilling-up if they are to effectively provide such a service. If the situation remains as it is then current mainstream provision will be inadequate to cater for the needs of those who are at-risk of sexual exploitation.

Similarly, the GAP project has a growing caseload of approaching 40 individuals distributed between two project workers, most of whom are extremely needy individuals who require a high level of support. If we are serious about providing routes out of prostitution as specified in the Home Office's strategy then additional resources are required.

This is also the current picture, up to 2010. At the end of this period, the charitable funding may run out for GAP and SCARPA and provision may cease. When existing charitable funding ends, provision may be affected unless some statutory funding is identified. Relevant commissioning frameworks include those of the PCT, local authorities, criminal justice agencies (Probation) and CDRPs (particularly Drug Support Units or Drug Action Teams) and there is much logic in sharing commissions across agencies.

6 Conclusion

We have conducted research into the sex market in Northumberland and Tyne and Wear and we have found significant evidence of a range of people involved and many different types of market.

What is the most concerning is the number of marginalised and vulnerable men and women who are involved. Sex work for this group is mostly linked to problematic drug use and consequently is associated with high levels of criminality, health risk both to themselves and others and risk of death and violence. As the peer-led research demonstrates and the reason for their name, this group is hidden to ensure their survival; most services are not aware that they exist, which is ironic as their needs are the greatest.

However, there are others involved in sex work who are more in control and more empowered and whose work yields considerable returns. In terms of service delivery, the needs of this group are very small. There are also those involved in the burgeoning mid-market who may also be drug users but equally may not be. This latter group are starting to become more visible and the GAP project has just started an escort support group.

It is worth mentioning that our classification is somewhat arbitrary and in real life things may not be so clear cut. For example, those from the high end of the market may gravitate towards the mid end, some of those in the middle may fall into the low, vulnerable end as their drug use spirals out of control.

We would like to conclude by quoting from the Voices Heard research:

‘We asked respondents what makes them happy outside of work and drug use, their answers are vast and wide ranging and to name a few include dancing, roller skating, ice skating, sewing, getting a shower, seeing children, spending time with the family, gardening, canoeing, walking, scuba diving, spending time with friends, fishing, walking the dog, painting, drawing, rugby and pool. In reality the general feeling was that the respondents did not spend a great amount of time doing things which made them happy, concentrating more on survival, one person said *‘I used to go into dancing*

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competitions and I used to love it, I can't do it anymore cause I've got track marks up my neck and I'm completely ashamed of myself. Other respondents said that they could not remember a time in their lives when they had been happy, with others reporting drugs as the only thing that brings them close to happiness. Three respondents cited '*nice punters*' as something that 'makes them happy'. (Voices Heard, 2007, pg 72.)



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