

## **Home Office Research Study 268**

# Vulnerability and involvement in drug use and sex work

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*The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).*

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# Foreword

This report is one of five research reports published as part of the Vulnerable Groups Research Programme. The central focus of the programme was to investigate patterns of drug use among groups of vulnerable young people and their access to services. Each project focuses on a different group of vulnerable young people, who tend not to be included in general population surveys. The project reported on here concentrates on young people involved in sex work. The four other projects examine: young people leaving care including runaways; homeless young people; young drug users who are in contact with juvenile drug services; and young people in contact with youth offending teams. Many of the young people across these projects are likely to have had similar backgrounds and vulnerabilities. A number of the studies explore this area and the degree to which the young people are in fact the same population caught at different points in their lives and via different services.

Vulnerable and socially excluded young people involved in prostitution tend to be a hidden population. This study aims to build on existing knowledge of the complex relationship between drug use and routes in and out of sex work. It examines what links drug use and prostitution for young people, and what circumstances influence exiting from problem drug use and sex work. The authors suggest that the shared environment of problem drug use and sex work may link together and become mutually reinforcing. They systematically analyse the factors, which particularly when working in combination, were seen to trap young people, offering them little opportunity to exit either problematic drug use or sex work.

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## Executive summary

Recent academic, policy and campaign literature on commercial sex acknowledges differences between adult and child involvement in prostitution. Adults who sell sex have sought to legitimise an occupational conception of prostitution by re-naming it 'sex work'. Guidance published by The Department of Health (2000) *Safeguarding Children Involved in Prostitution*, calls for those aged under 18 and involved in prostitution to be treated as victims of abuse. This report accepts these distinctions and investigates:

- vulnerability amongst young prostitutes;
- relationships between sex work and drug use; and
- opportunities for exiting sex work and/or drug use.

The report is based on research conducted by the authors at Imperial College and South Bank University between April 2001 and October 2002. Data were gathered from 125 participants with experience of both sex work and drug use. The mean age of participants was 26.7 years; range 16-64 years. Participants responded to both a brief questionnaire and a depth interview. Quantitative and qualitative data were analysed to build on knowledge of the relationships between drug use and routes into and out of sex work.

### Findings on mutually reinforcing vulnerabilities

Sex work and drug use may be mutually reinforcing such that 'exiting' becomes more difficult. Their mutually reinforcing potential is strengthened where individuals are exposed to 'trapping factors':

- involvement in prostitution and/or 'hard drug' use before age 18;
- sex working 'outdoors' or as an 'independent drifter'; and
- experience of at least one additional vulnerability indicator such as being 'looked after' in local authority care or being homeless.

Participants who had been exposed to none of these trapping factors were independent, business orientated and held positive attitudes towards their sex work. The mean age of participants in this group was 27, with none aged under 18. Clients found sex workers in these sectors via adverts, the internet, and local knowledge of sex work premises. None of

the participants in this group reported a current drug problem and of the handful that reported past drug problems, these problems were relatively minor and connected to recreational drug use. Non-vulnerable sex workers without current drug problems saw exiting sex work and/or drug use as readily achievable, but exiting was not a goal chosen by all.

The more 'trapping factors' participants had been exposed to the greater their potential to reinforce vulnerability. The most vulnerable and most damaged participants in this study were exposed to all three 'trapping factors'. They shared the following characteristics.

- They were young. The mean age of first prostitution for this group was 13.8 years.
- They were problematic drug users. Once addicted, they continued to be involved in prostitution to fund their habits.
- They were girls.
- They were likely to have been 'looked after'. Seventy-eight per cent of this group had been 'looked after' by their local authorities. Of these, 71 per cent were living in, or running from local authority care when they first prostituted.
- They had supported at least one 'boyfriend's' problematic drug use.

### ***Recommendations***

To prevent children being abused through prostitution this study makes the following recommendations.

- It recommends making the most of opportunities to identify children at risk for involvement in prostitution. These children are often already in contact with services.
- It recommends pursuing and prosecuting the child abusers who pay children for sex.
- It recommends that future research investigates the feasibility of a licensing system for sex work premises. Under such a system child labour would be prohibited.

### ***Findings on 'exiting'***

Participants who showed progress in exiting at interview had been similarly exposed to 'trapping factors' as those who had shown no such signs of exiting. Differences between these two groups revealed what works to break the links between sex work and problematic drug use. Recommendations for policy development, aimed at breaking the links between problematic drug use and sex work, are derived from these differences: 'what the 'exiters' did'.

The two most important factors for exiting are: separation of private and commercial sex; and not having problematic drug use as the principal motivation for sex work. In addition, ending problematic drug use as a motivation to sell sex and separating private and commercial sex are themselves potential harm reduction measures. Above all else, freedom from problematic drug use was key to freedom from multiplying vulnerabilities. Successful treatment for drug use led to exiting sex work where sex work had been principally a means to fund drug use. Successful treatment for drug use in the case of these sex workers was strongly linked to residential separation from the drug selling markets that share pavement space with sex markets. The strength of links found in this study between 'outdoor' and 'independent drift' sex work and problematic drug use were overwhelming. It was concluded that these sex work sectors are so characterised by experience of vulnerability that they may serve as a site for reinforcing these vulnerabilities.

To counter the reinforcing of vulnerabilities that young people experience in environments where both sex work and drug use take place, interventions need to break the connections between these two activities. It is important when designing these interventions that they also contribute to reducing harm for sex workers and their clients. Such interventions could have the following goals:

- to reduce drug consumption amongst sex workers and their clients;
- to promote sexual safety via safer sex with paying partners; and
- to ensure that safer sex practices and personal physical safety are not undermined by the effects of drug use or by reduced capacity for physical control.

### ***Recommendations***

The aim of our recommendations here is to break the connections between sex work and drug use.

- to dissuade sex workers from using drugs with clients, and
- to discourage sex working with clients when under the influence of drugs

One avenue that could be explored in separating sex work and drug use would be to increase the regulation of sex work premises. Future research could explore the feasibility of licensing sex work premises. Under such a system, a condition of the license could be that drug supply or possession would not be tolerated. For example any license would be rescinded where drug dealing or repeat offences for possession occurred.



## Youth prostitution prevalence

Vulnerable and socially excluded young people involved in prostitution are likely to be a hidden population. Research and official figures used to estimate prevalence must be seen in this light. Despite this lack of hard data on the numbers of young people involved in prostitution however, we can be confident that youth prostitution does occur in Britain. Home Office figures show that between 1989 and 1995 a total of 2,380 cautions were issued and 1,730 convictions secured against under 18s involved in prostitution in England and Wales. This represents approximately ten per cent of females arrested for soliciting in England and Wales during this period (Duffin and Beech, 2000). Of 369 females arrested for sex work related offences in 1992, 13 per cent ( $n=47$ ) were under 18 (Boyle, 1994). As Moore and Rosenthal (1993) point out however, arrest and court statistics are also notoriously unreliable as indicators of the incidence of youth prostitution. With the introduction of *Safeguarding Children Involved in Prostitution* (Dept. of Health, 2000), police statistics will be even less useful for measuring youth prostitution. This document directs the police to treat children involved in prostitution as victims and as such they will not be counted in offender statistics.

Bluett and colleagues (2000) estimate that in any one year there are 2000 young people involved in prostitution in the UK, with one third of them aged under 16 and 200 to 300 of them in London. London Streetwork Project report that of 171 young people under 18 taken into police protection from 1st January 1999 to 31st June 1999 in the West End Central police area, 36 were 'known prostitutes' and three others were 'found in red light areas'. In a private communication, these service providers report that West End voluntary agencies estimate 20 to 30 young men and women aged under 16 are involved in prostitution at any one time.

Research amongst adult sex workers consistently shows a majority were under the age of consent when they first prostituted. Skidmore (2000) found the most common age of first street prostituting to be between 12 and 15 years old. This survey also found that half of these young people had had no sexual experiences prior to prostitution. Pearce and Roach (1997) interviewed 46 female sex workers. Twenty-seven per cent of them said they were between 13 and 16 years of age when they started work and 75 per cent of them said they started working before the age of 20. In research with The Children's

Society, Melrose and colleagues (1999) interviewed 50 sex workers. They found 64 per cent of the sample had become involved in prostitution before they could legally consent to sex. The youngest children became involved in prostitution aged 11. Forty-eight per cent were involved in prostitution before they were 14. Seventy-two per cent of the interviewees said that they thought there were more children on the streets than when they started out.

## **Vulnerabilities**

### ***Aetiology***

A great deal has been written on sex work career entry with earlier writers discussing engagement in sex work as a 'pathology' (Coombs, 1974; Davis, 1981; James, 1976). Suggested psychological predisposing factors include: latent homosexuality; oedipal fixation; retardation; low intelligence; emotional disturbance; sex role confusion; and poor self-image. Psychiatrists, psychologists and sociologists have, between them, assembled a wide variety of social and psychological variables, which might predict or even cause individuals to become involved in sex work. The long-standing debate in the literature on the question of what 'causes' or 'predicts' involvement in sex work continues. In recent years however, attention has shifted away from individual pathology and towards attention to social and situational factors (Barrett, 1994; Coleman, 1989; Jesson, 1993; Kirby, 1995; May *et al.*, 1999; Melrose *et al.*, 1999; Seng, 1989; Shaw and Butler, 1998; Silbert and Pines, 1983; Yates *et al.*, 1991).

Situational factors said to underlie motivations to sell sex include: various implied imperfections in the raising of children such as 'broken homes'; parental (especially maternal) promiscuity; family conflict; disrupted family lives; deprived socio-economic background; social class; parents who were poor models of behaviour; parents who deprived their children of affection; childhood experience of parental abuse or neglect; approval or tolerance of sex work in the immediate social milieu; distancing from family influence and disapproval; early sexuality; unstable personal biographies; poor work histories; problems at school; membership of young offender peer groups; unemployment; and lack of vocational skills.

Emotional states said to be involved in decisions to sell sex include: a desire to take control of one's life; the development of a strong independent personality; a desire to gain the attention and acceptance of adults; the experience of labelling; and what Shaw and colleagues (1996) call 'a mix of coercion and comfort'.

Particularly strong correlates of youth prostitution appear to be homelessness; running away; experience of life on the street; a desire for money especially where linked to drug use; and being 'looked after' in local authority care.

It is important to establish that although there are many risk factors and predictors of entry to sex work, authors virtually never argue that any of these variables *directly* causes an individual to become involved in sex work, nor that any of these factors are *necessary* for entry into sex work. Hot debates however, do continue about the nature of correlations between children's experience of sexual abuse and their subsequent involvement in sex work. Some authors such as McMullen (1987) hypothesise a direct causal link in which abuse produces loss of self-worth, indifference to treatment and in which abuse is seen as rehearsal for sex work. Others, such as West and de Villiers, (1992) argue that any causal link is indirect with intervening connections such as running away, living in local authority care, or indulgence in risky or adventurous activity (such as adolescent crime sprees) having an associating role. This 'indirect causation' model considers child prostitution a survival strategy. Still other writers have questioned connections between sexual abuse and sex work. Widom and Ames (1994) write:

*there is an assumption in the literature that there is a direct pathway between being sexually abused as a child, becoming a runaway as an adolescent and then becoming a prostitute as an adult. This study provides clear support for the first part of this relationship: that is, abused and neglected children in general are significantly more likely to be runaways than control children... These findings do not provide support for the notion that there is a direct causal link between childhood victimisation, becoming a runaway and in turn becoming an adult prostitute. The adults arrested for prostitution were not the runaways in this sample.*

(Widom and Ames, 1994: 312)

Nadon and colleagues (1998) compared young sex working women with a control group of women matched for background and situational factors but not involved in sex work. The sex worker sample were no more likely to have suffered childhood abuse or family disfunction, but were more likely (87% compared with 61%) to report having run away from home.

Whatever the power of personal experience to incline a person towards involvement in sex work, this can still only be possible in specific cultural conditions. The phenomenon of commercial sex has the sexual double standard, poverty and an unequal labour market as prerequisites. It should not be expected that sex work will either disappear or occur with

equal frequency in men and women whilst these aspects of inequality continue. What a civilised society should be able to organise is that the burden of these inequalities which underlie commercial sex, should not be carried by children.

### ***Mechanics of introductions***

Within discussion of sex work aetiology there is some attention to how the mechanics of introduction might operate. Just *how* does a young person move from conformist to novice prostitute? The most common route to experience appears to be via introduction by a friend (Jesson, 1993; O'Neill *et al.*, 1995). Matza's (1964) model of delinquency and drift, and Sutherland's concept of differential association (Sutherland and Cressey, 1978) may however, have wider applicability than the Barnardo's model of coercion and pimping promulgated by Swann (1998). Swann's archetype young prostitute becomes involved through what appears to be a boyfriend: 'ensnaring'; 'creating dependency' by cutting off other contacts; 'taking control' by locking the young person indoors; 'using violence'; and 'introducing drug use'. This grooming process continues until the young person 'blames herself'. At this stage of the model, Swann points to the difficulties which young people in this situation have in admitting that the relationship has become abusive. In the final stage, 'total dominance' is achieved when the 'boyfriend' – more properly the abusing adult – requires the young person to prostitute herself with 'his friend' – more properly the child sex offender. The picture of power abuses painted by this model is chilling and is based on Barnardo's experience of working with young people who have been abused through prostitution. It must be remembered however, that Barnardo's is a charity and that this depiction was written as part of their 'campaign to raise public awareness on the issue' (Barnardo's, 1999). While there is no doubt that young people do become involved in prostitution in these ways, the current study will aim to uncover a wider range of routes into sex work. The study will be particularly careful in considering evidence of malicious coercion, as we are unaware of any research that includes testimonies of abusers or pimps.

### ***Local authority care, running away and homelessness***

Experiences of living in local authority care, running away and homelessness are strongly correlated with young people's entry into prostitution (Benson and Matthews, 1995; Boyle, 1994; Kirby, 1995; O'Neill, 1997; Shaw and Butler, 1998; Stiffman *et al.*, 1988; Yates *et al.*, 1991). The particular aspects of vulnerability which these experiences share are poverty, separation from parental care and exposure to life on the street with its attendant opportunities for learning alternative means of survival.

The factors that lead a young person to being placed in care, may of course contribute to their vulnerability to prostitution. However, the experience of living in care itself is said to put young people at particular risk of entry to prostitution because of the social stigma, marginalisation and 'otherness' related to being in care (Kirby, 1995). Living in care, young people are often exposed to peers who can introduce them to and advise them on the local prostitution scene.

The weak position of young people leaving care is also suggested as a factor underlying high correlations between having been in care and prostitution. Stiffman and colleagues (1988) describe how many young people leave care aged 16 with mental and physical health problems and with fewer skills and educational qualifications than other young people. They have far fewer sources of emotional support, and in a study at Centrepoint in London by Kirby, (1995) few reported being given advice or training on specific independent living skills. As Pitts, (1997) comments on Kirby's findings:

*this had the effect of putting onto the street ill-prepared, poorly educated and emotionally fragile young people, many of whom had been received into care in the first place because of abuse, neglect, self-harm, or their violent or aggressive behaviour.*

(Pitts, 1997: 147)

Focusing on the 'reasons' young people give for their involvement in prostitution, rather than searching for 'causes', Streetwise Youth in London found 80 per cent of a sample of young prostitutes beginning prostitution due to 'a severe or desperate shortage of money' (Bluett *et al.*, 2000). A desire to escape poverty and a lack of opportunity to do so by any other means may lead many young people into prostitution. State benefits were withdrawn from young people under the age of 18 living away from the parental home in 1988. Their plight worsened with the 1989 Housing Act, which changed board and lodgings regulations and tightened up funding arrangements for housing association hostels.

## **Problematic drug use and sex work**

Authors have long discussed the effects of various drugs to hinder or facilitate sex work (James *et al.*, 1979; Miller, 1995; Philpot *et al.*, 1989; Silverman, 1982). Sex workers' use of drugs, especially amphetamines to cope with the long and late hours of sex work have also been described (Barnard *et al.*, 1993; Donovan, 1984; de Graff *et al.*, 1994; and Miller, 1995). On the other hand, it has been suggested that the use of

drugs by sex workers at work may increase their vulnerability to violence. Barnard (1993) and Cusick (1998) point out that violence to female sex workers at work is common and is more strongly associated with environments where sex workers have least autonomy.

### ***Order of involvement in drug use and sex work***

Sex and drugs are so commonly linked in our culture and language that we may assume that they are connected without understanding why or how this might be so. In relation to commercial sex, these activities are particularly assumed to be problematic, morally offensive and mutually reinforcing. There is a long-standing debate about the order of involvement in drug use and sex work (Frischer *et al.*, 1993; Goldstein, 1979; de Graff *et al.*, 1995; Miller, 1995). Adler (1975) suggests that drug use and sex work may simply be simultaneously occurring elements in a 'deviant' environment – that their joint status as hidden/illegal activities is their true link. Alternative explanations of adult sex work are as likely to suggest that pre-sex work drug use is as frequently experienced as pre-drug use sex work. Melrose *et al.*, (1999) argue however, that amongst younger sex workers, pre-sex work drug use is more frequent. May *et al.*, (1999) also point out that adult sex workers who work to fund a habit and younger sex workers are often found working in the same areas. They describe these street areas as 'dark' and '[drug] user friendly'. They comment:

*we have interviewed a large number of young people who routinely sell sex for the price of a rock of crack. Half started sex work whilst still minors.*

(May *et al.*, 1999: 6)

Melrose *et al.*, (1999) add to this their finding that heroin, crack and amphetamine use appears to be higher amongst younger sex workers than those aged 26 or above.

### ***Sex work and criminal careers***

Sharpe's (1998) research on the criminal activities of female sex workers suggests some strong relationships between involvement in sex work and both acquisitive and violent crimes. Eighty-two per cent of the 40 female sex workers she interviewed had criminal records for offences other than those relating to sex work and 60 per cent of these had committed another offence before they had begun selling sex. May *et al.*, (1999) reported similar findings. Sixty-three percent (n=42) of their sample had been to prison for theft, burglary, robbery, drug offences and crimes of violence.

### *Criminalising youth*

The Criminal Justice System that sets fines for soliciting has been ridiculed for increasing the need for sex workers to solicit (Benson and Matthews, 1996; Edwards, 1997). This has been particularly criticised as a punitive response to young people involved in prostitution (Lee and O'Brien, 1995). Several writers point out that vulnerable young people fear that the police will return them to accommodation where they have been abused (Adams *et al.*, 1997) or which they find so abhorrent that they would rather prostitute themselves and live on the streets (Lee and O'Brien, 1995). Lee and O'Brien point out that:

*if young people involved in prostitution perceive themselves as offenders they may be less likely to identify themselves as victims even though they are in need of police protection or other professional assistance.*

(Lee and O'Brien, 1995: 49)

It is to be expected that it will take time for the police to develop trust and a reputation for caring with these young people who may have learned to distrust the police on the basis of earlier policing policy.

### **'Trapping' and 'exiting'**

#### ***New guidance***

*Safeguarding Children Involved in Prostitution* is the guidance issued by The Department of Health, The Home Office, The Department for Education and Employment and the National Assembly for Wales in 2000 as supplementary guidance to *Working Together to Safeguard Children* (1999). It is guidance for an inter-agency approach by:

*the police, health, social services, education and all other agencies and professionals that may work with children about whom there are concerns that they are involved in prostitution.*

(Dept of Health, 2000: 4)

It applies to young people of both sexes aged under 18. It is issued under section 7 of the Local Authority Social Services Act 1970 and as such it must be complied with unless there are exceptional local circumstances which justify a variation. The main points of the guidance are as follows.

- Children involved in prostitution are to be treated as victims of abuse and regarded as children in need.
- Local authorities will need to develop inter-agency protocols for dealing with child prostitution.
- Key agencies include social services, the police, health authorities, education, youth services, probation, Crown Prosecution Services and local authority agencies.
- Multi-agency discussions involving players from key agencies must be held immediately in response to concerns that a child is involved or is at risk of being involved in prostitution.
- The child's immediate safety is to be considered. A child protection enquiry should be arranged and criminal investigations considered.
- The multi-agency group should devise a support and exit strategy tailored to each child's needs. The strategy should include providing accommodation, therapy, leisure, education and training.

#### *Discovering young people involved in prostitution*

*Safeguarding Children Involved in Prostitution* (Dept. of Health 2000) identifies ways in which young people's prostitution may be discovered. Taken together these represent a list of risk factors for youth prostitution of the type discussed above under aetiology; indicators of sexual activity plus the results of police investigations. They include relationships with older people, absences from home or school, drug misuse, sexually transmitted infections, requests for contraception or pregnancy termination. With regard to the aetiological risk factors – relationships with older people, absences from home or school and drug misuse – the guidelines outline responsibilities for parents, carers and professionals who may discover youth prostitution to report the discovery and to safeguard the child. With regard to indicators of sexual activity – sexually transmitted infections, requests for contraception or pregnancy termination – professionals are directed to local Area Child Protection Committee (ACPC) procedures with appropriate approaches to counselling and confidentiality. Police activity likely to discover youth prostitution again refers to aetiological risk factors – investigation of drug offences and execution of search warrants (indicative of other criminal activity as a risk factor for youth prostitution) – and again the guidelines outline reporting and safeguarding responsibilities.

For all of the professionals guided to discover and respond to youth prostitution in *Safeguarding Children Involved in Prostitution* (Dept. of Health, 2000) the main emphasis is on multi-agency approaches. However, the police will be the main players in moving from the previous policy of treating young people involved in prostitution as offenders to treating them as victims of abuse. The activities of the police are also acknowledged as influential in

controlling the forms of commercial sex that exist in a local area (May *et al.*, 1999). Through this influence they are seen as having particular opportunities to know about and restrict the extent of youth prostitution. May and colleagues (1999) describe opportunities for the police to divert sex workers from street to off-street locations. If the police warn owners and managers of indoor sex markets that they will lose their business licences should drug use or young prostitutes be discovered on their premises, then the owners and managers are readily co-opted to help control the age and drug use opportunities of sex workers. Another police strategy created a post for a WPC liaison officer whose responsibilities were to:

*provide some continuity and consistency in prosecutions against sex workers, whilst offering them a degree of support. She carried out referral work to appropriate agencies; and alongside processing sex workers through the criminal justice system, she was the first point of police contact when workers had been the victims of assault or sexual offences, accompanying them to court if they needed support as witnesses.*

(May *et al.*, 1999: 26)

## **Services**

Throughout the literature, service harmonisation is recommended as the way forward for all professionals working with young people who are involved or at risk of becoming involved in prostitution (Barrett, 1997; Brain *et al.*, 1998; Christian and Gilvarry, 1999; Melrose *et al.*, 1999; O'Neill *et al.*, 1995; Schissel and Fedec, 1999; Shaw *et al.*, 1996; Shaw and Butler, 1998; Swann, 1999; Yates *et al.*, 1991a). Despite broad agreement that professionals need to work together to prevent youth becoming involved in prostitution and to react appropriately to youth who are involved, there is considerable variation in opinion as to the best form of service delivery. There are a host of hypotheses that might explain why existing services are rejected by many of those they purport to serve, and difficulties are described in the practical detail of 'working together'. In reaction to this, of course, there are many suggestions for improvements from professionals with experience of working in this field. Each of these issues is discussed in a little detail below.

### *Variation in opinion as to the best form of service delivery*

Schorr (1989) recommends that to be effective, programmes for 'at-risk-youth' should be, comprehensive, intensive, flexible, and possess staff who are skilled in forming relationships based on mutual respect and trust. Similar lists of guiding principle descriptors have been assembled elsewhere (Altschuler and Armstrong, 1991; Palmer, 1983). Such principles, like the idea that a multi-disciplinary approach is appropriate for serving the needs of vulnerable

youth are, as far as we can discover, never disagreed with. Difference of opinion is found with the mechanics of delivery and to a lesser extent, what is to be delivered. Immediate responses from social services and local authorities to news that a young person is at risk tend to be to physically remove the young person to either secure accommodation or a/another residential unit (Hayes, 1996). Jesson (1993) concludes from her study of a Midlands local authority that:

*social work responses tend in the main to be punitive, in the sense of controlling the young woman's social freedom and residential movements.*

(Jesson, 1993: 528)

Statutory agencies are perceived as untrustworthy by many young people. (Christian and Gilvarry, 1999)

Writing on the topic of 'a foundation for practice', Shaw and Butler (1998) recommend a holistic social work response because, they point out, young prostitutes have similar needs as young homeless people and drug users. They argue that separate services for narrowly defined groups isolate those they seek to serve. On the other hand, Maclver (1992) argues that a service specially for sex workers is attractive because service users do not need to either hide or explicitly discuss their occupation when asking for sexual health checks, legal or housing advice. That this is taken-for-granted in specialist services for sex workers removes the burden of coming-out to service providers.

In the voluntary sector, universal accessibility to services and advice backed up by appropriate referrals are described as the keys to success (Hayes, 1996). Harm reduction is the dominant approach and this is often delivered by outreach teams, nominated staff or peer educators. The Department of Health indicated, however, that adolescents need to increase their autonomy and independence in personal decision making and that this may be contrary to the experience of accepting advice from others (Department of Health, 1994, quoted in The Children's Society, 1997).

With regard to discussion on *what* services are to be provided for young people involved in prostitution, most writers agree that there are a host of generic needs which young prostitutes have in common with other vulnerable young people. These include accommodation, food, money, education, employment, health care, counselling, legal advice and leisure activities. Disagreement appears most common on the hierarchy of the specific needs of sex workers. Most services for sex workers prioritise sexual health services. However, as Green *et al.*, (1997) argue:

*in situ* HIV and sexual health work is not generally a major priority for female sex workers who often have many other multiple needs that take priority, such as homelessness, violence, drugs and poverty

(Green *et al.*, (1997: 97).

*Why existing services are rejected by many of those they purport to serve*

Adams *et al.*, (1997) describe how young people involved in prostitution avoid statutory agencies because they fear being returned to violent homes. Children's evidence of violence, these authors point out, is less likely to be believed than that given by adults. The result is that children who might look to the police or social services to protect them, are left to the mercies of abusing adults. Furthermore, vulnerable children may avoid contact with services because they fear losing face (Shaw and Butler, 1998). On the street, a reputation for being able to cope, 'being hard' or 'streetwise' is important for a young person lest s/he is seen as either 'a grass' or weak – either of which are liable to result in further bullying and danger.

*Difficulties in 'working together'*

Problems of partnership classically include those of leadership, ownership and co-ordination of all of the elements of the collaboration. Establishing the multi-agency approach required under the *Safeguarding Children Involved in Prostitution* (Dept. of Health, 2000) guidance has in addition, required the planning and implementation of local protocols which must cohere with local ACPC protocols. On the local level, disputes have arisen on such disparate topics as funding, responsibility, information sharing and the role of adult sex workers in preventing youth prostitution (Barnardo's, 2000).

*Suggestions for service improvements*

Christian and Gilvray (1999) suggest that young people should be involved in the development of services which are to target them. In terms of *how* these services might be delivered, these authors also note that since young people are heavily reliant on their peers for direction and identification, that group work approaches may be particularly effective. In terms of *what* services these young people need, a new and more flexible approach to accommodation needs appears high on many agendas. Bluet and colleagues, (2000) describe a need for intensive supported accommodation as well as specialist accommodation. Elsewhere, the range of proposed services appears to be growing as holistic responses are recognised as appropriate. This may reflect a more widespread pattern of change in service delivery style. It may equally be evidence of our increasing awareness of young people as simultaneously in need of more than just protection and control. However, Barrett, (1997a) concludes that:

*teenage prostitution is essentially an economic problem which requires a serious and sustained political response.*

(Barrett, 1997a: 31)

In this case, suggestions that focus on service improvements are likely to have only a limited effect in tackling these issues.

### **Exiting**

Melrose and colleagues, (1999: 50) note from qualitative research with adult sex workers that relatively few of their participants made any 'conceptual distinction between working as a prostitute as a child and working as an adult'. They conclude from this that there was 'little difference in the experiences involved' and that:

*therefore it is an assumption that something is wrong for child prostitutes that is not also wrong for adult prostitutes.*

(Melrose *et al.*, 1999: 50)(emphasis added)

Whilst the current study does not attempt to address 'what is wrong with' adult sex work, it does make assumptions that there is some additional thing wrong with child prostitution. It assumes that sex with a child is abuse, that children are entitled to protection from abuse and that adults who sexually abuse children are sex offenders. A main focus of the current study will be to discover what circumstances and/or experiences of services influence exiting from sex work and drug use. It will not assume that all young people involved in prostitution will necessarily *wish* to exit prostitution or that those using drugs will *wish* to stop using drugs. It will, however, aim to discover whether and how vulnerable young people develop resilience and cope with their experiences and how their experiences shape their maturation to adulthood.

### *Exiting as a process*

Just as the uptake of careers in drug use and commercial sex can be understood as contingent processes rather than absolute states of conforming or rule breaking behaviour (Becker, 1973) so 'exiting' can be seen as a process rather than a once-and-for-all event (Ebaugh, 1988; Mansson and Hedin, 1999). The remaining academic literature on 'exiting' which focuses on youth prostitution and drug use deals chiefly with intervention procedures (Green, 1993; Yates *et al.*, 1991a) and reflects the literature on 'services' reviewed above.

***End to youth prostitution unlikely whilst youth are in economic hardship***

Overall, the literature on exiting adequately outlines step-wise process models and recommends principles for action to decrease youth vulnerability. Johnson and colleagues (1996) for example, advocate:

*the elimination of [young people's] need to rely on illicit activities for income, provision of basic needs, education regarding existing services, increased outreach efforts, and early identification of and protection from childhood sexual abuse.*

(Johnson et al., 1996: 308)

These approaches however, focus on prevention and alleviation at the individual level rather than locating these social problems in their wider historical, cultural and economic contexts. As Moore and Rosenthal (1993) write:

*realistically speaking, it is unlikely, particularly in times of economic hardship and high levels of unemployment, that teenage prostitution will cease. If a young girl can earn large sums of money each day, even though she has to share her earnings with her pimp, she is unlikely to settle for a minimum-waged job. Nor are we likely to be able to ensure a happy and fulfilling, trouble-free home life for all our teenage girls. What we can do is to ensure that young girls who are in difficult circumstances have alternatives to prostitution, and that those who wish to escape from prostitution can do so.*

(Moore and Rosenthal, 1993: 174)

This study takes a broad sociological approach of the contextual circumstances in which youth prostitution and drug use occur, and also shares Moore and Rosenthal's view that developing practical responses for vulnerable and abused young people should be the starting point.

## **Research aims and objectives**

This study has the following aims and objectives.

### ***Main aim:***

to build on knowledge of the relationships between drug use and routes into and out of sex work.

### ***Objectives:***

1. to discover what links drug use and prostitution for young people;
2. to discover what circumstances and/or experiences of services influenced exiting from one or more of the activities;
3. to discover whether and how vulnerable young people develop resilience and cope with their experiences and how their experiences shape their maturation to adulthood.

The main aim and objectives are met in this report. In addition, we were specifically asked that the report deal with as many of the following points as the data allowed:

- a comparison of this study's drug use data with British Crime Survey 2000 (BCS) findings giving prevalence and frequency of use for all substances investigated;
- risk factors and pathways into vulnerability (including family, educational and health histories);
- access to drugs information and drug services;
- general health behaviour and contact with health services;
- the potential for drug prevention activities;
- whether there is any indication of impact (or likely impact) of services currently accessed by young people, that is, are any interventions worth more substantial evaluation;
- any evidence of the kinds of integrated approach in tackling young people's drug problems, as identified by the HAS report 'The substance of young needs'; and
- the kinds of packages of services and interventions which might be most suitable to help different groups of young people with substance misuse and associated problems.

Direction to focus on these points was not received until after the data gathering phase was complete. Thus, there is little evidence to offer on some of these points. On the other hand, the focus of these points has been used to guide our analyses. Analyses on both drug-related and sex work related issues are offered where possible. For example, discussion is provided on access to both drug services and services for sex workers.

### ***Report structure***

The report is structured to answer the study's main aim: to build on knowledge of the relationships between drug use and routes into and out of sex work. This is achieved in three chapters:

- Chapter 3 'Vulnerabilities';
- Chapter 4 'Problematic drug use and sex work'; and
- Chapter 5 'Trapping' and 'exiting'.

Chapter 6 'Services' is mainly concerned with providing information later requested.

This structure also reflects the structure of the literature review provided above. Readers interested in discovering how the study contributes to debates outlined in the literature review can locate the findings on these issues under the same headings.

### *Evidence-based policy recommendations*

The Home Office commissioned this report in April 2001 as part of the Drugs Research Programme on Vulnerable Groups and Problematic Drug Use. As such it is intended to provide evidence that can be used to advise policy development. With this in mind, conclusions and brief policy recommendation notes are offered alongside the evidence on which these are based. These conclusions and recommendations are repeated at the end of the report in Chapter 7.

### *Statistical analyses*

The statistical significance of quantitative findings is noted in the text. The details of statistical findings are presented in Appendix A.



## Sampling

The sample was selected to provide participants with experience of both drug use and sex work and to provide quotas on age and exiting experience. This was principally a study of an unknown population, and as such was dependent on a convenience sample. Sub-sample quotas of particular sex or ethnic groups were not sought nor predicted. In the end, the sample did include both men and women from a variety of ethnic groups. However, as there were no research questions on sex, gender or ethnicity, findings are not presented on these variables.

## Recruitment

A range of recruiting strategies was employed. The majority of participants were recruited through voluntary and statutory agencies providing a service to sex workers (n=87; 70%). One participant was recruited via a service for drug users. Eleven participants were recruited from other statutory and voluntary services. Fifteen participants were recruited via sex worker advertising space on the web and in a contact magazine. The remaining eleven participants were introduced to the study by chain referral to participants' associates in a 'snowball sampling' technique (Mars, 1982; Plant, 1975). A majority of participants (n=87; 70%) were recruited from London. Others were recruited from Birmingham/Walsall and the Home Counties (n=27; 22% and n=11; 8%, respectively).

Prospective participants were typically approached by an agency worker and introduced to the researcher. When prospective participants met the researcher face-to-face, they were asked to read an information sheet detailing the study aims, procedures and confidentiality conditions (see Appendix B). If an individual had difficulties reading the information sheet, or if contact was made by telephone, this information was delivered verbally. Prospective participants were invited to ask questions about any aspect of the study prior to consenting to participate. All participants were asked to register their understanding and consent to participate in the study by signing a consent form (see Appendix C). In the interests of assuring confidentiality, participants were informed that they did not need to sign the form using their full name.

## Participants

One hundred and twenty-five eligible participants took part in the study: 92 women and 33 men. Six (5%) participants were aged 16 or 17 years; 61 (49%) were aged 18 to 24 years; 58 (46%) were aged 25 years or older. The mean age of participants was 26.7 years; range 16-64 years; SD=8.18 years.

At the time of interview the respondents worked in the following sex work sectors.

- 47 (38%) 45 women and 2 men were working mainly in an 'outdoor' sex work sector (street or cruising ground).
- 23 (19%) 13 women and 10 men were working mainly in an 'indoor associated' sector (sauna, massage parlour, flat or in-house escort agency).
- 15 (12%) 3 women and 12 men were working mainly in an 'independent entrepreneurial' sector (from the internet or their own phone).
- 10 (8%) 8 women and 2 men were working mainly in an 'independent drift' sector (from their own phone or in a 'crack house').
- 28 (23%) 21 women and 7 men were not working at the time of interview (N=123; 2 scores missing).

The categorisation of sex work sectors deserves some elaboration. Following Cusick (1998), participants' sex working experiences have been categorised to reflect important differences with respect to the following:

- environmental work conditions especially regards risk of violence, and opportunities for pimping/abuses or control;
- management/gatekeepers/access to sex working;
- means of contact with and relations with customers;
- policing;
- traditional reputations attached to sex work style or 'class' hierarchy especially regards associations with problematic drug use; and
- norms of behaviour, especially regards 'professionalism'.

## Data collection

The main source of data collection was one-to-one interviews. These comprised a structured questionnaire followed by a qualitative interview. All interviews, which generally lasted one hour, were tape-recorded and later transcribed and coded for analysis. All interviews were

undertaken by the first and second authors of this report and conducted between April 2001 and May 2002.

The structured questionnaire comprised both common measures included by other projects on the Vulnerable Groups and Problematic Drug Use Research Programme and measures specific to the Vulnerability and Involvement in Drug Use and Sex Work study. Four main areas were covered in the questionnaire: (i) drug use; (ii) sex work; (iii) use of services; and (iv) offending and involvement in the criminal justice system (see Appendix D). A pilot version of the questionnaire was prepared prior to fieldwork and refined early on in this phase of the study. The qualitative interview covered five main areas: (i) routes into drug use and sex work; (ii) links between drug use and sex work; (iii) lifestyles associated with drug use and sex work; (iv) use and experience of services (including criminal justice services); and (v) exiting from drug use and sex work (where applicable).

The interview as a whole sought to yield both quantitative data and depth qualitative data. Quantitative data were obtained from participants' responses to both closed and open-ended items on the structured questionnaire. Responses to open-ended questions were subject to content analysis and thereby transformed into quantitative data. Qualitative data were gathered by means of depth interviewing. The researchers aimed to elicit detailed accounts of participants' experiences using open-ended questions, supplementary questions and prompts as appropriate. Interview guides were used to check researchers' lines of enquiry such that they sought broadly comparable information from each participant. However, interviews were sufficiently flexible to allow data collection to flow inductively throughout.

Data collected for this study were further complemented by data that had previously been collected for three other Home Office funded studies:

- 'Selling sex in the city: An evaluation of a targeted arrest referral scheme for sex workers in Kings Cross' (2001);
- 'For Love or Money: Pimping and the management of sex work' (2000); and
- 'Street Business: The links between sex and drug markets' (1999).

These three studies were conducted between 1998 and 2001 by researchers from the Criminal Policy Research Unit at South Bank University, London. They yielded 158 interviews with sex workers. Their datasets were merged and new analyses conducted.

## **Interviewing procedures**

All interviews were tape-recorded and took place privately. Seventy-six interviews (61%) took place in private rooms at agency premises. Twenty-nine interviews (23%) took place in the participant's accommodation. Ten (8%) took place in Imperial College and ten (8%) took place in sex work or other premises. Following the interview, all participants were invited to again ask questions and to comment on the interview and the study more generally. Each participant received £20 in recognition of his or her contribution to the study.

## **Analysis**

There were two strands of analysis. Quantitative data were analysed with the assistance of the software package SPSS. As well as using descriptive statistics, t-tests, chi-square tests and Pearson correlations were used to compare associations between continuous and categorical data. Qualitative data were coded from interview transcripts using the constant comparative method (Glaser and Strauss, 1967). NVivo software was used to manage these codes and build categories for inductive analysis. The emergent categories are: exiting and future plans; connections between drug use and sex work; drug use experience and reflections; sex work experience and reflections; housing and vulnerability; offending and involvement with the criminal justice system; social networks; and use and experience of services. The relevant categories were examined to provide insight and explanations to answer the research questions. Further detail is provided of how qualitative data was used in inductive analyses of 'career models' (Chapter 4); and 'exiting' (Chapter 5). Although quantitative and qualitative data analyses was performed independently, the findings from each were later used in conjunction with one another such that those derived from the qualitative material were used to inform and elaborate on the quantitative findings.

## **Definitions used**

### ***'Problematic' drug use***

Definitions of problematic drug use differ. Previous Home Office funded studies on sex work have employed Advisory Council on the Misuse of Drugs (ACMD) definitions (1982; 1988). These state that an individual's drug use can be defined as problematic if they experience: social; psychological; physical; or legal problems related to intoxication; and/or regular excessive consumption; and/or dependence as a consequence of his/her own use of drugs or other chemical substances; and/or where their drug misuse involves, or could lead to, the

sharing of injection equipment. The current study focused on participants' own perceptions of their drug problems so that their reasons and experience of exiting or change could be understood in this context. The study also compared this depth interview data for each participant to the ACMD 1988 definition of problematic drug use and thus confirmed the current problematic drug use of 98 per cent of participants who reported having a current drug problem, the past problematic drug use of 73 per cent of participants who reported having a past drug problem, and the absence of problematic drug use in 96 per cent of those who reported never having a drug problem. Analyses of problematic drug use are based on the self-report data.

### ***'Hard drugs'***

Given this study's focus on 'problematic' drug use it was felt that particular drugs – specifically, cannabis, magic mushrooms, poppers (Amyl Nitrite) and solvents – that are associated with youthful phases, warranted exclusion. In the interests of parsimony, the remaining drugs on which data were sought – specifically, amphetamines, cocaine, crack cocaine, ecstasy, heroin, LSD, methadone and tranquillisers not prescribed to the user, unknown pills and powders and 'other' drugs, including ketamine and GHB – are referred to as 'hard drugs'. It should be stressed that the use of this terminology is not intended to suggest that there are no risks associated with the use of cannabis, magic mushrooms, poppers or solvents.

### ***'Sex work' and 'prostitution'***

The terms 'sex work' and 'sex worker' are used in line with recent academic literature. This terminology focuses attention on occupational aspects and activities and rejects assumptions about individuals based on stigmatic labels. Indeed, people who sell sex have sought to legitimise an occupational conception of prostitution by re-naming it 'sex work'. We resist the use of these terms when discussing children's involvement in commercial sex as we believe that to do so would suggest that children selling sex could be considered as 'working'. In line with government guidance, (Dept. of Health, 2000) we therefore use the terms 'prostitute' and 'prostitution' when discussing those aged under 18.



**Drug use comparison with British Crime Survey findings**

Patterns of drug use among participants in this study were compared with patterns of use among participants in the BCS. The eligibility criteria for this study dictated that all participants had experience of using one or more drugs in their lifetime. Therefore, the sample was drawn from the population of sex workers with experience of drug use specifically and not from the wider population of sex workers. Therefore, the figures reported in the BCS for each age group were adjusted such that patterns of drug use among this study's participants were compared with those among the sub-sample of BCS participants who reported using at least one illicit drug in their lives.

Tables 3.1 to 3.3 present percentages for drug use respondents in the current study, and the 2000 BCS. Tables present figures for drug use in their lifetime, the last year and the last month by age group.

**Table 3.1: Lifetime drug use by age group**

	Sex Work study			British Crime Survey (BCS)		
	16-19 (%)	20-24 (%)	25+ (%)	16-19 (%)	20-24 (%)	25+ (%)
Amphetamines	69	75	81	31	48	35
Cannabis	81	92	98	88	90	81
Cocaine	75	77	76	14	24	14
Crack cocaine	88	63	76	5	3	3
Ecstasy	56	75	55	17	26	14
Heroin	56	41	71	2	3	3
LSD	31	57	57	17	26	17
Magic mushrooms	13	29	47	12	24	29
Non-prescribed methadone	25	29	40	0	2	1
Non-prescribed tranquillisers	25	47	55	5	10	10
Poppers	56	75	57	26	33	20
Glue/solvents/gases/aerosols	56	35	36	17	12	6
Unidentified pills/powders	25	29	29	7	5	5
Unidentified substance smoked	25	16	17	19	12	11
Other	25	47	22	5	5	2

Note: Sample sizes for the Sex Work Study were 125 and for the BCS were 4,417.

Source: Participants in the Sex Work Study and 2000 BCS (weighted data) for all those who had answered that they had used at least one drug in their lifetime.

**Table 3.2: Last year drug use by age group**

	Sex Work study			British Crime Survey (BCS)		
	16-19 (%)	20-24 (%)	25+ (%)	16-19 (%)	20-24 (%)	25+ (%)
All drugs	100	100	93	64	54	25
Amphetamines	19	24	22	14	10	3
Cannabis	75	77	74	60	47	22
Cocaine	38	59	45	10	10	4
Crack cocaine	81	43	67	2	2	1
Ecstasy	38	55	28	12	10	2
Heroin	50	37	50	2	2	1
LSD	13	20	5	5	3	1
Magic mushrooms	0	10	5	3	3	1
Non-prescribed methadone	19	12	26	0	0	0
Non-prescribed tranquillisers	25	29	31	2	3	1
Poppers	38	47	26	10	7	2
Glue/solvents/ gases/aerosols	19	4	0	5	0	0
Unidentified pills/ powders	13	12	10	0	0	0
Unidentified substance smoked	13	2	9	5	2	1
Other	25	33	16	0	0	0

Note: Sample sizes for the Sex Work Study were 125 and for the BCS were 4,417.

Source: Participants in the Sex Work Study and 2000 BCS (weighted data) for all those who had answered that they had used at least one drug in their lifetime.

**Table 3.3: Last month drug use by age group**

	Sex Work study			British Crime Survey (BCS)		
	16-19 (%)	20-24 (%)	25+ (%)	16-19 (%)	20-24 (%)	25+ (%)
All drugs	88	92	86	38	34	15
Amphetamines	19	10	16	7	5	2
Cannabis	63	61	57	36	31	14
Cocaine	13	39	26	5	2	2
Crack cocaine	56	33	57	0	0	0
Ecstasy	25	33	19	7	5	1
Heroin	44	33	40	0	0	0
LSD	6	6	0	2	2	0
Magic mushrooms	0	0	0	2	2	0
Non-prescribed methadone	6	10	14	0	0	0
Non-prescribed tranquillisers	19	28	21	0	2	0
Poppers	19	30	17	5	3	1
Glue/solvents/ gases/aerosols	6	0	0	2	0	0
Unidentified pills/ powders	6	8	3	0	0	0
Unidentified substance smoked	6	2	5	2	0	0
Other	25	16	9	0	0	0

Note: Sample sizes for the Sex Work Study were 125 and for the BCS were 4,417.

Source: Participants in the Sex Work Study and 2000 BCS (weighted data) for all those who had answered that they had used at least one drug in their lifetime.

### ***Interpretation of findings relative to BCS data***

For each drug, the lifetime, last year and last month prevalence rates are higher among this study's participants than among BCS participants with experience of drug use. (There are two exceptions to this: lifetime cannabis use among 16-19 years olds; and last year, and last month magic mushroom use among the 16-19 and 20-24 year olds). Differences in reported drug use among the two samples are especially pronounced for crack cocaine, heroin and non-prescribed methadone. Since sex worker and drug user populations are unknown, it is also not known whether this study's participants are representative of the wider population of sex workers with experience of drug use. On the

basis of the data collected and the BCS data however, it is tentatively submitted that sex workers with experience of drug use are more likely to have used a wider range of drugs and to have used these more recently than the wider population of people with experience of drug use.

## **Vulnerability factors for problematic drug use and sex work**

In the initial exploration of factors which might indicate vulnerability to sex work and problematic drug use, data was examined which had been gathered as common measures across other projects on the Vulnerable Groups and Problematic Drug Use Research Programme. Drawing on the literature on situational risk factors for involvement in youth prostitution, (Barrett, 1994; Kirby, 1995; May *et al.*, 1999; Melrose *et al.*, 1999; Shaw and Butler, 1998; Yates *et al.*, 1991) this study also explored: age of first sex work, experience of being 'looked after' and homelessness or insecure housing at the time of first sex work.

### ***Age of first 'hard drug' use***

The mean age at which participants reported first using a 'hard drug' was 16.4 years. Four participants had never used any drugs other than cannabis, solvents, magic mushrooms and/or poppers.

### ***Age of first sex work***

The mean age at which participants reported first selling sex was 19.3 years<sup>1</sup>. Fifty-two (43%) participants were aged under 18 years when they first sold sex.

Findings from the sample of 158 participants from previous Home Office funded studies were very similar. These show the mean age of first selling sex as 19.3 years<sup>2</sup>.

There was no evidence of a change in age at first sex work over time. The mean age at first sex work among participants starting before 1996 was 18.4 years, compared with 19.9 years among those starting in 1996 or more recently. (This difference was not statistically significant)<sup>3</sup>.

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1 See Appendix A – Statpoint 1.

2 See Appendix A – Statpoint 2.

3 See Appendix A – Statpoint 3.

### *Proportion under age of consent when first sold sex*

One-third (n=11; 33%) of men in this sample reported that they first sold sex under the age of 18. One-quarter (n=23; 26%) of women in this sample reported that they first sold sex under the age of 16. Again, these findings are consistent with previous Home Office funded studies of female sex workers which found that just under a quarter of the sample had sold sex prior to the age of 16, the youngest being ten.

### ***Offending behaviour***

Thirty (24%) participants reported committing offences but never being cautioned or convicted. Of these, 17 (57%) reported possession and sex work related offences only. Thirteen (43%) participants reported possession, sex work related offences plus at least one other offence. Overall, the most common offence was soliciting. The most common offence (other than possession and sex work related offences) was shoplifting, irrespective of whether participants had experience in the Criminal Justice System (CJS).

### ***Cautions and convictions***

Ninety-five (76%) participants had received a caution and/or a conviction for one or more offences. Of these:

- 81 (85%) had received at least one conviction; and
  - 14 (17%) of these had been convicted of drug possession or sex work related offences only.
- 14 (15%) had received at least one caution but no convictions; and
  - 3 (21%) of these had been cautioned for drug possession or sex work related offences only.

### ***Being 'looked after'***

In the year ending 31st March 2001, 81 per 10,000 children aged under 18 were 'looked after' in England (National Statistics, 2001). In this sample of drug using sex workers, 42 per cent (n=52) of participants reported experience of being 'looked after'. This is an extraordinary figure, which demonstrates that 'looked after' children are very vulnerable to involvement in drug use and sexual abuse through prostitution.

### ***Homeless/insecure housing at time of first sex work***

Twenty-three (22%) participants reported being homeless or living in temporary accommodation when they first sold sex. Previous Home Office funded studies collected data on sex workers' accommodation at the time of interview. Fifty-one per cent were either in temporary accommodation, homeless, in a hostel or serving a prison sentence at the time of interview. Two-thirds (n=67) of the women interviewed for the study in King's Cross were homeless at the time of interview. Of the seventeen participants who were aged 24 or under, 14 (82%) were either homeless or in temporary accommodation. All three of the under 18s in this study reported being homeless at the time of interview and all three were in the care of social services at the time.

### **Relationships between vulnerability factors**

This section investigates relationships between vulnerability factors. It focuses on the vulnerability factors directly related to this study's research questions but includes other vulnerability factors of interest to the research programme on youth vulnerability.

#### ***Drug use and problem drug use***

In comparison with findings on drug use prevalence from the BCS, those from this study's sample of drug-using sex workers suggest higher drug use prevalence in this population. In particular, the greater use of crack cocaine, heroin and non-prescribed methadone predict high levels of problematic drug use among these participants. This was confirmed in that one hundred participants (81%) reported that they had experience of problem drug use. Of these, just under 60 per cent (n=59; 59%) reported having a drug problem currently, while just over 40 per cent (n=41; 41%) reported having a drug problem in the past.

#### ***Early 'hard drug' use by problematic drug use***

The mean age at which participants reported first using 'hard drugs' was one and a half years lower among those who reported ever experiencing a drug problem than among those who reported never experiencing a drug problem (16.2 and 17.7 years, respectively).

#### ***Age of first 'hard drug' use by age of first sex work***

There was a positive relationship between age of first 'hard drug' use and age of first sex work, such that early onset of drug use was strongly related to early onset of sex work. This association was statistically significant.

### ***Age of first sex work by experience of problem drug use***

The mean age of first sex work among participants reporting experience of problem drug use was five months lower than that among participants reporting no experience of problem drug use (19.2 and 19.7 years, respectively).

### ***Age of first sex work by experience of being 'looked after'***

The mean age of first sex work among participants with experience of being 'looked after' was approaching three years lower than that of participants with no experience of being 'looked after' (17.7 and 20.4 years, respectively). This difference was statistically significant.

### ***Age of first 'hard drug' use by experience of being 'looked after'***

The mean age of first 'hard drug' use among participants with experience of being 'looked after' was over two years lower than among those with no experience of being 'looked after' (15.1 and 17.4 years, respectively). This difference was statistically significant.

### ***Experience of problem drug use by experience of being 'looked after'***

Almost all (94%) participants who had been 'looked after' reported experience of problem drug use, compared with three-quarters (73%) of those who had not been 'looked after'. This difference was statistically significant.

### ***Insecure accommodation when first selling sex by experience of being 'looked after'***

Fifty-two (42%) participants reported experience of being 'looked after' in local authority care, foster care or secure accommodation. Seven of these participants reported living in local authority or foster care when they first sold sex. A further ten reported being homeless or of no fixed abode at the time and five reported living in a hostel or in temporary accommodation at the time.

In all, twenty-three (22%) participants reported being homeless or living in temporary accommodation when they first sold sex. Thus, 15 (34%) participants who had been 'looked after' reported being homeless or living in temporary accommodation when they first sold sex, compared with eight (13%) participants who had not been 'looked after'.

**Qualitative insight into 'shared environment' as potential explanation for relationships between problematic drug use and sex work**

In Chapter three, statistically significant relationships were shown between vulnerability factors. In order to explore how and why these factors might be related to each other, qualitative data from participants' accounts of relationships between 'vulnerability' experiences were examined. Noticeable was the emphasis participants made in describing access to various environments or settings in their explanations of the links between vulnerability experiences. For example, problematic drug use was linked to homelessness through outdoor sex work because all of these shared environmental space on the streets and in the dealing houses which serve as sex markets, drug markets and areas where homeless people congregate. Similarly, prostitution under 18 was linked to being 'looked after' and working outdoors because outdoor sex markets were open to all 'introducing friends'. 'Introducing friends' were often themselves young and 'looked after' or sometimes more 'predatory' adults. Either way, these introducing friends avoided scrutiny from gatekeepers such as brothel owners or sauna managers by introducing novice prostitutes to outdoor sex markets. This 'shared environment as opportunity' explanation was scrutinised by matching participants' experiences of vulnerability factors with their main sex work sector and the findings from these analyses are presented in full below. In short, it was found that early experience of 'hard drugs', problematic drug use, prostitution under age 18, having convictions, experience of being 'looked after' and experience of homelessness or insecure housing all concentrated amongst those who had mainly worked outdoors or as independent drifters.

**Quantitative evidence on 'shared environment' as explanation for relationships between problematic drug use and sex work*****Main sex work sector by age of first 'hard drug' use***

The mean age of first 'hard drug' use among participants who had worked mainly outdoors or as independent drifters since starting sex work was one and a half years lower than that among those who had worked mainly in indoor associated or independent entrepreneurial sectors (15.8 and 17.3 years, respectively). This difference was statistically significant.

### ***Main sex work sector by experience of problem drug use***

Three-quarters (n=71; 72%) of participants with experience of problem drug use reported that they had worked mainly outdoors or as independent drifters since starting sex work, compared with one-quarter (n=28; 28%) of those with no experience of problem drug use. This association was statistically significant.

### ***Main sex work sector by age of first sex work***

Three-quarters (n=39; 75%) of participants who first sold sex at younger than 18 years reported that they had worked mainly outdoors or as independent drifters since starting sex work, compared with half (n=35; 51%) of those who first sold sex at 18 years or older. This association was statistically significant.

### ***Main sex work sector by convictions***

Eighty-one (85%) participants had received at least one conviction. To be eligible to take part in the study however, participants had to have experience of both drug use and sex work. Fourteen (17%) of the 81 participants with convictions had convictions for possession and sex work related offences only. The remaining 67 participants with convictions had been convicted for at least one other offence. Of these, four-fifths (n=52; 79%) had worked mainly outdoors or as independent drifters.

As only those working outdoors would be charged for soliciting, this offence will now be excluded when comparing the conviction profiles of participants working in different sectors. Three-quarters (n=56; 74%) of participants who had worked mainly outdoors or as independent drifters reported having convictions for offences other than soliciting, compared with one-third (n=16; 33%) of those who had worked mainly in an indoor associated or independent entrepreneurial sector. This association was statistically significant.

### ***Main sex work sector by experience of being 'looked after'***

The majority (n=43; 83%) of participants with experience of being 'looked after' reported that they had worked mainly outdoors or as independent drifters since starting sex work, compared with approaching half (n=33; 46%) of those with no experience of being 'looked after'. This association was statistically significant.

### ***Main sex work sector by experience of homelessness/insecure housing***

The large majority (n=43; 90%) of participants with experience of homelessness/insecure housing reported that they had worked mainly outdoors or as independent drifters since starting sex work, compared with approaching half (n=33; 43%) of those with no experience of homelessness/insecure housing. This association was statistically significant.

### ***Conclusion***

In conclusion, these analyses support the notion that the outdoor and independent drift sex work sectors are so characterised by experience of vulnerability that they may serve as a site for linking and reinforcing these vulnerabilities.

### ***Drug use and sex work – order of involvement in the two activities***

Fifty-six per cent (n=66) of participants reported starting 'hard drug' use *before* they started sex work. Twenty-one per cent (n=25) reported starting 'hard drug use' *after* they started sex work, while 23 per cent (n=27) reported starting 'hard drug' use and sex work in the same year.

Of those who reported starting 'hard drug' use *before* sex work, 23 per cent first sold sex before they were 18; the mean age of first 'hard drug' use among these participants was 15.6 years. Of those who reported starting 'hard drug' use *after* sex work, 68 per cent first sold sex before they were 18; the mean age of first 'hard drug' use among these participants was 18.5 years. Of those who reported starting 'hard drug' use and sex work in the same year, 70 per cent first sold sex before they were 18; the mean age of first 'hard drug' use among these participants was 16.6 years.

All of these 'order of involvement' trends echo data collected from the 158 participants in previous Home Office funded studies on sex work. One hundred and forty-two of these participants were problematic drug users. Sixty-three per cent (n=89) reported dependent drug use *before* they started sex work. Thirty-five per cent (n=50) reported dependent drug use *after* they started sex work, while the remaining two per cent (n=3) believed the two had coincided.

Of those who reported problematic drug use before starting sex work the average age of first sex work was 20. Of those who reported problematic drug use only after starting sex work, the average age of first sex work was 18.

To understand relationships between involvement in sex work and 'hard drug' use, participants were categorised according to their reported order of involvement in the two activities and then 'getting started' themes from qualitative interview data were examined to discover typical patterns. These were used to describe first draft simple pathway models. Once this was done data was added from all participants in each category to refine our models. This procedure follows the principles of negative case inclusion for developing and improving theory in the constant comparative method of grounded theory (Strauss and Corbin, 1991). Negative case analysis describes the attempt to explore the cases that do not fit the emerging conceptual scheme. The deliberate search for negative cases or participants with atypical experiences thus ensures the completeness of the theory that is generated. Findings from these analyses are reported below in an illustrative model.

### ***Variation in combined career patterns for sex work and 'hard drug' use: a model***

Drug users beginning their sex work careers at a more mature age are typically entering sex work to cover the costs of established drug dependency. These people paid for their drugs from other sources earlier in their drug use careers. These are therefore typically older individuals with long-standing habits who used to either earn enough money from legitimate sources or commit acquisitive crimes to get money for drugs. With a growing drug problem and/or a growing risk of conviction for acquisitive crime they seek another source of income. By this stage in their drug use career they typically also have an increasing number of 'junkie associates'; some of whom are bound to be sex workers. Thus they can discover a new opportunity and a new source of social approval for trying sex work.

The young prostitution career entrants are classically the vulnerable, young, socially excluded whose involvement in prostitution is another rebellious/daring result of long-standing contact to others who are similarly 'out of control'. Sex workers may well have been a part of their social milieu since their childhood. Their sex worker friends (sometimes predatory ones) introduce them to 'an adventurous' way to make more money than they could possibly achieve by legitimate means. In the face of widespread perceptions that the risk of being caught for sex work related offences is lower than for acquisitive crime; and added bonuses of 'street credibility'; 'evidence of being grown up'; and possibly novel experiences of being loved/complimented/admired; vulnerable young people may seize the opportunity and start prostituting relatively unrestrained by social mores not to. Sooner or later – because the two are co-occurring phenomena in the easy-to-access illicit/street markets – they find ready access to drugs in an environment where they are not discouraged from using them; where 'everybody else' is using them; and where they most certainly have the money to pay for them.

The model does not work the other way round simply by swapping the order of drug use and sex work opportunities for vulnerable young people. It is true that vulnerable young people are very likely to discover opportunities to use drugs at an early and possibly earlier age than sex work. However, opportunities to use drugs do not inevitably introduce opportunities to sell sex. Organised and controlled as they are at the current time, outdoor sex work markets in England do inevitably introduce opportunities to use drugs.

## **Routes into sex work**

The dominant route into sex work amongst participants in this study was via a friend. In some of these introductions, an element of coercion may have been involved. Indeed, several participants' accounts describe experiences similar to the entrapment model promulgated by Barnardo's (1999). However, introducing friends were more often neutrally described as points of opportunity in participants' accounts of 'getting started'. Knowing someone with sex work experience appeared to be all that was required for an introduction to outdoor sex work. Those seeking a career opening in indoor associated sectors also had to negotiate with a manager/ owner or maid to get 'a job'. Some said that they had always known about sex work. A few participants also mentioned TV programmes about sex work having influenced them to try it.

### ***Different patterns of drug use occurring in different sex work sectors***

The environment of sex work work-places may be so dominated by drug use that experimentation is almost inevitable. This was not equally true of all sex work sectors. It was found that problematic drug use was strongly associated only with the outdoor and independent drift sectors. Of those who were selling sex at the time of interview, the majority (n=48; 84%) working outdoors or as independent drifters reported having a current drug problem. This compares with just 13 per cent (n=5) of participants who were working in indoor associated or independent entrepreneurial sector. This association was statistically significant.

Qualitative data were analysed, including participants' explanations of different patterns of drug use and their descriptions of the environmental influences on drug use. Reasons for these differences related to tradition, longer or shorter-term business strategies and the availability of drugs for sale in the immediate sex work environment. A brief explanation of these influences is given below.

### ***Influences on different patterns of drug use in different sex work sectors***

#### *Tradition*

Drug use, and visible evidence of problematic drug use in particular, is widely regarded as disreputable. Hence, sex workers and brothel managers seeking a more 'classy' reputation adopted 'anti-drug' policies.

#### *Longer or shorter business strategies*

Outdoor sex workers showed little interest in strategies for maintaining their market opportunities other than intimidating competitors on 'their patch'. In contrast, participants working in established premises, in co-operation with other sex workers or support colleagues (such as maids and madams) described business strategies and fairly reliable routines. For them, running drug-free premises was seen as key to avoiding police complaint and enforced closure.

#### *Availability of drugs for sale in the immediate sex work environment*

By rejecting applications from apparent drug users and banning (at least visible) drug use on their premises, managers could do much to restrict sex work-related access to and consumption of drugs. Where sex workers were less closely supervised and especially on the street, drug sales flourished and sex workers could indulge without jeopardising their job, their premises or their 'good' reputation. Not all street sex work areas were exactly alike in this respect however. Drug norms vary in each 'drag', 'walk' or 'cruising ground' with fine demarcations constantly emerging and changing.

**Analytical procedure**

Here 'exiting' means a process of withdrawing from an activity, particularly the processes of exiting from problematic drug use and/or sex work. Three steps were used to understand these processes in the context of linkages between problematic drug use and sex work.

- Step one was the categorisation of each participant according to their exposure to the three factors so far discovered to have 'trapping potential'.
- Step two was making predictions. The more 'trapping factors' a participant had been exposed to the more strongly the prediction that they might become 'trapped' in the mutually reinforcing aspects of problematic drug use and sex work.
- Step three was a comparison of participants' exiting experiences with the 'trapping predictions'.

***Step one: categorising participants according to their exposure to 'trapping factors'***

In this report so far, it has been shown that outdoor and independent drift sex work sectors are linked to problematic drug use. Participants who mainly worked in these sectors are categorised as exposed to this 'trapping factor'.

The mean age both of first 'hard drug' use and of first sex work was lower among participants reporting problem drug use than among those reporting no problem drug use. Further, since youth vulnerability is a principal concern, participants with pre-18 experience of 'hard drug' use and/or pre-18 experience of prostitution are categorised as exposed to this trapping factor.

The third and final trapping factor acknowledges the potential reinforcing effects of other vulnerability experiences. Statistically significant relationships were found between sex workers' problematic drug use and their experience of being 'looked after' and of homelessness/ insecure housing. The qualitative data and emerging findings from other studies in the Vulnerable Groups Research Programme suggest that running away from home or leaving home before age 16; having criminal convictions; and reporting one or more abusive pimps may also have trapping potential. Experience of one or more of these are categorised as the third trapping factor.

### ***Step two: making predictions***

It was predicted that there would be no trapping effect for participants who had experienced none of these trapping factors. A weak prediction of trapping was made for participants who had experienced one of these; a medium prediction of trapping for participants who had experienced two; and a strong prediction of trapping for participants who had experienced all three.

### ***Step three: comparing participants' exiting experiences with 'trapping predictions'***

The prediction that a participant was 'trapped' in the mutually reinforcing aspects of problematic drug use and sex work was confirmed where:

- quantitative data showed their continuing involvement in both activities; *and*
- qualitative data confirmed an absence of change towards exiting.

Analyses of participants' exiting profiles relative to their exposure to trapping factors provided the conclusions that follow. Illustrative quotes from depth interviews are provided to help clarify distinctions made.

### **Participants neither predicted to become nor found to be 'trapped'**

Twenty-nine participants had experienced none of the trapping factors and, exactly as predicted, none of these participants appeared to be 'trapped' in a situation where their drug use and sex work were mutually reinforcing.

Overall, this is a group of participants characterised by their independence, business orientation and positive attitudes towards their sex work. Perhaps reflecting the wider pattern showing male sex workers as being much less likely to be problematic drug users than female sex workers (Gaffney *et al.*, 2002), nineteen of the participants in this group are men who sell sex services to men. The mean age of participants within this group was 27 with none aged under 18. Five had stopped selling sex at interview. Eighty-three per cent (n=24) of these participants 'never had a drug problem'. At interview, the remaining 17 per cent (n=5) of this group reported having a past but not a current drug problem. Of those still selling sex at interview one worked in an independent drift sector, 11 worked in an indoor associated sector and 12 were independent entrepreneurs. Many discussed pride in their professionalism and described good business relations with regular customers. Clients found sex workers in these sectors via adverts, the internet, and local knowledge of sex work premises.

*I think most male prostitutes, because they're the ones I've ever met really, you know, but most ones I've met aren't in a situation where they're doing it out of desperation, they're doing it out of choice, because it's easy money and they like, you know, they don't have any moral problem of doing that.*

(Participant 91)

### **Conclusions from non-trapped participants**

- Above all else, freedom from problematic drug use is key to freedom from multiplying vulnerabilities.
- Non-vulnerable sex workers without current drug problems saw exiting sex work and/or drug use as readily achievable, but exiting was not a goal chosen by all. It is important to remember that the nature of problematic drug use (drugs used, frequency and circumstances of use) is key to ease of exiting from that habit.
- This study counsels policy makers and service providers to interpret continuation with sex work as freely undertaken where it is free from pressures associated with vulnerability and abuse.

### **Participants found to be 'trapped' as predicted**

A weak or medium trapping effect was predicted for 34 of these participants and a strong trapping effect for the remaining 18. A comparison of their profiles shows that the more strongly trapping could be predicted the greater the reinforcing potential of the identified trapping factors appeared to be.

- The most vulnerable group of participants in this study – those having experienced all three of the identified trapping factors – first became involved in prostitution at a mean age of 13.8 years.
- All of these most vulnerable and most damaged participants (who were less than 18 years old when they first used 'hard drugs') were problematic drug users. Once addicted, they continued to be involved in prostitution to fund their habits.
- All but one of these participants described problematic use of heroin or crack or both. The one participant who differed from the rest in this regard described problematic amphetamine use.
- All started sex work on the streets and all but one continued to do so. She had moved to working as an independent drifter.

- These participants were all girls.
- All of them described being 'pimped' and/or supporting at least one boyfriend's problematic drug use.
- Fourteen (78%) of them had been 'looked after' by their local authorities. Of these, ten (71%) were living in or running from local authority care when they first prostituted.
- Thirteen (72%) had experienced homelessness or insecure housing and of these, nine (69%) described this as a reason for them selling sex.

*I met him when I run away from the children's home. Took me to his house and started smoking. After a while he just put me on the street.*

(Participant 37)

## **The 'exiters'**

On the basis of the trapping factors it was predicted that the remaining 44 participants might become trapped in the mutually reinforcing aspects of problematic drug use and sex work. Of these, nine participants were immediately set aside who had never developed a problem with drugs, to be returned to later. The other 35 participants had experience of both sex work and problematic drug use. These participants are of particular interest because at interview they had made some progress in exiting despite sharing similar risk profiles for becoming 'trapped' to those participants discussed above. The search for differences between these two groups is the search for what works to break the links between sex work and problematic drug use. Recommendations for policy development, aimed at breaking the links between problematic drug use and sex work, are derived from these differences: 'what the 'exiters' did'.

### ***Those who had continued to use drugs problematically but stopped selling sex***

There were six participants in this group. Analyses of these interviews show that sex work can be started and stopped opportunistically or in response to fluctuating circumstances or disorganised lifestyles. Sex work could be done either in the good times or in the bad times. For these participants, problematic drug use continued regardless of fluctuations in their sex work careers. Lack of separation of private and commercial sex was an important factor in this opportunistic pattern of non-strategic sex work.

*It was more like...you know, there was a few occasions when I'd just say like 'you don't have to pay' but it was mainly I would go out and...go out for a meal and I even remember going into one bar when I was 16 and saying 'I'll shag anyone who takes me to Cardiff'.*

(Participant 95)

This study recommends harm reduction services to guide sex workers towards creating clear distinctions between their sex work and their private sex lives. Two ways service workers might advise sex workers to do this are described below.

- They should not use drugs with clients nor should they do sex work under the influence of drugs.
- They should keep some aspect of sex exclusive for private enjoyment. Sex workers make decisions about which sex acts they will do with customers and practise safe sex in the vast majority of commercial sex encounters (Cusick, 1998a). Safer sex could be encouraged as an absolute minimum mark of professional conduct. Services could encourage sex workers to reserve as private, acts that the sex worker considers especially intimate and those that are most risky in terms of sexually transmitted infections.

These are harm reduction interventions aimed at:

- reducing drug consumption amongst sex workers and their clients;
- promoting sexual safety via safer sex with commercial partners;
- ensuring safer sex practices are not undermined by disinhibiting drug effects or by reduced capacity for physical control; and
- ensuring personal physical safety is not undermined by disinhibiting drug effects or by reduced capacity for physical control.

***Those who had reduced their drug consumption so that it was no longer problematic but continued to sell sex***

There were 16 participants in this group. Analyses of these interviews show that overcoming problematic drug use was seen as a necessary step towards achieving alternative goals through sex work. When these participants discussed their former problematic drug use they often highlighted this as a temporary phase or 'binge' from which they had recovered. Their accounts of exiting include 'strategy' and 'determination' themes. The dominant focus for these participants was to be free of the burden and expense of habitual drug use and *then*

to make the best of their sex work opportunities to make money. Success in both exiting drug use and using sex work anew to earn money for lifestyle enhancement were seen as the result of individual plans driven by goal orientation and determination.

*I mean there's no comparison, you can't compare, it's completely different, because to do that sort of stuff when you need like a hit and that it's just completely different. You spend everything you've got and it's gone isn't it, but now I'm very channelled in why I'm doing it, so you know I've organised it to pay tax, I've organised a bank account, I've bought this house, like it's all for a reason, it's all properly done. Do you know what I mean? It's like any other job now. I don't consider it to be anything like it was before.*

(Participant 13)

It is recommended that services acknowledge adult sex worker choice and policy makers and service providers should be reminded that this study's participants did not see sex work as a problem in its own right. They may have complained about certain aspects of sex work such as the stigma attached to it or the conditions of the work, but they chose to sell sex. It is recommended that adults choosing to do sex work are permitted the same opportunities to work safely and according to the same employment laws as other workers. A pragmatic policy position that recognises that sex work is unlikely to be eradicated in the near future is also recommended. Such a policy should therefore focus on reducing the harms that have become associated with sex work. This policy solution has been put forward in other Home Office funded studies, notably Police Research Series Papers (PRS) 118 and 134. Both papers recommended that the government take a more pragmatic approach to those selling sex from indoor locations. They both stated that if stringently managed and controlled there would be less opportunity for colonisation by highly criminal groups. The early identification of both vulnerable young people and trafficked women attempting to sell sex indoors would be more achievable if indoor sex premises were licensed, regulated, and well-managed.

It is understood that this will involve revolutionary thinking and that the feasibility and effectiveness of such a scheme will need to be thoroughly researched and demonstrated. In common with most schemes for social improvement, this is likely to entail costs. At the least, it is foreseen that current resources used to prosecute and penalise sex workers will be needed by local authorities to run an effective licensing system. It is recommended that serious consideration is given to the development of such a scheme and that a researched pilot project is undertaken. This study argues that preventing abuse in the sex industry via regulation is likely to be more achievable than eradicating sex work and more socially responsible than allowing abuses to flourish in this unregulated business. To prevent children being abused through prostitution, this study makes the following recommendations.

- It recommends identifying children at risk for involvement in prostitution. Almost all of the most vulnerable children are already in contact with services. More could be done via the care system and the criminal justice system to prevent their involvement at an early age. Vulnerable children need support to ensure they are securely housed, socially included and have access to services on the basis of need.
- It recommends pursuing and prosecuting the child abusers who pay to have sex with children. In the current climate where public opinion against paedophiles is strong, children abused through prostitution are not accorded the same protection as other children. Indeed, the victims are often still blamed. Police resources should be diverted from prosecuting adults for sex work related offences towards pursuing those seeking paid sex with children. Potential abusers seeking child prostitutes might be targeted in an information campaign reminding them that until the age of eighteen, under *Safeguarding Children Involved in Prostitution* (Dept. of Health, 2000), young people involved in prostitution are to be treated as victims of abuse. Police may also find ready allies amongst adult sex workers in their work to identify both potential abusers and child prostitutes. Agencies intending to identify young people at risk of entering prostitution should follow the working practices of Nottinghamshire anti-vice squad and Nottinghamshire Social services. These agencies work in partnership with voluntary agencies in the city to identify vulnerable young people who may be at risk of entering prostitution. The anti-vice squad also have a successful prosecution rate for those living off immoral earnings.
- It recommends that future research investigates the feasibility of a licensing system for sex work premises to regulate this business and encourage adult sex workers to work indoors. This recommendation follows those previously made in Home Office PSR report 134. That report stated that these must be regulated and well managed.

These are harm reduction interventions with the following aims.

- They prevent children becoming involved in prostitution.
- They massively reduce a currently unregulated, criminogenic industry's potential to exploit children, illegal and trafficked migrants and individuals who are dependent on drugs.
- They break connections between drug use and sex work occasioned by their shared geographic and illicit market areas. The potential harm that can be caused by areas with entwined drug and outdoor sex markets was highlighted in PSR Paper 118.
- They increase the appeal of indoor sex work premises for both adult sex workers and their clients and thereby reducing the relative appeal of outdoor sex markets.

- They consequently reduce outdoor sex markets with the following potential benefits:
  - reduced opportunities for offenders who rely on outdoor sex markets – child abusers and drug dealers;
  - reduced opportunities for violence;
  - improved opportunities to safeguard health and safety in commercial sex; and
  - reduced public nuisance and related disputes associated with outdoor sex markets.

***Those who had reduced their drug consumption so that it was no longer problematic and also stopped selling sex***

There were thirteen participants in this group. These participants' exiting experiences were significantly influenced by treatment. In several of these accounts the participants focused strongly on how change had resulted from a particular intervention. Medically based treatment and advice was crucial for two participants: one who had been dependent on benzodiazepines; and another who stopped her drug use because of a long hospital treatment programme for several serious illnesses. A residential rehabilitation programme was the turning point for another. Five participants ended long problematic drug use histories through prison-based drug treatment programmes. Refuge was the key intervention for one participant who related her successful exits from drug use and sex work as dependent on her escape from an abusive pimp. Another female participant escaped an abusive pimp when he was jailed for an assault on her. She subsequently stopped both sex work and problematic drug use. Participants identifying such crucial positive interventions were *not found in other groups*. It is interesting too, that of the remaining participants in this group, all expressed an interest in developing careers in services for drug users or sex workers.

*I was in prison a month for credit card fraud, years ago now that was, and I came back out and started using again, but this time I haven't done that because I was in like drug therapy as well, and that sort of opened my eyes so it's going alright.*

(Participant 108)

Findings from this group of exiters suggest the following courses of action could break the links between drug use and sex work.

- Successful treatment for drug use can lead to exit from sex work where sex work had been principally a means to fund drug use.

- Access to housing is crucial for a range of needs from low threshold shelter with planning for the longer term to longer-term stable homes. Housing emerged as an important problem for sex workers in a Home Office funded evaluation of an arrest referral scheme in King's Cross, London. Relocation was mentioned by many as a prerequisite for their discontinuation of sex work. However, projects need to develop strong links with accommodation providers outside sex work areas.
- There is an untapped potential for mentoring and peer education in sex work networks to encourage harm reduction in sex work and drug use and to encourage and support exiting plans.

The Children at Risk Review conducted as part of the government spending plans 2003-2006 (Treasury, 2002) confirms that current provision of children's services is poorly developed and lacking an overall strategy to pull them together. This study supports the review's recommendations for structural change to better co-ordinate children's services. The intention here is to improve service co-ordination so that young people do not fall through gaps in service networks.

### **Those we predicted might become trapped on the basis of their vulnerabilities but who never experienced problematic drug use**

There were nine participants in this group. Two of these participants had been exposed to only one trapping factor giving a weak prediction that they might become trapped. Four had been exposed to two trapping factors giving a medium prediction that they might become trapped. The remaining three participants had been exposed to all three trapping factors giving a high prediction that they might become trapped. Crucially, none of these participants reported ever having experienced problematic drug use. Given that in the whole sample participants' self-definitions of lifetime freedom from problematic drug use appear reasonable using ACMD (1998) definitions, there is reasonable confidence in this self-report data. Their absence of problematic drug use by definition meant that they would not be 'trapped' in the mutually reinforcing aspects of problematic drug use and sex work.

Analyses of these interviews confirm a conclusion previously drawn from those predicted and confirmed as 'non-trapped'. This is that above all else, freedom from problematic drug use is key to freedom from multiplying vulnerabilities.

*I think if I hadn't done street working I would never even have touched drugs.*

(Participant 87)

*Not at all?*

(Interviewer)

*No. I don't think I'd be mixing in the circles. I mean on the gay scene recreational drugs like ecstasy is quite common but you know even then I don't think it would have interested me.*

(Participant 87)

To counter the reinforcing of vulnerabilities that young people experience in environments where both sex work and drug use take place, interventions need to break the connections between these two activities. It is important when designing these interventions that they contribute to reducing harm for sex workers and their clients. Such interventions could have the following goals:

- to reduce drug consumption amongst sex workers and their clients;
- to promote sexual safety via safer sex with paying partners; and
- to ensure that safer sex practices and personal physical safety are not undermined by the effects of drug use or by reduced capacity for physical control.

## Access to information and services

### *Drug service contact*

Fifty-four per cent (n=32) of participants with a current drug problem reported using a drug service in the six months prior to interview. Among participants with a current drug problem, half (n=14; 48%) of those aged 24 years or younger at interview reported contact with drug services in the last six months, compared with 60 per cent (n=18) of those aged 25 years or older. This association was not statistically significant. Table 6.1 shows the extent to which drug services are in contact with problematic drug users working in each sector. This suggests that drug services are not reaching many of those with drug problems in the outdoor sector, which has the clearest associations with drug use.

**Table 6.1: Contact with drug services in the last 6 months by main sex work sector (N=59)**

Sex work sector	In contact with a drug service		Not in contact with a drug service	
	%	No.	%	No.
Outdoors	58	25	42	18
Independent drifter	80	4	20	1
Independent entrepreneur	0	0	100	1
Indoor associated	25	1	75	3
Not currently working	33	2	67	4

### *Sex work service contact*

Given that 70 per cent of participants were recruited through services for sex workers, it is difficult to draw any conclusions about the levels of penetration of these services to the wider population of sex workers. Findings reported in this section should be considered in this light.

Seventy-five per cent (n=71) of participants who were still selling sex at the time of interview reported using a service for sex workers in the six months prior to interview.

Three-quarters (n=39; 71%) of current sex workers aged 24 or younger reported contact with sex worker services in the last six months, compared with four-fifths (n=32; 80%) of those aged 25 or older. This association was not statistically significant.

From the data shown in Table 6.2, it appears that the independent entrepreneurs are least likely to access sex work services. Since these sex workers often work alone, they are unlikely to learn harm reduction or good practice from colleagues. Information and support from alternative sources is therefore likely to be particularly important to them. Workers in this sector tend to be stable and pro-active. This suggests that these workers would be especially able to benefit from peer education and support systems even with minimal encouragement and resources.

**Table 6.2: Contact with sex worker services in the last six months by main sex work sector (N=95)**

Sex work sector	In contact with a sex worker service		Not in contact with a sex worker service	
	%	No.	%	No.
Outdoors	77	36	23	11
Independent drifter	90	9	10	1
Independent entrepreneur	40	6	60	9
Indoor associated	87	20	13	3

*Reasons for contact*

Participants gave many reasons for using services. The most common reasons for using drug services were: for advice, support and/or counselling; to access needle exchange; to obtain methadone prescriptions; and 'to stop using' drugs. The most common reasons for using services for sex workers were: to obtain condoms; sexual health; general health; and for information, advice and/or support. There was also a considerable degree of crossover in the services used and participants' reasons for using them. Nine participants reported using drug services to obtain condoms. Meanwhile, 10 participants reported contacting a sex work service for reasons more directly linked to problematic drug use.

*Those not using services for drug users or sex workers*

Twenty-seven participants reported using neither a service for sex workers nor a service for drug users in the six months prior to interview. Of these, 12 had stopped sex work. Three self-declared 'non-service users' were recruited to the study via services specifically for sex workers

or drug users and were therefore sufficiently *in touch with* these services to hear about our study. A further two 'non-service users' were recruited via a church-run service for 'needy people'.

From their reports, it appears that the remaining ten participants had not been in contact with any service where their drug use or sex work would have been automatically acknowledged in the six months before interview. It was clear from some of these participants that they specifically avoided specialist services for this very reason. They simply did not want to discuss their sex work or drug use with service providers. Some distrusted services or feared having these details recorded in case notes about them. Others dissociated themselves from the majority using certain services and felt these services were therefore 'not for them'. Seven of these participants had nonetheless had a sexual health check within the last six months. This proportion is roughly the same as that reported below for participants using services for drug users and/or sex workers.

Two of the ten 'not in touch with services' participants were women working outdoors. They were aged 21 and 24. The remaining eight were men. Their ages ranged from 18 to 25. One worked outdoors or contacted clients in pubs. Another worked in a flat. The remaining six were independent entrepreneurs contacting clients via the internet or press adverts. Seven of these ten participants shared another distinguishing characteristic that was apparent from depth interviews. These were highly articulate individuals. They all had experience of further or higher education and either distinguished themselves from other sex workers and/or problematic drug users or spoke strongly in favour of sex worker rights issues.

## **Service impact on sexual health**

Promoting sexual health has been a dominant aim of services for sex workers. Since the original focus on service use was to learn about exiting experiences rather than their impact on participants' health there is little data on this. The only information on sexual health comes from quantitative data on most recent sexual health check and number of diagnoses of sexually transmitted infections. This provides very limited information on sexual health and as with all self-report data it is unlikely to be accurate.

Relationships between the participants' use of drug services or services for sex workers and their sexual health were examined. Three-quarters (n=73; 76%) of participants using services for drug users and/or sex workers in the last six months reported having a sexual health check in this time, compared with half (n=13; 48%) of those not using services in the last six months. (This association was statistically significant)<sup>4</sup>.

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4 See Appendix A – Statpoint 4.

There was no significant difference between those using services and those not using services with regard to reported number of sexually transmitted infection (STI) diagnoses (29% and 26% respectively reported receiving two or more STI diagnoses; the remaining participants reported never or only once receiving a diagnosis)<sup>5</sup>.

### **Service impact on problematic drug use**

As noted above, participants contacted drug services for a range of reasons, including for treatment for problem drug use. Half (n=53; 53%) of participants with experience of problem drug use reported receiving drug treatment. Over one-quarter (n=17; 29%) of participants with a current drug problem reported receiving drug treatment in the last month.

Among participants with experience of problem drug use and experience of drug treatment, four-fifths (n=42; 79%) reported having a current drug problem, while one-fifth (n=11; 21%) reported no longer having a drug problem. Almost all (n=39; 93%) of the participants who had both received drug treatment and had a current drug problem were sex working at the time of interview in the sector they had worked mainly in since starting. The remaining three participants had stopped sex work. Those who had received drug treatment and reported having a past but not a current drug problem fell into three groups with respect to their involvement in sex work. Five (46%) had stopped sex work, four (36%) had continued sex working but moved to a different sector, and two (18%) had continued sex working in the sector they had worked mainly in since starting.

For the five participants who no longer had a drug problem and had stopped sex work, exiting from sex work was enabled by their exiting from problem drug use. For all these participants, intervention was key in this process; moreover, successful intervention always involved residential treatment (either in prison, in a community rehab or in hospital). The six participants who no longer had a drug problem but were still sex working described the end of their drug problems as due to their own determination rather than intervention from services.

### **Integration of services for sex workers**

During fieldwork many hard-working professionals were encountered with a great deal of experience in working with drug users and sex workers. Several of them wanted to

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5 See Appendix A – Statpoint 5.

contribute to this study by relating their experiences working in the field. Although this approach had not been incorporated in the original study design, this opportunity was discussed with the Home Office who encouraged pursuit of this issue. Three police officers and three sex worker service providers were interviewed in depth about their experiences and thoughts on services for drug-using sex workers and young people in particular. These interviews were analysed together with data on service experience from interviews with the main participant group. Conclusions on these issues are very tentative because of the low numbers of service provider participants involved and because there was no specific research question being pursued in these interviews. Rather, the interviews were allowing professionals working with the study's research population to be heard. We highlight three key points which indicate a diversity of perspectives.

- A tension existed between explanations for involvement in sex work and drug use by professionals ('entrapment' and 'evil people') and participants ('opportunity'). Police officers appeared to distinguish the activities of drug users and sex workers from the activities of drug sellers and 'pimps'. Further, in their descriptions of the differences they conceptualised drug users as different individuals from drug dealers and sex workers as different individuals from 'pimps'. They predicted inevitable decline for some individuals ('spirals of decline') and described attributes of fixed 'otherness' ('evil people') amongst the rest.
- There was a mismatch between 'interventions' and 'the needs of sex workers' expressed both by professionals working in the field and in local protocols. Local protocols are often cut and paste jobs from each other and *Working Together to Safeguard Children Involved in Prostitution* (Dept. of Health, 2000). Policies start from 'what to do when you find a young prostitute'. There was no advice found in these on how to discover young prostitutes and very little evidence that they are being looked for.
- The development and implementation of local protocols needs further study. Researchers attempted to obtain copies of local protocols on child prostitution as an exercise in discovering how readily available these were and how widely service providers were aware of their existence. The efforts to get copies of these often involved 'being given the run-around'. Frequently, service providers stated that this was 'someone else's responsibility' or they directed the query elsewhere. Evidence of the extent of integration of services to tackle young people's drug problems is scant. On the face of it, however, awareness of local protocols for youth involved in prostitution does not appear to be widespread.

## **Defining 'age' and 'abuse' and delivering services to meet exiting plans**

It must be said at the outset that there appears to be something quite arbitrary about age and state definitions of abuse which young participants did not refer to when discussing their relationships with either private or commercial sex partners. When older participants compared their childhood prostitution with their adult sex work they did not describe qualitatively different experiences. They did not describe having strategies specifically for dealing with sex work at a young age. Nor did they describe their experiences of sex work as influential on shaping their maturation to adulthood. Their conceptions of their selves as children and adults were not important for their conceptions of how to deal with problems. They did not for example, say 'I will deal with this problem in this way because I am a child. If I was an adult I would deal with it differently'. Rather, they focused on dealing with problems as they could and assumed that they must do so with the resources they had. These tensions may create difficulties for services:

- that are geared around volition and choice ascribed to clients with 'adult' identities moving to more interventionist modes of service for 'children'; and
- when definitions are unclear, especially at the margins of definitions of abuse.

For example, at ages 16 to 18 young people are of an age to consent to sex, yet under *Safeguarding Children Involved in Prostitution*, (Dept. of Health, 2000) they are to be treated as victims of abuse in relation to sex for which they receive payment.

## **Improving services for sex workers**

The findings in this study suggest that the overall aim for interventions targeted at sex workers would be to prevent child abuse through prostitution and particularly to reduce their access to the outdoor environments where drug use and sex work take place. All sex workers would benefit from interventions, which reduce the co-location of sex work and drug use.

Most of the services discussed in this chapter are those that provide interventions to young people currently engaged in sex work. It is crucial that these interventions reduce harm and increase personal and sexual safety. Action also needs to be taken to prevent young people getting into these situations and enabling young sex workers, especially those young people under 18 to leave environments where they are vulnerable to both sex work and drug use.

To meet the needs of young people already engaged in prostitution, services need to develop ways to establish and maintain contact with young sex workers working indoors and outdoors. Once contact has been made, services could provide advice, technologies and referral on a range of issues such as health promotion, harm reduction, safe work training, drug treatment, housing needs, welfare and employment rights, education, money management and support. To help young outdoor sex workers leave these environments, they could be encouraged to move indoors and sex workers working independently could be supported to provide their own peer education networks and to operate 'safe home' check-in systems to safeguard lone workers.

Co-ordinated work between a number of services is needed to help young people leave prostitution or prevent them getting involved in the first place. Such work would include police activity to pursue and prosecute individuals who pay for sex with under-18 year-olds and interventions in the care system and criminal justice system to identify children at risk for involvement in prostitution as well as generous harm reduction service provision.

Future research should explore the impact of licensing sex work premises by local authorities. It is unclear what impact a licensing system would have but we feel that research examining the impact of licensing would be worthwhile. This research would explicitly explore the potential for separating the environment for sex work and drug use and preventing under-18 year-olds getting drawn into prostitution through a licensing system operating as part of a cohesive package of interventions.

Future research could also assess the impact of licensing and determine the conditions that sex work premises would have to meet in order to gain and keep their license to operate. These conditions could include no workers under 18 and no tolerance of drug supply or possession. Licenses could be rescinded where drug dealing or repeat offending for possession occurred. Sex work premises, where more than one sex worker is operating at a given time, could be licensed by local authorities and the unlicensed premises could be closed.



Conclusions on findings have been made throughout this report, as well as recommendations in line with the Home Office remit to 'build a fair, just and tolerant society'. The study's conclusions and recommendations are presented again in this final section for ease of reference.

### **Links between problematic drug use and sex work – recommendations for harm reduction**

- The analyses support the notion that the outdoor and independent drift sex work sectors are so characterised by experience of vulnerability that they may serve as a site for linking and reinforcing these vulnerabilities.
- Above all else, freedom from problematic drug use is key to freedom from multiplying vulnerabilities.
- Non-vulnerable sex workers without current drug problems saw exiting sex work and/or drug use as readily achievable, but exiting was not a goal chosen by all. It is important to remember that the nature of problematic drug use (drugs used, frequency and circumstances of use) is key to ease of exiting from that habit.
- This study counsels policy makers and service providers to interpret continuation with sex work as freely undertaken where it is free from pressures associated with vulnerability and abuse.
- This study recommends harm reduction services to guide sex workers towards creating clear distinctions between their sex work and their private sex lives. Two ways service workers might advise sex workers to do this would be to encourage them:
  - not to use drugs with clients or do sex work under the influence of drugs; and
  - to keep some aspect of sex exclusive for private enjoyment.

Safer sex could be encouraged as an absolute minimum mark of professional conduct. Services could encourage sex workers to reserve as private, acts that the sex worker considers especially intimate and those that are most risky in terms of sexually transmitted infections.

These are harm reduction interventions aimed at:

- reducing drug consumption amongst sex workers and their clients;
- promoting sexual safety via safer sex with commercial partners;
- ensuring safer sex practices are not undermined by disinhibiting drug effects or by reduced capacity for physical control; and
- ensuring personal physical safety is not undermined by disinhibiting drug effects or by reduced capacity for physical control.

### **Targeting the most vulnerable**

This study recommends the following courses of action.

- Services acknowledge adult sex worker choice and remind policy makers and service providers that their participants did not see sex work as a problem in its own right.
- Adults choosing to do sex work are permitted the same opportunities to work safely and according to the same employment laws as other workers.
- A pragmatic policy position is taken that recognises that sex work is unlikely to be eradicated in the near future. Such a policy should therefore focus on reducing the harms, which have become associated with sex work.
- Services work jointly to ensure the early identification of both vulnerable young people and trafficked women attempting to sell sex indoors. This would be more achievable if indoor sex premises were licensed, regulated and well-managed.

These policies are more achievable than eradicating sex work and more socially responsible than allowing abuses to flourish in this unregulated business.

### **Preventing children being abused through prostitution**

To prevent children being abused through prostitution, this study recommends the following course of action.

- Services identify children at risk for involvement in prostitution. Almost all of the most vulnerable children are already in contact with services. More could be done via the care system and the criminal justice system to prevent their involvement at an early age. Vulnerable children need support to ensure they are securely housed, socially included and have access to services on the basis of need.

- Law enforcement agencies pursue and prosecute the child abusers who pay to have sex with children.
- Police resources should be diverted from prosecuting adults for sex work related offences towards pursuing those seeking paid sex with children.
- Potential abusers seeking child prostitutes might be targeted in an information campaign reminding them that until the age of eighteen, under *Safeguarding Children Involved in Prostitution* (Dept. of Health, 2000) young people involved in prostitution are to be treated as victims of abuse.
- Agencies intending to identify young people at risk of entering prostitution should follow the working practices of Nottinghamshire anti-vice squad and Nottinghamshire Social services. These agencies work in partnership with voluntary agencies in the city to identify vulnerable young people who may be at risk of entering prostitution.
- Future research should investigate the feasibility of a licensing system for sex work premises.

These are harm reduction interventions aimed at:

- preventing children becoming involved in prostitution;
- massively reducing a currently unregulated, criminogenic industry's potential to exploit children, illegal and trafficked migrants and individuals who are dependent on drugs;
- breaking connections between drug use and sex work occasioned by their shared geographic and illicit market areas;
- increasing the appeal of indoor sex work premises for both adult sex workers and their clients and thereby reducing the relative appeal of outdoor sex markets; thus
- reducing outdoor sex markets with the following potential benefits:
  - reduced opportunities for offenders who rely on outdoor sex markets – child abusers and drug dealers;
  - reduced opportunities for violence;
  - improved opportunities to safeguard health and safety in commercial sex; and
  - reduced public nuisance and related disputes associated with outdoor sex markets.

## Services

- Successful treatment for drug use can lead to exit from sex work where sex work had been principally a means to fund drug use.
- Access to housing is crucial for a range of needs from low threshold shelter with planning for the longer term to longer-term stable homes.
- Projects need to develop strong links with accommodation providers outside sex work areas.
- The Children at Risk Review conducted as part of the government spending plans 2003-2006 (Treasury, 2002) confirms that current provision of children's services is poorly developed and lacking an overall strategy to pull them together. This study supports the review's recommendations for structural change to better co-ordinate children's services. The intention here is to improve service co-ordination so that young people do not fall through gaps in service networks.
- There is an untapped potential for mentoring and peer education in sex work networks to encourage harm reduction in sex work and drug use and to encourage and support exiting plans.
- Independent entrepreneurs would be especially able to benefit from peer education and support systems even with minimal encouragement and resources.
- There is tension between explanations for involvement in sex work and drug use by professionals and participants.
- There is a mismatch between 'interventions' and 'the needs of sex workers' expressed both by professionals working in the field and in local protocols. It is therefore suggested that the development and implementation of local protocols needs further study.
- The arbitrary nature of age-related policies may create tensions and difficulties for services:
  - that are geared around volition and choice ascribed to clients with 'adult' identities moving to more interventionist modes of service for 'children'; and
  - when definitions are unclear especially at the margins of definitions of abuse. For example, at ages 16 to 18 young people are of age to consent to sex, yet they are to be treated as victims of abuse in relation to sex for which they receive payment.

## **Preventing child abuse through prostitution and separating the experiences of sex work and drug use**

This study has highlighted two key issues that need to be addressed:

- the need to prevent young people under 18 being abused through prostitution; and
- the need to break the connection between problem drug use and sex work.

In order to address these issues a range of interventions are required, which involve both specialist and mainstream services, including the police and social services. To take account of the multi-service involvement and the complex needs of the young people involved in sex work and drug use, it is recommended that harm reduction services are targeted at young people engaged in sex work and drug use. To be effective we suggest that these services have the following features:

- a focus on establishing and maintaining contact with young people vulnerable to prostitution and developing problem drug use; and
- offer advice, support and referral on a wide range of personal safety, health and social issues.

Young people also require support to help them leave, and ways to prevent other vulnerable young people being drawn into these activities in the first place need to be considered. This requires co-ordinated work between the police and other workers in the criminal justice and care systems to identify young people at risk. The police also have an important role to target abusers.

Future research should explore the impact of licensing sex work premises by local authorities. This research would explicitly explore the potential for separating the environment for sex work and drug use and preventing under-18 year-olds getting drawn into prostitution. Such a study would assess the impact of licensing and determine the conditions that sex work premises would have to meet in order to gain and keep their license to operate.



Here detail is provided of the statistical findings noted in the report. We give these under the same headings to provide easy referencing.

## **Chapter 3 Vulnerabilities**

### ***Vulnerability factors for problematic drug use and sex work***

*Age of first 'hard drug' use*

Mean age 16.4 years; range 10 to 26 years; SD 3.5 years

*Age of first sex work*

Stat point 1. Mean age 19.3 years; range 12 to 44 years; SD 5.5 years

Stat point 2. Mean age 19.3 years; range 10 to 39 years; SD 5.5 years

Stat point 3.  $t=-1.58$ ;  $df=120$ ;  $p=0.12$

### ***Relationships between vulnerability factors***

*Age of first 'hard drug' use by age of first sex work*

$r=0.36$ ;  $n=118$ ;  $p < 0.001$

*Age of first sex work by experience of being 'looked after'*

$t=-2.80$ ;  $df=120$ ;  $p=0.006$

*Age of first 'hard drug' use by experience of being 'looked after'*

$t=-3.74$ ;  $df=119$ ;  $p < 0.001$

*Experience of problem drug use by experience of being 'looked after'*

$\chi^2=8.94$ ;  $df=1$ ;  $p=0.003$

## **Chapter 4 Problem drug use and sex work**

### ***Quantitative evidence on 'shared environment' as explanation for relationships between problematic drug use and sex work***

*Main sex work sector by age of first 'hard drug use*

$t=-2.32$ ;  $df=118$ ;  $p=0.02$

*Main sex work sector by experience of problem drug use*

$\chi^2=26.92$ ;  $df=1$ ;  $p < 0.001$

*Main sex work sector by age 1st sex work*

$\chi^2=7.36$ ;  $df=1$ ;  $p=0.007$

*Main sex work sector by convictions*

$\chi^2=19.67$ ;  $df=1$ ;  $p < 0.001$

*Main sex work sector by experience of being 'looked after'*

$\chi^2=17.29$ ;  $df=1$ ;  $p < 0.001$

*Main sex work sector by experience of homelessness/insecure housing*

$\chi^2=26.42$ ;  $df=1$ ;  $p < 0.001$

*Routes into sex work*

Different patterns of drug use occurring in different sex work sectors

$\chi^2=46.67$ ;  $df=1$ ;  $p < 0.001$

## **Chapter 6 Services**

### ***Access to information and services***

*Drug service contact*

$\chi^2=0.82$ ;  $df=1$ ;  $p=0.366$

*Sex work service contact*

$\chi^2=1.01$ ;  $df=1$ ;  $p=0.314$

*Service impact on sexual health*

Stat point 4.  $\chi^2=7.80$ ;  $df=1$ ;  $p=0.005$

Stat point 5.  $\chi^2=0.11$ ;  $df=1$ ;  $p=0.74$



### **Vulnerability and involvement in drug use and sex work**

*You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.*

The study is concerned with young people who may be considered vulnerable. It aims to find out about the relationship between drug use and routes into and out of sex work. It will be carried out between April 2001 and September 2002.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. Refusal to participate or subsequent withdrawal will not affect the services you receive.

A researcher from Imperial College School of Medicine will interview you about your experiences of drug use and selling sex. Everything you tell the researcher will remain confidential to the research team. It will not be passed on to police, service providers or people who care for you. The only exception to this would be where The Children's Act 1989 requires us to report evidence of child abuse. If you do report child abuse during the interview we will discuss this with you and tell the introducing agency about it. You will be asked to tell us about your experiences in your own words. What you say will be important to us so we will want to tape record the interview. The tape will be destroyed at the end of the study. You will be asked to tell us your age, the area you live in and the tenancy of the place you live. You will not be asked for your name or any other identifying details. This will ensure that you remain anonymous. You will be paid £20 for a one-hour interview.

**At the end of the study we will write reports which can be used to inform improvements to services for vulnerable young people. These reports will be available from the Home Office at the end of the study period. You will not be identified in any report/publication.**

**The study is funded by The Home Office. Ethical approval for its conduct was obtained from Riverside Research Ethics Committee, Chelsea and Westminster Hospital, London.**

**Further information can be obtained from Dr. Linda Cusick at The Centre for Research on Drugs and Health Behaviour at Imperial College School of Medicine, The Reynolds Building, St Dunstan's Road, London, W6 8RP. Phone 020 7594 0815.**

**You may keep this information sheet.**

If you would like to take part in this study please sign the consent form.

Interview number \_\_\_\_\_

**RESEARCH CONSENT FORM (2nd draft)**

**The Centre for Research on Drugs and Health Behaviour  
Imperial College School of Medicine  
St Dunstan’s Road  
London  
W6 8RQ**

**Vulnerability and involvement in drug use and sex work**

**(The respondent should complete the whole of this sheet him/herself)**

Have you read the Information Sheet? Yes No

Have you had the opportunity to ask questions and discuss the study? Yes No

Have you received satisfactory answers to all of your questions? Yes No

Have you received enough information about the study? Yes No

Who have you spoken to? (write name)

Do you understand that you are free to withdraw from the study, at any time, without having to give a reason, and without affecting the quality of your present or future care? Yes No

Do you agree to take part in this study? Yes No

I understand that the Local Ethics Committee may review this form as part of a monitoring process.

Name in block letters:

Signature:

Date:

Signature of person obtaining consent:

Signature:

Date:

**Interview number** \_\_\_\_\_

**Vulnerability and prostitution**

**Basic outline questions**

Q001      Where contacted (project and site) \_\_\_\_\_

Q003      Sex \_\_\_\_\_

Q005      Age \_\_\_\_\_

Q007      *(for office use)* Eligibility group

< or = 21 with experience of both sex work and drug use – group one

22+ with experience of both sex work and drug use, but having ceased or substantially reduced sex work for one month or more at the time of interview – group two

22+ with experience of both sex work and drug use, but having ceased or substantially reduced drug use for one month or more at the time of interview – group two

22+ with experience of both sex work and drug use, but having ceased or substantially reduced both of these for one month or more at the time of interview – group two

**I would now like to ask whether or not you have ever taken drugs.** At the end, there are a couple of questions about substances you may have taken, not knowing what they were called. Please do **not** include drugs prescribed for you by a doctor.

Q011-042 For each of the drugs can you tell me...

- Whether you have used it in the LAST MONTH?
- Whether you have used it in the LAST YEAR?
- Whether you have EVER used it?
- If you have taken one of the drugs, around what age did you first take it?

	In the last month	In the last year	Ever	Age first used
Amphetamines (speed, whiz, uppers, billy)				
Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)				
Cocaine (charlie, coke)				
Crack cocaine (rocks, stones)				
Ecstasy (MDMA, MDA, 'E')				
Heroin (smack, scag, brown, powder, junk, H)				
LSD (acid, trips)				
Magic Mushrooms (Psilocybin, mushies, 'shrooms' liberty cap)				
Methadone (Physeptone)				
Semeron				
Tranquillizers (Temazepam, wobblies, mazzies, jellies, Valium)				
Amyl Nitrite (Poppers, rush, butyl nitrate, liquid gold)				
Glues, Solvents, Gas or Aerosols (to sniff or inhale)				
Pills or powders that you didn't know what they were				
Smoked something that you didn't know what it was				
Anything else that you knew or thought was a drug				

Q052 Have you had a drug problem or been addicted to any drug at any time in your life? Y N

Q053 *If yes, What drug(s) did you have a problem with?* \_\_\_\_\_  
\_\_\_\_\_

Q054 Do you have a drug problem or an addiction now? Y N

Q055 *If yes, what is your main problem drug now?* \_\_\_\_\_

Q056 (*Ask for **current drug use** (show prompt card 1)*)  
How often do you use it?

Never	01
Less than once a month	02
1 to 3 times a month	03
About once a week	04
2 to 3 times a week	05
4 to 6 times a week	06
About once a day	07
2 to 3 times a day	08
4 or more times a day	09

Q057 (*If **past problematic drug use** indicated, ask for past problematic drug (show prompt card 1)*)

Thinking about the time when you felt that you had a problem with drug x, how often did you use it then?

Never	01
Less than once a month	02
1 to 3 times a month	03
About once a week	04
2 to 3 times a week	05
4 to 6 times a week	06
About once a day	07
2 to 3 times a day	08
4 or more times a day	09

Q063 How long ago was this? \_\_\_\_\_

Q062 *(If **past problematic drug use** indicated)*  
 How does your current use of drugs compare to your drug habit when you were addicted to drug x? \_\_\_\_\_  
 \_\_\_\_\_

Q058 Have you ever received treatment for drug use? Y N

Q064 *If yes,* Have you had treatment in connection with drug use in the last month? Y N

**I would now like to ask you a few questions about your experience of selling sex**

Q091-096 What sort of places have you ever sold sex in? *(tick boxes)*

Q098 What was the main one? *(tick which one)*

Worked in ever      Where have you worked most since you started

Street		
Sauna/massage parlour		
Flat		
Escort agency		
Own phone		
Other write in		

Q099 Where do you work mainly now? \_\_\_\_\_

Q100 What age were you when you first sold sex? \_\_\_\_\_

Q101 Where were you living at the time?

Own home (OO/rented)	01
Parents	02
Partner	03
Friends/relatives	04
LA/foster care	05
Hostel/temporary	06
Residential treatment	07
Secure accommodation	08
Homeless/NFA	09
Other _____	10

Q102 *(show prompt card 2)*  
When did you last work?

In last 24 hours	09
In last 3 days	08
In last week	07
In last month	06
In last three months	05
3 to 6 months ago	04
6 to 12 months ago	03
Over a year ago	02
Never	01

Q104 *(show prompt card 3)*  
How many clients do/did you usually have when you go/went out to work?

None	01
About one	02
2 to 4	03
5 to 7	04
8 to 12	05
13 to 20	06
more than 20	07

Q105 (show prompt card 4)  
How often have you worked in the last month?

- Never 01
- Less than once a month 02
- 1 to 3 times a month 03
- About once a week 04
- 2 to 3 times a week 05
- 4 to 6 times a week 06
- Almost every day 07

Q106 (show prompt card 4)  
Thinking about the time when you worked the most, how often did you work then?

- Never 01
- Less than once a month 02
- 1 to 3 times a month 03
- About once a week 04
- 2 to 3 times a week 05
- 4 to 6 times a week 06
- Almost every day 07

Q108 How long ago was this? \_\_\_\_\_

Q107 How does your current involvement in sex work compare to the past? \_\_\_\_\_  
\_\_\_\_\_

Q160 Whilst you have been working, have you been picked up by the police and taken to a place of safety? Y N

Q162 If yes, Did this happen the last time you were working? Y N  
If yes go to Q160

Q164 (show prompt card 5)  
How often does it happen?

Never	01
Almost never	02
Sometimes	03
Quite often	04
Almost always	05
Always	06

**I want to ask you about some services you might have been in contact with. Can you tell me whether you have ever...**

Q170-171 Lived in local authority care, with a foster family or in  
secure accommodation?      Y      N

Details \_\_\_\_\_  
\_\_\_\_\_

Reason in care \_\_\_\_\_

Q174-175 Been in regular contact with social services?      Y      N

Reason for contact \_\_\_\_\_

Q183 Do you suffer from any serious illness?      Y      N

Q184 If yes, what? \_\_\_\_\_

Q186 (show prompt card 2)

When did you last have a sexual health check?

- In last 24 hours 09
- In last 3 days 08
- In last week 07
- In last month 06
- In last three months 05
- 3 to 6 months ago 04
- 6 to 12 months ago 03
- Over a year ago 02
- Never 01

Q187 (show prompt card 6)

How many times have you been diagnosed with a sexually transmitted infection?

- Never 01
- About once 02
- 2 to 4 times 03
- 5 to 7 times 04
- 8 to 12 times 05
- 13 to 20 times 06
- more than 20 times 07

Q189-191 Have you used any drug services in the last six months? Y N

Names or types of services \_\_\_\_\_

Reason for contact \_\_\_\_\_

Q195-197 Have you used any services for sex workers in the last six months? Y N

Names or types of services \_\_\_\_\_

Reason for contact \_\_\_\_\_

**I am now going to read you a list of offences. For each, can you tell me whether you have...**

- a) committed them (but **not** been caught by the police)
- b) been formally cautioned for them (at a police station by a police officer)
- c) been convicted for them (found guilty by a judge or magistrate in court)

	Committed	Cautioned	Convicted
Q111-113 Arson (setting something on fire)			
Q114-116 Criminal damage (vandalism)			
Q117-119 Burglary of house or building			
Q120-121 Theft from shops			
Q122-124 Handling stolen goods			
Q125-127 Theft from a car or vehicle			
Q128-130 Theft of a car or vehicle			
Q131-133 Theft from another person			
Q134-136 Possession of cannabis (check consistency with use)			
Q137-139 Possession of other drugs (check consistency with use)			
Q140-142 Supply or intent to supply drugs			
Q143-145 Assault or wounding another person			
Q146-148 Soliciting/ importuning (offering or seeking to invite sex in exchange for money)			
Q149-151 Any other offence related to sex work			
Q152-154 Anything else (please write in):			



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