



# Solutions and Strategies: drug problems and street sex markets

Guidance for partnerships and providers

# **Solutions and Strategies**

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street sex markets**

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**Gillian Hunter, Tiggey May and the  
Drug Strategy Directorate**

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# Executive summary

## Solutions and Strategies: drug problems and street sex markets

### This guide:

- Provides an overview of the issues relating to prostitution and problematic drug misuse.
- Outlines how current criminal and civil powers can be used with those involved in prostitution who are problematic drug misusers and how to deal with drug and sex markets.
- Describes the types of support and services that those involved in prostitution require.
- Provides good practice advice on addressing drug and sex markets.

It advises those responsible for the management of the problem how to:

- devise strategies to reduce the impact of prostitution on local communities; and
- reduce the impact of problematic drug use on those involved in prostitution through the application of suitable controls and provision of appropriate services.

**Section 1** makes clear the link between street prostitution and problematic drug misuse, and highlights the problems that drugs cause to users and to the communities in which they work. The need for the focus to be on street prostitution is clearly evidenced by research.

**Section 2** sets out the legal position in relation to prostitution and the various legal powers that can be used to act against those selling sex, those living off the

earnings of prostitution, those trafficking persons for sex, those exploiting under-age persons, and penalties for those who buy sex.

**Section 3** covers the relationship between sex markets and problematic drug misuse in detail, looking at the demography of those involved in prostitution.

- Their drug use.
- The considerable problems they experience with regard to health.
- Offending behaviour.
- How they entered prostitution.
- The role of pimps.
- The characteristics of kerb crawlers.
- The relationship with dealers.
- Homelessness.
- As victims of violence.

It also covers harm to communities, including:

- The soliciting of male residents by women.
- The propositioning of local women and girls by kerb crawlers.
- The witnessing of public sexual acts.
- Noise and problems associated with increased traffic.
- The discarding of related litter such as used condoms or injecting equipment.
- An actual or perceived increase in associated criminal activity such as drug dealing and robbery.

The role of specific groups in prostitution related to drugs is examined, including

transgender persons, young people, trafficked women, men and boys. Although drug use may be a problem in several of these groups, problematic drug misuse is most associated with adult women who sell sex on the street.

**Section 4** covers what works in tackling sex markets, including:

- Primary prevention to reduce drug misuse and involvement in prostitution.
- Harm reduction as it applies to both problematic drug misuse and prostitution.
- Drug treatment for young people who are being sexually exploited.
- Drug treatment for adults involved in prostitution.
- Criminal justice interventions for women involved in prostitution.
- Strategies to manage or disrupt sex and drug markets.
- Strategies to support adults and young people to leave prostitution.

The value of partnership action to commission and plan effective services is detailed and explored.

**Services for adults and young people already involved in prostitution** should include:

- Harm reduction.
- Outreach.
- Easily accessed gateway services fully linked to existing outreach or contact services.
- Crack cocaine specific interventions.
- Models of prescribing that offer flexibility, fast track access, and which take a harm-reduction approach.
- Follow-up schemes for those who have dropped out of treatment programmes.

- Satellite drug clinics at dedicated services for women involved in prostitution or workers from dedicated projects accompanying women to drug treatment appointments.
- Clearly communicated plans for how child protection and neglect issues will be handled.
- Drug treatment for the partners of women involved in prostitution.
- Structured day care or drop-in services.
- Partnerships between treatment services and housing services or hostels to offer emergency accommodation or the option of residential drug treatment.
- Immediate access to safe *exit* accommodation, if necessary.
- There should be a specific budget for residential rehabilitation.
- A holistic service which addresses the broader needs of those involved in prostitution.
- Treatment accessed through the criminal justice system should be specifically attuned to the needs of women involved in prostitution.

In relation to **enforcement**:

- Enforcement operations focusing on women involved in prostitution are likely to be resource-intensive.
- They can result in some temporary reduction in the number of women involved in prostitution, but are unlikely to have longer-term impact unless combined with strategies to help women to tackle their drug use and other problems.
- They can displace sex markets and make the problems worse.

The police are encouraged to work within partnerships to ensure that enforcement operations are applied in the context of overall market management structures. This includes the provision of support as a pre-requisite, in line with research published alongside the guidance (Hester & Westmarland, 2004) that clearly shows this to be the most effective intervention to reduce the impact of sex markets.

The role of the Criminal Justice Service is covered, including opportunities provided through the Criminal Justice Intervention Programme and how this can be used to direct women towards treatment. In each case, the need to ensure services are specifically aimed at women involved in prostitution and capable of meeting their needs is highlighted.

The role of Anti-Social Behaviour Orders (ASBOs) as part of a programme of support for those involved in prostitution is covered, along with interventions for those buying sex and those involved in pimping. In relation to ASBOs the following criteria should be applied before they are used, and if used, applied in the context of support provision:

- What direct impact will they have on nuisance?
- Will women in receipt of the orders stop working in the area?
- To what extent might such initiatives cause displacement of prostitution to other areas?
- Will it lead women into more disruptive and unregulated practice?
- Will other local residents feel safer?
- Will the ASBO prevent women from accessing local services?

The importance of situational prevention, effective housing management, drug-related litter control, and the need for community engagement are also covered and encouraged for maximum effectiveness.

## Section 5

This section places the advice and interventions in Section 4 in the context of a planning and commissioning group and sets out what they should do to manage the problem. It:

- provides guidance on how to assess local drug and sex markets and how to address the needs of those involved in prostitution who are problematic drug misusers;
- highlights issues to consider when commissioning services for this group and developing strategies to disrupt drug and sex markets;
- highlights potential training needs for service providers and police; and
- outlines methods for monitoring and evaluating service provision for women who are involved in prostitution and are problematic drug misusers, and the local strategies to tackle drug and sex markets.

## Section 6 makes recommendations that include:

- Drugs and sex markets are individual to each area and subject to local circumstances. Therefore, before any commissioning decisions are made, a detailed mapping of the local problem should be undertaken to establish what type of market there is.
- A multi-agency, multi-strategy approach is key to tackling sex and drug markets. Agencies that must be involved include health, drug services, housing, children's services (where applicable), *and* police. 'Market disruption' or 'market management' strategies such as enforcement or situational prevention activities should always be combined with strategies for supporting women to tackle their drug problems and other issues, including housing, health and re-training for alternative employment.

- Where demand is high, consideration should be given to creating or funding specific services for the client group, which offer outreach or contact services and provide gateway access to specialist drug treatment provision.
- Any strategy must ensure that it meets the needs of the broader community and impacts on the market in such a way as to reduce damage without further harming those involved in prostitution.
- A forum for regular communication among service providers and the police should be established.
- A forum for regular communication with local residents and business owners is essential.
- Early intervention and prevention work should be an essential component of any strategy.
- Young people need specialist, child-centred services that are specific to their understanding and stage of development, and tailored to their stage of involvement in drug use.
- Outreach will be a key method of contacting and engaging with hard-to-reach groups.
- A mapping exercise will provide an indication of the type of adjustments to local drug treatment provision that is necessary to attract and cater for those involved in prostitution.
- It will be necessary to ensure that criminal justice drug interventions have the experience and capacity to meet the needs of the client group.
- Having stable accommodation is crucial for women involved in prostitution.
- The high prevalence of violence experienced by women involved in prostitution is an issue that should be addressed locally as part of any strategy. Projects should agree upon procedures for handling such incidents.
- As part of a longer-term strategy, training and education for those involved in prostitution must be addressed.



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# Introduction

## Who is this guide for?

*Crime and Disorder Reduction Partnerships (CDRPs)*

*Drug Action Teams (DATs)*

*Practitioners*

*Local authorities*

*Service commissioners*

*Police*

This guide is designed to:

- provide an overview of the issues relating to prostitution and problematic drug misuse;
- outline how current criminal and civil powers can be used with those involved in prostitution who are problematic drug misusers, and to deal with drug and sex markets;
- describe the types of support and services that this client group requires; and
- provide good practice advice on addressing drug and sex markets.

The guide advises those responsible for the management of the problem of sex markets how to:

- devise strategies to reduce the impact of prostitution on local communities;
- reduce the impact of problem drug use on those involved in prostitution through the application of suitable controls and provision of appropriate services; and
- develop support strategies to help those involved in prostitution to gain access to drug treatment services and to exit prostitution.

## Terminology

The term '*women involved in prostitution*' is used except where the guidance is talking specifically about men (see Section 3.5.1). In the case of young people (under 18 years), the term '*sexual exploitation*' is used to denote the abusive relationship between the child and adult perpetrator.

'*Problematic drug misuse*' is defined as regular use of a controlled drug that may cause social, psychological, physical or legal problems and/or dependence (Advisory Council for the Misuse of Drugs, 1982).

DATs and CDRPs are currently undergoing complete or partial mergers. The result of this will be combined Drug and Crime Teams in local areas able to share resources and with less duplication of effort. These partnerships are the local delivery arm of the Government's drug and crime reduction strategies. For the purpose of this guide these teams are described as '*local partnerships*'.

## The scope of this guide

This guide should be read as drug specific advice in addition to two other key documents that look at prostitution in a wider context:

- *Paying the Price: A Consultation Paper on Prostitution* (Home Office, 2004).
- *Tackling Street Prostitution: Towards an Holistic Approach* (Hester & Westmarland, 2004). Research published by the Home Office, which evaluates good practice in dealing with the problems and helping the women involved.

This guide is concerned with prostitution and problematic drug misuse, thus, the focus is primarily on street-based prostitution. This is not to say that those operating from other venues do not use drugs (although many do not), but it is in street-based prostitution where current UK research shows that *problematic* drug misuse is most prevalent and where those involved in prostitution and local communities are most vulnerable.

The guide highlights some of the issues that should be considered when responding to drug and sex markets and when commissioning services for women involved in prostitution who are problematic drug misusers. Information is provided about female, male and transgender people involved in prostitution, and the sexual exploitation of children. Throughout the guide, research evidence from the UK is referred to and the views and experiences of ground-level service providers, the police and other professionals are discussed. This guide provides a short summary of research and information on drug misuse and prostitution; however, pointers to further reading are provided at the end of each section.

# The links between drug and sex markets

1.1.1 The links between drug and sex markets are well known. This section will cover briefly these potential links and why appropriate services need to be provided. It is important to note that drug and sex markets are individual to each area and thus subject to local circumstances concerning the structure of, and links between, the two markets.

## The organisation of drug and sex markets

1.2.1 Drugs and sex are sold in varying types of markets; a main area of difference is the way in which the buyer locates the seller as this tends to define the geography of the market (Box 1/2).

### Box 1: Organisation of sex markets

#### Street

Meeting face-to-face on the street.  
Kerb crawling, usually in a 'red light district'.

#### Off street

Visiting brothels or working flats.  
Responding to small adverts in local newspapers or magazines.  
Calling escort agencies or visiting hostess clubs.  
Visiting massage and sauna parlours.  
Advertising on the Internet.

*Source: May et al, 1999.*

### Box 2: Organisation of drug markets

#### Open drug market

These tend to operate in geographically well-defined areas at defined times and there are no barriers to access; someone completely unknown to sellers would be able to buy drugs in an open market.

#### Closed drug market

These can be pre-arranged meetings on the street or at off-street premises. Access is limited to known and trusted participants. An unknown buyer needs someone to introduce them or to vouch for them before they can make a purchase.

#### Semi-open drug market

These are pub- or club-based markets where unknown buyers will be able to purchase drugs, 'if they look the part'.

#### 'Crack house'

This describes a range of properties from which Class A drugs are sold. Crack houses are typified by the supply of crack cocaine, but other Class A drugs such as heroin are usually available. They are often occupied for a short period until enforcement intervenes. In some cases the crack cocaine dealer may have forced the rightful tenant to allow the use of the house. These can also be used as centres for obtaining stolen goods or firearms. Users may be able to stay for extended periods using drugs and obtaining other services such as commercial sex. Women involved in prostitution can introduce new buyers to the crack house.

*Source: May et al, 2000b; Home Office, 2003a.*

## Drug misuse as a reason for entry to prostitution

1.3.1 It is difficult to demonstrate a causal relationship between involvement in prostitution and problematic drug misuse. However, they share many of the same inter-connecting risk factors. These include disrupted family lives, disrupted schooling, socio-economic deprivation, child physical and sexual abuse, experience of local authority care, homelessness, and involvement in crime (Faugier & Cranfield, 1994; Shaw & Butler, 1998; Melrose *et al*, 1999; Phoenix, 1999; Cusick, 2002; Pearce *et al*, 2003; Hester & Westmarland, 2004).

1.3.2 May *et al* (1999) found that women involved in street prostitution were spending on average between 75 per cent to 100 per cent of their income on drugs. Problematic drug misuse is often reported as a factor for entry to prostitution and many women are working to fund their own drug use and often that of their partner (Pearce & Roache, 1997; Cusick, 1998a; Stewart, 2000; May *et al*, 2000a). Melrose *et al* (1999) found that 'to get drugs' was a frequent reason given by young people for their involvement in street prostitution and drug misuse was more likely to have preceded prostitution than vice versa (Melrose *et al*, 1999). *Drugs and street sex markets are usually interlinked and in almost all cases women involved in street prostitution will have substance misuse problems (see Section 3).*

## Problematic drug misuse in street and off-street prostitution

1.4.1 Drugs are much less likely to be a problem or the main cause of prostitution in off-street sex markets. For example, indoor workers cite the main reasons for entering prostitution as household expenses and children (74 per cent of indoor workers

compared to 28 per cent of women involved in street prostitution in the Church *et al*, 2001 study). 'Chaotic' or problematic drug misuse is not tolerated in indoor venues and women working in that sector are often keen to distance themselves and their work from any association with drug misuse (Cusick, 1998a; Taylor, 2003). Keeping drug use discreet is one strategy to deflect police interest in indoor venues (Cusick, 1998a; May *et al*, 1999). Most women who are using drugs problematically are unable or unwilling to work the shifts required of indoor sex markets (Benson & Matthews, 1995). There are various accounts in the research literature of women moving from indoor to street-based sex markets as a result of problematic drug misuse (Cusick, 1998a; Green *et al*, 2000).



1.4.2 A similar street/off-street demarcation in terms of problematic drug misuse has been reported in relation to male sex markets. For example, the current central London male street-scene is one that involves often homeless men who are using prostitution to fund their use of crack cocaine (Working Men's Project, 2003).

1.4.3 Church *et al* (2001) reported a significantly higher prevalence of injecting drug use, and heroin and crack cocaine use, among women involved in street sex markets. The use of amphetamines and tranquillisers was higher among indoor workers (see Box 3).

### Box 3: Comparison of drug use in street and off-street sex markets

- 93 per cent (90/115) of those involved in street sex markets had used an illegal drug in the six months prior to interview compared to 69 per cent (86/125) of indoor workers.
- 49 per cent of those involved in street sex markets had injected in the month prior to interview compared to 3 per cent of indoor workers.
- 78 per cent of those involved in street sex markets had used heroin compared to 5 per cent of indoor workers.
- 32 per cent of those involved in street sex markets had used crack cocaine compared to 4 per cent of indoor workers.
- 37 per cent of those involved in street sex markets had used tranquillisers compared to 79 per cent of indoor workers.
- 11 per cent of those involved in street sex markets had used amphetamine compared to 30 per cent of indoor workers.
- 63 per cent of those involved in street sex markets reported their main reason for prostitution was to pay for drugs compared to 1 per cent of indoor workers.

Source: Church et al, 2001.

1.4.4 These figures make it apparent that it is street sex markets that should most concern those involved in developing policy. No strategy to address the problems caused to communities by street sex markets can ignore issues of problematic drug misuse. However, recent evidence points to the need to monitor developing substance misuse problems in off-street sex markets amongst women trafficked for the purposes of sexual exploitation and those associated with 'crack houses' (see Section 3).

## Why address this issue?

1.5.1 Because of their links, drug and sex markets should be addressed together. Detailed examples of how to do this are discussed in Section 4.

Key to addressing these issues is the:

- prevention of the involvement of vulnerable groups in prostitution and problematic drug misuse;
- reduction of the drug and health-related harms experienced by women involved in prostitution and, where appropriate, provision of help and support in leaving prostitution;
- commissioning of appropriate and accessible drug treatment services for women involved in prostitution;
- reduction of the violence women involved in prostitution experience from clients and others;
- reduction of the harms caused in residential areas by drug and sex markets, including encouraging residents not to engage in vigilante action;
- prevention of anti-social behaviour; and
- reduction in the selling of drugs and their availability to women involved in prostitution, their partners and clients.

## Further reading

**Hester, M. & Westmarland, N.** (2004) *Tackling Street Prostitution: Towards an Holistic Approach*. Home Office Research Study No. 279. London: Home Office.

**May, T., Edmunds, M. & Hough, M.** (1999) *Street Business: The Links Between Sex and Drug Markets*, Police Research Series, Paper 118. London: Home Office.

**Church, S., Henderson, M., Barnard, M. & Hart, G.** (2001) Violence by clients towards female prostitutes in different work settings: questionnaire survey. *British Medical Journal*, 332: 524–5.



# The legal framework

2.1.1 This section summarises the various legal and civil powers available to tackle drug and sex markets. The use of these powers is discussed in Section 4.

## Legislation relating to drug misuse

2.2.1 The *Misuse of Drugs Act 1971* (MDA) makes it an offence to possess, offer or supply, produce or cultivate, or import or export a controlled drug. Regulations divide controlled drugs into three classes depending on the degree of harm attributed to the misuse of the drug. Class A drugs are the most harmful and include heroin, ecstasy and cocaine/crack. The penalties for being convicted of an offence under the MDA are defined according to the class of drug. Possession of a Class A drug can result in up to seven years imprisonment and/or an unlimited fine. Conviction for supply or possession with intent to supply a Class A drug can incur a sentence of up to life imprisonment and an unlimited fine.

2.2.2 The MDA also allows charges to be brought against the owner of a property or letting agent or tenant if they knowingly allow their property to be used for supply or production of any controlled substance (section 8 of the MDA) or for the use of cannabis or prepared opium.

2.2.3 *The Housing Act 1996* permits the eviction of tenants for behaviour, including drug supply, if the tenant had been convicted of an arrestable offence in the location of the dwelling or the tenant, lodger or visitor has committed a nuisance or annoyance to neighbours in breach of

their tenancy agreement (Home Office & DTLR, 2002).

2.2.4 Under the *Anti-Social Behaviour Act 2003* new powers have been created to close premises where there is Class A drug production, use or supply and serious nuisance or disorder. This can be used to close down premises such as 'crack houses' where evidence suggests that women involved in prostitution may be present, or temporarily resident.

## Legislation and civil powers relating to adult sex markets

2.3.1 Selling sex is not an offence; however, many of the activities associated with it, such as selling or buying sexual services on the street, or in a public place, or owning or managing an establishment where sexual services are sold, are illegal. The legislation relating to prostitution includes:

- the *Street Offences Act 1959*.
- the *Sexual Offences Acts 1956, 1967, 1985 and 2003*.

### 2.3.2 *Soliciting*

The *Street Offences Act 1959* (which was gender-neutralised by the *Sexual Offences Act 2003*) makes it an offence for a 'common prostitute to loiter or solicit in the street or public place for the purposes of prostitution'. To prove that someone is a 'common prostitute' requires evidence that s/he regularly solicits for the purposes of prostitution. This evidence is normally provided by issuing a 'prostitute's caution', and acquiring the status of 'common prostitute' after two such cautions.

**Table 2.3: Legislation relating to adult prostitution**

Act	Offence	Maximum penalty
<b>Street Offences Act 1959</b> (section 1)	Loitering or soliciting for the purposes of prostitution	Fine of up to £500 for first offence and up to £1,000 for second offence
<b>Sexual Offences Act 2003</b>	Made above offence gender neutral	
<b>Sexual Offences Act 2003</b> (sections 54 & 55)	Causing or inciting another person to become a prostitute or controlling any of the activities of a prostitute	Up to 7 years' imprisonment
<b>Sexual Offences Act 1985</b> (sections 1 & 2)	Kerb crawling and persistent solicitation of women for the purposes of prostitution	Fine of up to £1,000
<b>Sexual Offences Act 2003</b>	Made above offence gender neutral	
<b>Sexual Offences Act 1956</b> (sections 33–36)	Keeping a brothel or managing, acting, or assisting in the management of a brothel	Up to 6 months' imprisonment and/or fine of up to £2,500
<b>Sexual Offences Act 2003</b> (sections 58–60)	Arranging or facilitating the trafficking of a person for sexual exploitation into/out of or within the UK	Up to 14 years' imprisonment

Soliciting is a recordable offence and following the passing of the *Criminal Justice Act 2003* it is possible that a person convicted of this offence on more than three occasions can be given a community penalty.

### 2.3.3 'Pimping'

The Sexual Offences Act 2003 repealed a number of gender-specific prostitution-related offences, replacing them with legislation that criminalises any *person* who causes or incites another *person* to become a prostitute for gain, or who controls any of the activities of a prostitute.

### 2.3.4 Kerb crawling

The Sexual Offences Act was amended in 1985 to include kerb crawling by the introduction of the offence of 'persistent'

solicitation of women for the purposes of prostitution. This has been made gender-neutral in the Sexual Offences Act 2003. The *Criminal Justice and Police Act 2001* gave police new powers of arrest for the offence of kerb crawling. The *Powers of Criminal Courts Sentencing Act 2000*, enables courts to consider disqualifying from driving anyone convicted of a kerb crawling offence, as an additional penalty (provision for which became available in January 2004)(Home Office, 2003b).

### 2.3.5 Keeping a brothel

The Sexual Offences Act 1956 specifies that it is an offence for a person to keep a brothel, or to manage, act or assist in the management of a brothel. While there is no statutory definition of 'brothel', case law has established that a brothel can be any



premises where two or more women practice selling sex or where a number of women involved in selling sex occupy the same building with some common management. These laws could be applied to a private home or commercial premises such as a massage parlour or sauna. Knowingly permitting premises to be used as a brothel is also proscribed. The penalties for these offences were increased significantly in the Sexual Offences Act 2003.

2.3.6 The Sexual Offences Act 2003 introduced legislation against the trafficking of persons (adults or children) for sexual exploitation. These offences cover bringing foreign nationals into or out of the UK as well as moving people around the UK.

2.3.7 An addition to the legislation, contained in the Criminal Justice and Police Act 2001, makes it an offence to place advertisements relating to prostitution in the immediate vicinity of a public telephone.

#### 2.3.8 *Anti-Social Behaviour Orders*

Anti-Social Behaviour Orders (ASBOs) were introduced by the Crime and Disorder Act 1998 to provide the courts with a civil remedy for anti-social behaviour. They enable courts to forbid a range of actions – such as entering a specified area. Although ASBOs are a civil procedure, the standard of proof required should be equivalent to the criminal standard – i.e. proven beyond all reasonable doubt. Non-compliance or breach can result in imprisonment. The *Police Reform Act* 2002 now gives criminal courts the power to issue an ASBO on conviction of a criminal offence and has extended the area an ASBO can cover to any defined part or the whole of England and Wales (Home Office, 2003b).

2.3.9 The *Local Government Act* 1972 (section 222) allows for a court to exclude a person from the land or property of a local authority where it can be demonstrated that their presence is likely to lead to anti-social

behaviour or nuisance. This Act has been successfully used to create injunctions to exclude women involved in prostitution and drug dealing from a London Borough, although it can be used for other anti-social behaviour. However, this power is likely to be unavailable for use where a person is resident in an area or has children in that area.

## Children who are sexually exploited

2.4.1 The framework for dealing with children who are sexually exploited is outlined in:

- *Working Together to Safeguard Children* (Department of Health *et al*, 1999);
- *Safeguarding Children Involved in Prostitution* (Department of Health *et al*, 2000); and
- the Sexual Offences Act 2003.

2.4.2 *Safeguarding Children Involved in Prostitution* provides guidance for the police, health, social services, education and other agencies that may come into contact with children who are involved in prostitution. The Guidance is issued under section 7 of the *Local Authority Social Services Act* 1970 and must be complied with unless local circumstances indicate exceptional reasons to justify a variation.

The guidance recommends an inter-agency approach to tackle child prostitution to ensure that any local problem is recognised quickly and that structures are in place to protect the child and prevent further abuse.

2.4.3 The main points of the guidance are as follows:

- Young people (aged under 18 years) involved in prostitution should be treated primarily as victims of abuse and children in need.

- Local authorities (Area Child Protection Committees) should investigate the extent of child prostitution in their area and develop inter-agency protocols for dealing with child prostitution.
- Protocols should outline the processes and possible responses for dealing with a child who is involved in prostitution and involve education and social services, drug and health services, the police, the Crown Prosecution Service and any relevant local voluntary organisations.
- Protocols should enable immediate inter-agency intervention to protect the child and to initiate appropriate criminal action against the abuser or coercer.
- The inter-agency group should devise a support and exit plan tailored to each child's needs and this should be reviewed on a regular basis. The exit plan can involve the child receiving a range of services including drug treatment, safe housing, sexual health advice and counselling.
- A criminal justice response should only be considered after attempts at diversion out of prostitution have failed and any such action by police should be preceded by inter-agency discussion about the young person's needs and circumstances.

#### 2.4.4 *Sexual Offences Act – commercial sexual exploitation of children*

The Sexual Offences Act 2003 introduced specific legislation for dealing with the commercial sexual exploitation of children. This covers children of both sexes aged under 18 years and includes:

- Paying for the sexual services of a child aged under 18 years.
- Causing or inciting a child to become a prostitute or to be used for pornography.
- Controlling the activities of a child in prostitution or pornography.

- Arranging or facilitating the prostitution of a child or the use of a child in pornography.

The first offence incurs a penalty of 7 years', to life imprisonment depending on the type of sexual act and age of the child. The penalty for the other offences is up to 14 years' imprisonment and/or an unlimited fine.

### Further reading

**Department of Health, Home Office, Department for Education and Employment & National Assembly for Wales.** (1999) *Working Together to Safeguard Children*. London: Department of Health.

**Department of Health, Home Office, Department for Education and Employment & National Assembly for Wales.** (2000) *Safeguarding Children Involved in Prostitution*. London: Department of Health.

**Home Office & Department for Transport, Local Government and the Regions.** (2002) *Tackling Drug Use in Rented Housing. A Good Practice Guide*. London: Home Office.

**Home Office.** (2003) *Crime Reduction Toolkits. People Trafficking*. London: Home Office.

# Characteristics of drug and sex markets

3.1.1 Section 1 gave an overview of the various ways in which drugs and sex are sold and the greater likelihood of problematic drug misuse among those operating in street-based sex markets. This is detailed further in this section with information about the links between drug and sex markets and the problems they cause for communities. The connection between drugs, health, housing and other problems for those involved in prostitution are discussed.

## Nature and extent of sex markets in the UK

3.2.1 A survey of police forces in England and Wales conducted in 1998 collected information about street and off-street sex markets. Of the 36 forces that responded, over half (21) reported having street and/or off-street sex markets in their area (Kelly & Regan, 2000). The authors argued that this was likely to be an under-estimate, as examination of internet and media adverts suggested the existence of markets in areas where none had been identified by the police.

3.2.2 In 2003/04, 69 projects providing services to those involved in prostitution were members of the UK Network of Sex Work Projects (UKNSWP). These include projects providing services exclusively for men and women involved in prostitution as well as drug agencies, sexual health services and health promotion projects that provide for these clients. The European Network for HIV-STD Prevention in Prostitutes ([www.europap.net](http://www.europap.net)) lists 124 agencies providing some level of service to those involved in prostitution in the UK, over half of which are affiliated to the UKNSWP. The location of these agencies provides another indicator of the prevalence of sex markets. The directory includes projects located or providing services in 31 of the 37 'High Crack Areas' (HCAs). The Home Office has designated a Drug Action Team (DAT) area as a HCA if it shows a number of characteristics commonly associated with crack cocaine consumption including high rates of acquisitive crime, higher than normal firearms offences and the presence of an open sex market.

**Table 3.2.1: Police perceptions of sex markets<sup>1</sup> (adapted from Kelly & Regan, 2000)**

	No Vice Unit (%) N=23	Vice Unit (%) N=13
Street prostitution an issue locally	9 (39)	12 (92)
Concerns about off-street locally	4 (17)	9 (69)
Some off-street but not a problem	7 (30)	1 (8)
No street prostitution locally	13 (57)	0
No off-street locally	9 (39)	0

1. Based on survey of 36/43 police forces in England and Wales conducted in 1998.

## Key links between sex markets and drug markets

3.3.1 May *et al* (1999) examined the links between sex and drug markets in three cities in England. The research was based on interviews with women involved in prostitution, drugs workers and the police. The study sites were selected because of the co-existence of the two markets, although the structure of the drug markets differed from site to site and included 'open', 'semi-open' and 'closed markets', and in two sites, a combination of open and closed markets. Women involved in prostitution had different degrees of impact on the different levels of the market.

### 3.3.2 *Women involved in prostitution make significant customers for drug dealers*

This was true for two of the three sites. In one, women involved in street prostitution comprised a significant proportion of buyers in the semi-open market but were less central to the closed market. In another site, they were an important purchasing group for the closed market and played a significant part in the operation of the open market.



### 3.3.3 *Women involved in prostitution assist drug dealers*

In all the sites, women involved in street prostitution had bought and used drugs with clients and in one site, they played a more active part including holding and selling drugs to their clients and others, and hiding drugs in body cavities to avoid police searches.

### 3.3.4 *Male drug dealers act as 'pimps'*

Two-thirds of the women involved in prostitution reported working independently, and there was no evidence that the stereotypical pimp/exploiter was a common feature of sex markets. However, it was found that the role of dealer, partner and pimp had become interwoven and that many women had close relationships with dealers and were dependent on them for their drug supply (May *et al*, 1999). A subsequent study has highlighted how, in some cases, drug dependence has been substituted for violence as a means of securing compliance from women involved in prostitution (May *et al*, 2000a).

### 3.3.5 *The impact of crack cocaine on sex markets*

Crack cocaine has been key in pulling together sex and drug markets and was identified as the most significant factor in the development of the markets in all the sites. It is described as a drug ideally suited for sex markets (Box 4). A study examining the impact of crack cocaine on sex markets in London reported that the drug was being used in all sectors of prostitution, including by clients (Green *et al*, 2000). The 'crack house' where drugs can be bought and used on site and where commercial sex is often available, is a feature of some drug markets. Women involved in prostitution often bring new buyers to these locations (Home Office, 2003a).

#### Box 4: Links between crack cocaine and sex markets (May *et al*, 1999)

- Crack cocaine is a palliative, creating a feeling of alleviation, for the risks and pressures inherent in sex work.
- In contrast to opiate use, the short-acting nature of the drug encourages binge use.
- Sex workers can raise sufficient cash for binge use.
- They can bring additional custom to the market, both directly and indirectly.

#### 3.3.6 Effects of sex and drug markets on the community

The impetus for policing street sex prostitution is often complaints from the public. In some towns and cities in the UK, there is a history of residents taking their own action in order to 'rid their streets of prostitution' (Hubbard, 1997 and 1998). In other areas residents have called for local authorities to tackle street sex prostitution not only to address community issues but also the problems faced by women involved in street prostitution (O'Neill & Campbell, 2002; 2003). The presence of street sex work and drug markets can cause a range of problems for residents living in close proximity to the markets. These include:

- The soliciting of male residents by women.
- The propositioning of local women and girls by kerb crawlers.
- Public sexual acts.
- Noise and problems associated with increased traffic.
- Related litter such as used condoms or injecting equipment.
- Feelings of intimidation.
- An actual or perceived increase in associated criminal activity such as drug dealing, pimping and robbery.

- Potential dis-investment in the area.

(Campbell *et al*, 1996; Matthews, 1992; May *et al*, 1999; O'Neill & Campbell, 2003)



3.3.7 The short-acting nature of crack cocaine and its increasing use among women involved in street prostitution has been linked to changes in working patterns which, in turn, can have a significant impact on the communities where sex markets are based. For example, where crack cocaine is the primary drug of use, women may be more likely to be involved in prostitution throughout the day and at night to fund their drug use (Hester & Westmarland, 2004).

#### Women involved in street prostitution

##### 3.4.1 Class A drug use among women involved in street prostitution

The majority of women involved in street prostitution are problematic drug misusers. Table 3.4.1 summarises the findings from a number of studies conducted in cities and towns in England and Scotland of drug misuse among women involved in street prostitution. These show significant proportions of women using and often injecting Class A drugs.



**Table 3.4.1: Drug use among women involved in street prostitution.**

Author	Sample size and study site	Drug use in past six months
Hester & Westmarland, 2004	228 women involved in prostitution, Hull, Manchester, Kirklees, London	87 per cent were using heroin and 64 per cent were using crack cocaine
Macdonald <i>et al</i> , 2003	20* women involved in prostitution, Medway Kent	15 were injecting drugs
Campbell, 2002	70* women involved in prostitution, Liverpool	66 were using heroin and 57 were using crack cocaine
Church <i>et al</i> , 2001	115 women involved in prostitution, Leeds, Edinburgh and Glasgow	93 per cent were using illegal drugs, 78 per cent were using heroin 32 per cent were using crack cocaine
Dorset Working Women's Project, 2001	30* women involved in prostitution, Bournemouth	All were using heroin (19 injected the drug), and 10 were using crack cocaine
May <i>et al</i> , 2001	100 women involved in prostitution, London	53 were using heroin and 73 were using crack cocaine
McCullagh <i>et al</i> , 1998	317 women involved in prostitution, North West	58 per cent were injecting drugs
McKeganey & Barnard, 1996	167 women involved in prostitution, Glasgow	75 per cent were injecting drugs

\*For samples of less than 100 women, numbers rather than percentages are provided.

**3.4.2 Health implications of problematic drug misuse**

There are obvious health implications of problematic drug misuse, including, if injecting, blood-borne infections such as HIV, Hepatitis B and C, as well as abscesses and overdose. However, there are a number of ways in which prostitution has been shown to exacerbate problematic drug misuse and increase health risks. For example, the level of income generated by prostitution can serve to increase the quantity and frequency of drug use, and women involved in prostitution can be targeted by drug dealers because of their buying power. In a study conducted in Kent, women involved in street prostitution had more than doubled their

weekly drug spend since starting sex work (Macdonald *et al*, 2003).

**3.4.3 Regular use of condoms with clients is a well-established practice amongst women involved in prostitution.** However, exceptions have been reported in situations where drug misuse is involved (Gossop *et al*, 1995). Women have associated drug or alcohol effects with loss of control, leading to reduction of condom use (Cusick, 1998b). Ward *et al* (2000) have found that women will sometimes make exceptions to their condom rule for a man who is supplying them with crack cocaine or whom they describe as a crack cocaine smoking partner. A project working with women involved in prostitution in London noted the increase in the number of women with multiple

health problems associated with crack cocaine use, including unwanted pregnancies requiring late terminations, sexually transmitted infections (STIs), depression and widespread social problems (Green *et al*, 2000).

#### 3.4.4 *Building a profile of women involved in prostitution*

Monitoring data from five sex work projects in Manchester, Stoke on Trent, Hull, Kirklees and Hackney in London on a total of 333 women involved in street prostitution was collected as part of the Home Office Crime Reduction Programme's (CRP) Reducing Crime and Disorder Associated with Prostitution initiative. Although not all data items were collected for all women the following profile could be constructed (Hester & Westmarland, 2004).

The women involved in street prostitution:

- were aged between 16 and 55 years with an average (median) age of 25;
- 80 per cent were white (no significant difference to the general population in study areas);
- entered prostitution between 14 and 55 years of age;
- female friends already involved in prostitution were most frequently cited as introducing women to prostitution, followed by a male friend then self-introduction;
- reasons given for involvement in prostitution included access to money to pay off debts, to fund drug use of self and partner and to buy 'nice things';
- the majority of women were single, some were co-habiting with their 'boyfriend' or 'pimp' and a minority were married;
- just under half of the women had at least one child and they were nearly twice as likely to be living away from their children than with them;
- women tended to live close to the area where they were sex working;
- 90 per cent used non-prescribed drugs and over half were using both heroin and crack cocaine; and
- most of the women lived in privately rented accommodation, followed by being homeless.

#### 3.4.5 *Homelessness*

Homelessness has been identified as a risk factor for involvement in prostitution and being homeless or living in temporary or insecure accommodation is a common issue for women involved in prostitution.

- Three-quarters of 100 women in contact with an arrest referral service in Kings Cross, London were either homeless or living in temporary housing (May *et al*, 2001).
- Nearly two-thirds of 70 women interviewed in Liverpool were of no fixed abode (Campbell, 2002).
- Phoenix (1999) reported 18 of 21 women interviewed had experienced some type of housing difficulty and for most this had meant continual or recurring housing problems.

#### 3.4.6 *Contact with the criminal justice system*

Contact with the criminal justice system is highly likely for women involved in street prostitution via arrests for soliciting. A study by May *et al* (1999) found that 56 of 67 women interviewed had been arrested for soliciting with just under a quarter reporting a backlog of fines. In a later study, women involved in prostitution (n=19) reported an average of 50 arrests since first involvement in street prostitution (average length of involvement was nine years). Women also had a range of non-soliciting offences (May *et al*, 2000a).

- In a study examining the criminal careers of women involved in prostitution, Sharpe (1998) found that over three-quarters of the 40 women she interviewed had criminal records for offences other than prostitution, and just under two-thirds had committed an offence before any involvement in prostitution.
- Of 36 women interviewed by May *et al* (2000a), 28 had other convictions, including shoplifting (18), drug possession (10), drug supply (3), Actual Bodily Harm (11), Grievous Bodily Harm (2) and criminal damage (7).
- Hester & Westmarland (2004) reported that the number of past offences committed by 202 women ranged from 0 to 240. One-third had committed between one and five offences including theft and handling stolen goods (64 per cent), sexual offences (40 per cent) and drug offences (29 per cent).

3.4.7 This suggests that women commit a range of other offences, many of which (for example drug offences, theft and shoplifting) are target offences for criminal justice drug interventions. It highlights, therefore, that criminal justice services should be able to respond via Arrest Referral to women who may have multiple needs.

#### 3.4.8 *Victims of violence*

The location of prostitution is the most important factor associated with experience of violence, with women involved in street sex markets at far greater risk than those who work off-street (Church *et al*, 2001). In addition, problematic drug misuse can make women vulnerable to violence from clients as their usual self-defence strategies, such as working in pairs and negotiating arrangements before entering a car, are less likely to be adhered to if under the influence of drugs (Pearce, 1999; Campbell *et al*, 1996; McKeganey & Barnard, 1996).

3.4.9 The majority of women involved in street sex markets report multiple experiences of violence, not only from their clients and partners but also from passers-by abusing them both verbally and physically (McKeganey & Barnard, 1996; Campbell *et al*, 1996; Campbell & Kinnell, 2001). Women involved in prostitution are often reluctant to report violent crime committed against them to the police and often may accept violence as an occupational hazard (McKeganey & Barnard, 1996; Campbell *et al*, 1996; May *et al*, 1999; Phoenix, 1999).

- Of 115 women involved in street sex markets in Leeds and Glasgow, 81 per cent had experienced client violence, with 47 per cent having been slapped, punched or kicked, 37 per cent having been robbed by clients, 28 per cent having suffered attempted rape, and 22 per cent having been raped (Church *et al*, 2001).
- In the UK, at least 60 prostitutes have been murdered in the last 10 years. Kinnell (2000, 2001) has recorded the murders of 51 women and girls involved in prostitution. The mode of working is known for 44 cases, and of these the majority (37) were street workers. In the 29 cases where charges are known to have been brought, 18 were clients.
- Ward *et al* (1999) found that 68 per cent of 193 street workers had experienced physical assault and women involved in prostitution had a mortality rate 12 times higher than expected for London.
- Hester & Westmarland (2004) reported that three-quarters of 125 women had experienced physical violence, mostly from clients or from 'boyfriend'/'pimp'. Over half of the women had been forced to have sex against their will or without payment or been indecently assaulted, and over two-thirds had experienced verbal abuse.



3.4.10 The traditional stereotype of a pimp controlling a woman is less common than popularly imagined, although prostitution to support a partner's drug habit or more informal types of pimping by partners is an apparent problem. Where such relationships exist, violence is common (May *et al*, 2000a).

## Men involved in prostitution

### 3.5.1 Male sex markets

Men sell sex in a variety of ways including from their homes, through telephone and web-based agencies, via their own chat rooms on the internet, or work through parlours (Working Men's Project, 2003; Hickson *et al*, 1994). Sex can also be sold on the street and in public environments. Project workers in London have noted the decline in male street sex markets since the late 1980s. The Working Men's Project (WMP) has established contact with 50 young men selling sex at street level, although at any one time the number on the street is likely to be under 10. In Bristol, the Terrence Higgins Trust (THT) Street Team reported a male street sex market involving up to 30 men (Terrence Higgins Trust, 2002).

### 3.5.2 Drug use among men involved in prostitution

Drug use among men involved in prostitution is likely to reflect patterns of drug use among young gay men. Project workers have noted the regular use of drugs such as ecstasy, ketamine and cannabis among their clients and the injection of anabolic steroids has also been found. However, problematic drug use is more common among men operating from the street. In London this 'street' group have multiple needs, are generally homeless, have a dependency on crack cocaine, and are selling sex opportunistically alongside other forms of street crime to fund their

drug habit (Working Men's Project, 2003). A similar profile of men involved in street prostitution is reported in Bristol, with a significant proportion using Class A drugs and being of no fixed abode.

## Young people

### 3.6.1 Estimates of the number of young people involved in prostitution

There are no reliable national data on the number or profile of young people involved in prostitution in the UK. Home Office figures show that between 1989 and 1999 a total of 3,312 cautions were issued and 2,327 convictions were secured against under 18s involved in prostitution in England and Wales. These figures provide only a partial picture because they reflect police activity regarding mainly street-based sex markets and while the sexual exploitation of children may sometimes take place in the same open commercial sex environments as adults it can also be a hidden activity. For example, it may take place in off-street venues or in private homes (Barnardos, 1998). Brain *et al* (1998) have noted that whereas young male prostitution is fairly visible in large cities, it may be hidden and covert elsewhere. *Working Together to Safeguard Children* (Department of Health *et al*, 1999) requires such children to be dealt with as victims of abuse rather than as offenders and as such they are rarely processed through the criminal justice system. However, over three-quarters (111) of the 146 Area Child Protection Committees (ACPCs) in England reported children involved in prostitution in their area, of those 91 per cent acknowledged the involvement of girls and 62 per cent the involvement of boys (Swann & Balding, 2001).

**Table 3.6.3: Age of first involvement in prostitution**

Author	Sample size and study site	Age of entry to prostitution
Benson & Matthews, 1995	48 women, UK	Three-quarters were aged 17 or younger at the time of their initial involvement. Two-fifths were aged 15 or younger
Pearce & Roache, 1997	43 women, Sheffield	Over a quarter became involved aged between 13 and 16 years
May <i>et al</i> , 1999	67 women in three cities in the UK	Half (33) became involved prior to their 18th birthday
Campbell, 2002	70 women, Merseyside	Just under a third became involved prior to their 18th birthday

3.6.2 Drug use among young people involved in prostitution

The risks identified for young people becoming involved in prostitution are also risk factors for involvement in problematic drug misuse (Section 1). For example, young people leaving the residential care system have been found to be particularly vulnerable to both drug use and sexual exploitation in their attempts to survive (DrugScope, 2000; Crosby & Barrett, 1999). Some commentators have pointed to the easy availability of drugs in the settings where young people may be sexually exploited (Cusick, 2002). For example, May *et al* (1999) note that adults involved in prostitution who are working to fund a drug habit and younger women are often found in the same areas. In a study by Pearce *et al* (2003), 21 of 55 young women (aged under 18 years) who were being sexually exploited, spoke of selling sex on the street.

3.6.3 Research among adult women involved in street prostitution consistently shows a substantial proportion of women beginning their involvement in prostitution aged under 18 years. Table 3.6.3 summarises the findings from a number of studies concerning those involved in street prostitution.

3.6.4 Barnardos (1998) reported on 84 girls aged between 13 and 18 in contact with the Bradford Streets and Lanes Project. Of those, 14 per cent were in care and 23 per cent were homeless. Forty per cent had been sexually abused as a child and almost all had experienced violence from a family member or boyfriend. Drug dependency was described in this report as a common consequence of sexual exploitation.



3.6.5 Ayre & Barret (2000b) in a literature review outline four explanations for involvement in prostitution for young people; problematic drug misuse is a key feature whilst common to all explanations is a lack of choice.

- Prostitution as a survival strategy adopted by young people who are alienated, vulnerable and desperate.
- Prostitution as an integral part of a life which includes homelessness and problem drug use.
- Prostitution as a way of achieving a) material or financial needs (for example food, shelter) and/or b) emotional and social needs (for example love from a boyfriend/pimp and independence from a family or institution).
- Prostitution as a coerced behaviour whereby someone (parent, boyfriend or pimp) is exercising control, entrapment, violence or imprisonment to sexually exploit a young person.

3.6.6 The fourth explanation (involving coercion and 'grooming') has been found to be a key way in which young people are brought into prostitution (Barnardos, 1998; Brain *et al*, 1998; Pearce *et al*, 2003). Professional responses advised in *Safeguarding Children* (Department of Health *et al*, 2000) are based on this understanding.

## Transgender sex markets

3.7.1 Information on transgender sex markets is limited; this section is based on an interview with the manager of the only London-based service, SW5 Project, that provides services for this group. Thus this section highlights issues relating solely to transgender prostitution in London. The extent and nature of transgender prostitution and use of drugs from elsewhere in the country is unknown.

- The SW5 Project has contact with a small number of transgendered people who work from indoor sex markets and advertise in contact magazines, on the internet, or by cards in telephone boxes.
- This group may be using drugs either as a way to deal with the emotional aspects of prostitution or because drugs are available in the context in which they are working. Injecting drug use has not been found amongst those in contact with the SW5 Project and none of these clients are working to fund a drug habit. However, the international literature on the health needs of transgendered people involved in prostitution notes the high risk practice of sharing injecting equipment both for problematic drug misuse and the ingestion of hormones (XI International Conference on AIDS, Vancouver, 1996; [www.nswp.org/nswp](http://www.nswp.org/nswp)).

## Trafficked women

### 3.8.1 Women trafficked for sexual exploitation

The *Crime Reduction Toolkits. People Trafficking* (Home Office, 2003c) describes five common patterns of recruitment of women into trafficking. These highlight the range and variety of coercion and deception that can be involved, including women knowingly coming to the UK to work in the sex industry but being deceived about their working conditions.

- Complete coercion through abduction or kidnapping.
- Deception by offers of employment with no sex industry connotations.
- Deception through offers of marriage.
- Deception through offers of employment in entertainment.
- Deception about the conditions in which the women will undertake prostitution.

### 3.8.2 Drug use among women trafficked for sexual exploitation

There are no published data about problematic drug misuse amongst this group. Anecdotal evidence from CO14 (Metropolitan Police, Clubs and Vice Unit) and from projects providing services to women involved in prostitution (represented on the Advisory Group), suggest that problematic drug misuse is not at all common among migrant women who work predominantly in indoor venues at the present time.

### 3.8.3 Estimates of the number of women trafficked in the UK

There are no accurate data on the number of women trafficked into the UK for the purposes of sexual exploitation. Research commissioned by the Home Office provided a range of 142 to 1,420 women trafficked into the sex industry in one year. The minimum estimate was based on known cases and the maximum, which takes account of the potential for a hidden or ignored problem, was based on less substantiated material (Kelly & Regan, 2000). There is also a larger number of migrant women involved in prostitution who work in the UK, amongst whom women being trafficked into the UK for the purposes of sexual exploitation form a part – although their number, and their involvement with drugs, is not known with any accuracy.

3.8.4 This issue of drug misuse among trafficked women is mentioned here as a potential problem which needs to be monitored closely. This is because of the known links between the international networks which traffic in drugs and people, the general availability of drugs in the sex industry and the potential risk factors for trafficked women, such as their likely socio-economic deprivation. It is likely that this will become a greater problem in the future.

## Further reading

**Ayre, P. & Barrett, D.** (2000) Young people and Prostitution: an end to the beginning? *Children and Society*, 14(1): 48–59.

**Church, S., Henderson, M., Barnard, M. & Hart, G.** (2001) Violence by clients towards female prostitutes in different work settings: questionnaire survey. *British Medical Journal*, 332: 524–5.

**Cusick, L.** (2002) Youth Prostitution: A Literature Review. *Child Abuse Review*, 11: 230–251.

**Hester, M. & Westmarland, N.** (2004) *Tackling Street Prostitution: Towards a Holistic Approach*. Home Office Research Study No. 279. London: Home Office.

**Home Office.** (2003) *Crime Reduction Toolkits. People Trafficking*. London: Home Office.

**Kelly, L. & Regan, L.** (2000) *Stopping Traffic: Exploring the extent of, and responses to, trafficking in women for sexual exploitation in the UK*. Police Research Series, Paper 125. London: Home Office.

**May, T., Edmunds, M. & Hough, M.** (1999) *Street Business: The Links Between Sex and Drug Markets*, Police Research Series, Paper 118. London: Home Office.

**Terrence Higgins Trust.** (2002) *Working with young male sex workers in the city of Bristol*. London: Terrence Higgins Trust.



# What works: Tackling the problem of linked drug and sex markets

4.1.1 This section outlines what works in providing effective services to women involved in prostitution who are problematic drug misusers, suggests interventions in sex and drug markets, and offers guidance relating to:

- primary prevention to reduce drug misuse and involvement in prostitution;
- harm reduction as it applies to both problematic drug misuse and prostitution;
- drug treatment for young people who are being sexually exploited and adults involved in prostitution;
- criminal justice interventions for women involved in prostitution;
- strategies to manage or disrupt sex and drug markets; and
- strategies to support adults and young people to leave prostitution.

4.1.2 Before commissioning partnerships put any of the solutions and interventions described below into place in their area, they should first ensure that a full and detailed mapping of the local problem has been undertaken. This should establish what type of market there is and its particular impact on the local community. This will need to include a review of the ability of services to meet the needs of women involved in prostitution (see Section 5 for detailed information on mapping markets).

4.1.3 Interventions to tackle sex and drug markets must be developed in the context of a multi-agency approach that includes the involvement of health, drug services, housing, and police or other 'control'

interventions. Home Office research, (Hester & Westmarland, 2004), strongly suggests that 'market disruption' or 'market management' strategies, including enforcement, are unlikely to have any lasting impact on sex and drug markets on their own unless combined with strategies for supporting women involved in prostitution to tackle their drug problems. Enforcement responses may appear to meet the needs of some local residents and offer a short-term reduction, but in practice they need to be fully integrated into action to enable women to exit prostitution. Research clearly shows that support methods provide the most effective short-term and long-term solutions to address the linkage between drugs and prostitution and decrease women's involvement in prostitution, with consequent reduction of impact on communities. As with many problematic drug misusers this is likely to mean long-term holistic support to deal with a potential range of additional issues such as housing, health and re-training for alternative employment (Hester & Westmarland, 2004).

## Prevention

4.2.1 Early intervention and prevention work is essential to reduce the risk of young people becoming involved in prostitution and problematic drug misuse. In response to *Safeguarding Children Involved in Prostitution* (Department of Health *et al*, 2000), many areas have set up local steering groups, co-ordinated by Area Child Protection Committees (ACPCs) (see Section 2.4.3) and involving social services, police, education and other

non-statutory health, drug and outreach projects. Their role is to share information about young people who may be at risk of sexual exploitation, to develop and monitor interventions for young people and to help collect evidence against adult perpetrators (Swann & Balding, 2001).

4.2.2 These groups must play a key role in identifying and responding to problematic drug misuse among young people in danger of entering prostitution, and multi-agency procedures for systematic screening and assessment of drug problems is recommended. This may involve at least a generic level of training in substance misuse issues among Tier 1 (generic and primary care services), and more specialist training among Tier 2 (youth drug treatment services) practitioners (DrugsScope & DPAS, 2001; Health Advisory Service, 2001).

4.2.3 'Early warning' systems aim to identify children at risk and ensure that all local agencies are knowledgeable about local ACPC procedures and the appropriate advice, information and support that is available locally.

**Box 5: Aims of the inter-agency protocols**

A professional or staff member who may identify concerns about the well-being of a child involved in prostitution should know:

- what services are available locally, how to gain access to them, and the locally agreed criteria for accessing them;
- what sources of further advice and expertise are available, whom to contact, in what circumstances, and how;
- when and how to make a referral to the local authority social services department and/or the police; and
- what arrangements may be possible to ensure his or her immediate safety.

Source: Department of Health et al, 2000.

Early-warning systems can be established among a range of statutory and voluntary agencies (Department of Health *et al*, 2000).



4.2.4 Education services

Schools should be aware of changes in patterns of behaviour such as truancy and any concerns that a child may be involved in prostitution and/or problematic drug misuse should be raised with a designated child protection teacher. All schools should provide education about substance misuse (Home Office, 2002b). Personal, Social and Health Education (PSHE) can provide opportunities to discuss sexual health, interpersonal violence, coercion and grooming.

4.2.5 Health services

Health professionals, including those working in the areas of primary care, sexual health, accident and emergency, pregnancy advisory, drugs, and mental health services should be alert to the issues of the sexual exploitation of young people and problematic drug misuse. These agencies should have screening procedures in place to identify, assess and refer on young people to appropriate agencies.

## Case study

### **Streetreach, Doncaster**

The Streetreach Project provides a Distance Learning Package for young women at risk of sexual exploitation. These young people have histories of running away and truanting from school. The work is done in partnership with a Pupil Referral Unit, Education and Welfare, and Connexions. Streetreach facilitate PSHE sessions focused on issues of 'grooming', exploitation, 'keeping safe' and drug use. In addition, Streetreach supervise extra-curricular activities for the young women and remain in contact with them during school holidays to sustain a supportive relationship.

Streetreach also provides a programme of PSHE for mainstream secondary schools (age 14 and 15 years), special schools and youth groups in Doncaster. The programme aims to highlight to young people the realities of prostitution and drug use.

#### 4.2.6 Police

Police will have a key role in identifying young people abused through prostitution via day-to-day policing activities. Their priority in such cases will be the investigation and prosecution of coercers and abusers. As victims of abuse these young people will not normally be processed through the criminal justice system. However, if they are arrested for other activities, Arrest Referral services should be able to screen and ensure effective referrals to drug treatment and other agencies. Where young people are identified as at risk police should make social services aware. Dedicated Arrest Referral schemes for young people are currently being piloted in areas with high levels of drug-related crime.

#### 4.2.7 Residential homes and foster carers

Staff from residential homes and foster carers can alert the relevant agencies about risk behaviour of young people in their care. For example, if young people go missing or are being targeted by adults, or if they are associating with people who are misusing drugs, these should be considered early warning signs. Protocols for an immediate multi-agency response (involving the ACPC, police, and residential and foster carers) to reports of young people missing from care should be in place. These protocols should include other services where necessary.

#### 4.2.8 Voluntary agencies

Projects providing services to young people will be crucial to identifying and responding to those at risk of sexual exploitation and problematic drug misuse and may be more successful at engaging with young people than statutory services (see below).

## Case study

### **Safe Space, Lambeth, London**

The project provides a range of services to young women exploited through prostitution. These include:

- Outreach to make contact with young women.
- A drop-in facility.
- Counselling services.
- Referral to other agencies.
- Advocacy on behalf of young women to improve access to other services.
- Drug information and advice.
- Sexual health information and advice.
- Practical support such as the use of a telephone or computer.

The project also undertakes a programme of prevention-based activities with local young women to inform them of the risks of prostitution and problem drug use.

4.2.9 It is recommended that prevention activities might also involve:

- better planning in the siting (or re-siting) of care institutions for young people out of easy reach of drug and sex markets; and
- better screening of workers in institutions and of foster parents.

4.2.10 This group is unlikely to have had access to school-based drugs education programmes because of poor or erratic attendance; therefore, a key issue to address is facilitating access to enhanced drugs education out of school in a range of settings (Tier 1 and Tier 2 services). For example, youth services can provide an alternative channel for drug education with hard-to-reach groups. Other venues for drugs education include Pupil Referral Units and Youth Offending Teams (DrugScope, 2000; Health Advisory Service, 2001).

### Work with young people involved in prostitution

#### 4.3.1 Early intervention

A multi-agency strategy is central to the *Safeguarding Children Involved in Prostitution* guidance (see Section 2). It recommends regular communication among key agencies from the statutory and voluntary sectors and the establishment of consistent multi-agency protocols, including information-sharing policies, to identify and intervene in cases where children are at risk of sexual exploitation (Department of Health *et al*, 2000).



4.3.2 Competence among practitioners in contact with young people, in identifying and assessing problematic drug misuse is essential (Department of Health *et al*, 2000; Health Advisory Service, 2001), and as part of a multi-agency approach, service providers must have training to be able to identify early signs of sexual exploitation (Section 3).

#### 4.3.3 Outreach services for young people

As 'frontline' workers, outreach staff are well placed to identify young people who are being sexually exploited and who are using drugs problematically. They can then alert the appropriate agencies and facilitate referrals to specialist services. Specialist child-centred outreach and low-threshold drop-in services have been crucial to identifying and responding to the needs of young people who are being sexually exploited and who are using drugs. As a primary intervention, outreach can promote engagement with services and begin the assessment process for problematic drug misuse. They can also respond to immediate needs and care.

4.3.4 Research evidence for effective service provision for young people highlights the following:

- Young people who are being sexually exploited are likely to have a range of needs that services will have to address either before or at the same time as providing help with drug problems. These may include accommodation, money, education and training, health care and legal advice.
- Young people may be hostile towards service providers and reject initial offers of help. This may be because they are fearful of adult abusers or conditioned by abusers into denying any sexual exploitation. Sustained, co-ordinated inter-agency contact will be necessary to engage the young person.



# Case study

## **Barnardos, Bradford Streets and Lanes (SALs) Project**

This is a partnership initiative between Barnardos and statutory agencies. Its aim is to provide an accessible service for girls and young women who are vulnerable to sexual exploitation. SALs is staffed by a multi-agency team including a teacher, health visitor, youth and community worker as well as project workers from Barnardos with social work qualifications.

Services include:

- A daily drop-in centre which offers washing and laundry facilities, and food as well as advice and information about accommodation, careers, family planning, pregnancy testing and drug misuse. Arts and crafts sessions and other activity sessions are available at the drop-in.
- Individual counselling.
- Advice and information service for other professionals working with young people.
- Outreach service one evening per week from 9.00pm – 11.30pm in the 'red light area'.

## **Barnardos, Young Men's Project (BYMP), London**

This project aims to prevent and reduce the sexual exploitation of young men. It currently employs three workers with backgrounds in youth and social work.

The project comprises project-based, satellite and street-outreach including 'out-of-hours' provision.

Services include:

- Advice, information, one-to-one and group counselling and referral to other services.
- Drug misuse interventions ranging from harm reduction information to referral to residential rehabilitation centres.
- Specialist anti-sexual exploitation help.
- Help and advice for sexual health, relationship and family issues and legal problems.
- Support is offered to parents and carers and the project provides training to raise awareness of issues of sexual exploitation among a range of professionals.

- Specialist, child-centred outreach and drop-in facilities to offer practical and emotional support as well as providing advice on drug misuse, health care, safer sex, accommodation issues and state benefits must form a key component of multi-agency provision. These types of services are popular with young people who are often distrustful of statutory agencies. They can also play a role in collecting evidence to be used against adult abusers.

- Young people need services that are specific to their age, understanding and stage of development; and interventions need to be tailored to their stage of involvement in sexual exploitation.
- Young people value the consistency offered by having a named key worker. This worker can act as an advocate, adviser and support worker throughout the young person's contact with various services. This 'key worker' approach recognises the importance that a non-abusive adult can have in helping the young person develop trusting relationships with others.

- Project staff working with young people need to have regular training, support and supervision.
- An ideal service should have a three-pronged approach: support for young people; training for other practitioners; and strategies to target the adults involved.

(Department of Health *et al*, 2000; Cusick, 2002; Pearce *et al*, 2003; Melrose, 2003; Melrose with Barrett, 2004.)

### Multi-agency co-operation in responding to women involved in prostitution

4.4.1 There are similar practical communication and training issues to address when responding to adults involved in prostitution. For example, all local agencies including the police, drug agencies and specialist services should be knowledgeable about local service provision for women involved in prostitution and need to be equipped to refer women to those services. Fostering a greater understanding among different agencies, and the community in general, about the problems facing drug-dependent women involved in prostitution will also be important. The agencies responsible for the management of street sex markets need to establish close working relationships. The need for the creation of multi-agency groups to share information and address all aspects of the problem cannot be stressed enough. Such groups can then advise purchasing authorities on service commissioning and other provision (see Section 5).

4.4.2 The Crime Reduction Programme's (CRP) Reducing Crime and Disorder Associated with Prostitution initiative evaluation identified six principles for effective service provision for women involved in street prostitution (Hester & Westmarland, 2004):

- Women usually seek help at key crisis points when their lives are in chaos, and services need to meet women's needs at that stage and help them to stabilise their lives.
- Ongoing support is important to help women sustain any changes they make.
- Outreach services are essential for contacting women but these must be combined with follow-on services to offer treatment for drug problems and help with health, housing and legal issues.
- Being able to offer fast-track access to drug treatment will help to engage women when they seek help in crisis. This means being able to offer women immediate access to appropriate drug services.
- Having a 'one-stop shop' which can deal with a range of needs, either on site or by having established referral links with other services, is an important model of service provision.
- One-to-one support with a key worker will help to provide consistency over time.

### Harm reduction

4.5.1 Harm reduction approaches acknowledge that some level of drug use is inevitable and aim to ensure that when it does occur, it takes the least harmful form. Harm reduction strategies can also provide a useful first step in engaging drug misusers in treatment.

4.5.2 A key component of harm reduction is the distribution of sterile injecting equipment and condoms to encourage safer drug use and safer sex (see 4.6.1). A recent amendment to the Misuse of Drugs Act (MDA) 1971 (section 9) made it legal to distribute all forms of drug paraphernalia (for example needles, syringes, swabs, sterile water) for harm reduction purposes. However, alongside these activities there should be a continuing emphasis on helping women involved in prostitution to attend

specialist drug services and other appropriate agencies.

## Case study

### 'Off the Streets' Project, Bristol

The 'Off the Streets' Project is jointly run between Bristol Drugs Project (BDP) and Bristol Specialist Drugs Service (BSDS). This partnership allows for easy access to substitute prescribing and other harm reduction services. Condoms, needles and information are available from the street outreach team and hot drinks, food and nursing staff are available at the evening drop-in. Substitute prescribing is direct access; women do not need a referral and can attend an assessment clinic when spaces are available. Other agencies can make referrals, but no priority is given over clients accessing the service directly. Access to harm reduction resources should also be available or provided by prostitution outreach projects.



### 4.5.3 Harm reduction and the community

In the context of drug-related sex markets, strategies must seek to reduce not only the risks run by those involved in the sex and drug markets but also the harms imposed by the markets on communities (see 4.10). For example, discarded paraphernalia is a public health hazard and often cited as a

principle concern amongst local residents. Services distributing sterile injecting equipment or condoms to women involved in prostitution must encourage and facilitate the safe and appropriate disposal of these items (see 4.10.40).

### 4.5.4 Advice and information services

Advice and information for women involved in prostitution and young people on issues such as, drug misuse, sexual health, legal issues and details of the various services that can provide help should be available at potential contact points. For example, information can be distributed by outreach workers, the police, by GPs or available at local drop-in and health services.

4.5.5 Prevention materials should be regularly updated and made appropriate to the target group. For example, prevention materials may be required in a number of different languages to reflect the nationalities of women involved in local sex markets.

## Case study

### SHOC Project, London

SHOC have produced a pocket-sized pack of harm reduction and prevention advice and information for women involved in prostitution.

The pack covers advice on:

- safer drug and alcohol use;
- sexual health; and
- safety tips.

It also encourages women to report any violence they experience to the police.

One of the leaflets summarises information for indoor sex markets and this has been produced in a number of different languages including Russian, Thai and French (for French-speaking West Africans), reflecting the nationality of women operating from indoor sex markets.

## Outreach services

### 4.6.1 Street outreach services for women involved in prostitution

Outreach should be an integral part of drug service provision for women involved in street prostitution. As a potentially 'hard-to-reach group' outreach provides a way of contacting women on the street and offering a range of on-the-spot help including harm minimisation advice and information, condoms, and needle exchange. Outreach workers can also provide women with information about drug treatment, sexual health and other services. Although research suggests that outreach has only limited success as a referral strategy to fixed-site health and drug agencies, outreach workers should continue to encourage and facilitate referral to specialist drug treatment.

- Outreach workers can build up detailed knowledge of sex markets and the needs of women involved in prostitution, including their patterns of drug use. This in turn will help inform the content and delivery of outreach and other services for this group.
- Outreach services can assist women involved in prostitution to avoid dangerous situations by offering safety advice, distributing personal attack alarms, and details of reported attackers and their vehicles.
- It is important for outreach projects to have regular communication with local police to ensure that any enforcement operations do not disrupt the outreach service and/or that women involved in prostitution are not deterred from contacting outreach workers for fear that they will be arrested by police. Outreach workers can also help communicate and

## Case study

### Manchester Action on Street Health (MASH)

MASH has been running since 1991.

The mobile unit is located in the 'red light' area and operates between 8.30pm and 1.00am, opening hours that suit the working patterns of women involved in prostitution. This low threshold approach means clients can come to the service to chat with staff and have a hot drink as a prelude to accessing the different services.

The mobile service provides the following:

- Advice and information about safer sex, safer drug use, needle exchange, and condoms.
- Staff from statutory drug services offer satellite sessions to do on-site assessments and fast access to methadone treatment.

- A weekly primary health care service run by a female GP is available without an appointment and incorporates sexually transmitted infection (STI) testing and treatment, cervical smear tests, contraception and Hepatitis B testing and vaccination.
- Sexual health and needle exchange services are available to the partners of women involved in prostitution.
- A specialist Drug Liaison Midwife provides pregnancy testing, basic ante-natal checks and emergency contraception.
- The service is active in identifying and helping young people involved in prostitution and alerting the appropriate services in line with local ACPC arrangements.

provide support to women in understanding legal action that may be being taken against them and how they can adhere to the conditions.

- The police can be encouraged to distribute information and contact numbers to women involved in prostitution for local health and drug services and/or refer women to local services.
- Outreach workers can have a key role in reinforcing messages of community responsibility; for example encouraging women to dispose of used injecting equipment and/or condoms safely and help to limit wider community harms.
- Outreach workers can inform women of the concerns of the community and help to alleviate the build up of tensions.

#### 4.6.2 *Mobile service provision*

Taking services to sex work areas via a mobile unit (a van or a bus which not only carries stocks of condoms, sterile injecting equipment, etc, but has space for women to talk to service workers off the street) is another way of delivering harm reduction services and facilitating referral to drug treatment.

#### 4.6.3 *Outreach to women involved in indoor prostitution*

Outreach can be delivered to indoor sex work venues where services can play a key role in promoting sexual health. While problematic drug misuse is less common in such sites, outreach services can help to monitor that situation. However, there are certain sensitivities to note, particularly when focusing on drug issues. For example, outreach workers will need to get the consent of the owners or managers to enter the premises and they are unlikely to want to admit that their workers are using drugs. The case study opposite details the way in which two harm reduction services gained access to indoor sites.

#### 4.6.4 *Outreach in courts*

Outreach work has also been conducted in courts with workers attending on days when women are being fined for soliciting offences, to offer support and to provide information and advice about local services. One of the limitations of court outreach is that women often fail to attend court hearings and this may raise questions about the cost-effectiveness of such a service. Interventions within the criminal justice system are discussed in 4.10.

## Case study

Outreach services to women involved in indoor prostitution – BDP and MASH.

- Outreach workers from BDP stress the need to take a ‘softly, softly’ approach to working with women in indoor venues. They advise first offering condoms and sexual health information as a way of building up a relationship with the women and then to make clear that outreach workers are available to discuss drug issues with the women outside the parlours.
- MASH has offered Hepatitis B vaccination as a ‘carrot’ to gain access to saunas and parlours and they have been able to bypass the owners and remain in contact with the women by getting their mobile telephone numbers.
- In Manchester, a forum for sauna and parlour owners and managers has been set up. This group meets on a regular basis and includes representatives from the police and health and outreach services. It provides an opportunity to discuss health and safety and to encourage good working practices.



## Drug treatment for adult women involved in prostitution

### 4.7.1 Barriers to drug treatment

Women involved in prostitution can face a number of barriers to drug treatment and harm reduction initiatives. These barriers can be linked to the structure and organisation of drug treatment provision and/or the personal circumstances and lifestyles of the women:

- Patterns of prostitution – including working throughout the night – can make it difficult for women to keep daytime appointments at drug services, or attend daytime drop-in services and needle exchanges.
- Drug services may not have women-only sessions, so women involved in prostitution may feel intimidated by other clients when accessing the service; they may also not wish to discuss their problems with male staff.
- Treatment for crack cocaine use is not easily available and where it is the same issues apply; in addition there is a common misconception that services have nothing to offer stimulant users.
- Drug service workers do not always understand the issues faced by women involved in prostitution and women report fears of a negative reaction from staff if they admit to sex work.
- Women involved in prostitution are often working to fund the drug use of a partner, and this is likely to restrict their capacity to engage in a drug treatment programme.
- Women involved in prostitution with children may be hesitant to disclose drug problems for fear that their children will be taken into care.

- In some areas, outreach services have been unable to refer women involved in prostitution to drug treatment because the women are not resident in the area where they work.
- Women involved in prostitution may have more immediate problems to tackle, such as homelessness, before they are able to focus on dealing with their drug use.
- Insecure housing will make treatment or rehabilitation difficult to sustain. (See Housing Needs 4.8.)

Women involved in prostitution can face many barriers to accessing services and staying in drug treatment. Above all other client groups they may require specific treatment services which are flexible and can respond to their particular needs. The impact of specialist services has been demonstrated by research (Hester & Westmarland, 2004).

To accommodate the needs of women involved in prostitution and overcome these barriers, several levels of flexible service response are necessary. This should include immediate crisis response intervention, prescribing, drop-in, emergency housing, harm reduction and crack cocaine-related support. Some of these interventions, for some users, may not lead to any long-term change, but simply manage a crisis before the user returns to the same pattern of behaviour. Such relapses are to be anticipated in working with this client group. There is also a need for longer-term interventions whilst women build motivation for more substantial change.

4.7.2 Some of these issues can be resolved by:

- Ensuring that any drug treatment services are fully linked to existing outreach or other services for women involved in prostitution. Outreach agencies are probably the best ‘front-door’ access point for women involved in prostitution into treatment.

- Ensuring services have more flexible opening hours, for example, evening sessions on certain days of the week to cater more appropriately for this client group.
- Ensuring the availability of crack cocaine specific interventions, such as are recommended in the National Crack Plan. These will need to include wrap-around and holistic services alongside a range of flexible, easy access provision.
- Adopting models of prescribing that offer flexibility, fast track access and which take a harm reduction approach – such as low threshold prescribing clinics. However, there is still a need for longer-term prescribing regimes which gradually build motivation for more substantial change. Both should be accessible alongside more holistic services and other support interventions.
- Providing follow-up schemes for women involved in prostitution who have dropped out of treatment programmes, for example, by pro-active outreach aimed at locating women and encouraging them back into drug services. This is particularly important in

view of the factors pulling women back onto the street that are identified above. If a prostitution project exists, such outreach could be provided through them. However, the emerging new Throughcare and Aftercare teams, funded through the Criminal Justice Intervention Programme (CJIP) in all areas could also provide this tracking function.

- Providing satellite drug clinics at dedicated services for women involved in prostitution so that they can receive help with drug problems in a setting where they feel comfortable and where they do not have to hide the fact that they work in prostitution.
- Clearly communicating how child protection and neglect issues will be handled and by good systems for working with social services child protection staff.
- Workers from dedicated sex work projects accompanying women to drug treatment appointments or being present at local drug services on particular days to provide a 'familiar face'.

## Case study

### **Salford & Trafford Action on Street Health (STASH) Project**

The service includes a specialist outreach worker and a drop-in centre for women involved in prostitution situated on the edge of the sex work area. The centre offers a variety of activity groups for women and they can receive sexual health advice, condoms, needle exchange and vaccinations for Hepatitis B. There is also a housing support worker to assist women with accommodation needs.

STASH operates a low-threshold methadone scheme for women involved in

prostitution. This was set up in response to the fact that the women were not engaging with conventional treatment services. The aim of the scheme was to enable quick access to methadone treatment. No appointments are necessary and women can self-refer. They are assessed, urine tested and provided with methadone on the same day that they register with the scheme. Methadone is provided thereafter on a daily basis with supervised consumption at the project with random urine-testing as a measure for assessing illicit drug use.

- Offering drug treatment to the partners of women involved in prostitution, in recognition that such treatment needs to be synchronised for maximum effect.
- Offering structured day care or drop-in services.
- Developing partnerships between treatment services and housing services or hostels to offer emergency accommodation or the option of residential drug treatment, including places where children can be accommodated if required.
- Providing immediate access to safe exit accommodation, if necessary outside their area. This really needs to be available on a crisis basis with women who are still involved with drugs rather than just users who have achieved a degree of control.
- There should be a specific budget to offer residential rehabilitation to women, including those with children, who require this type of intervention. Residential rehabilitation may offer the required intensity of service that is appropriate for the level of damage some women involved in prostitution may have experienced.

## Case study

### The SAFE Project (Birmingham, Walsall and Sandwell)

The project provides a comprehensive range of services for women involved in prostitution:

- A specialist outreach team provides HIV prevention and sexual health promotion.
- This includes mobile street outreach using a customised van which provides safer sex supplies, needle exchange, and drug advice and information. It also has a seating area where women can talk to workers and have a hot drink.
- Outreach services operate an 'Ugly Mugs' scheme to encourage women to report violence against them.
- Outreach shifts are staggered to reflect working patterns of the local women.
- Outreach work is also conducted in indoor venues.

Facilities at the various SAFE project bases include:

- Drop-in services which are staffed by workers from the Safe Project and a local drug service.

- A GUM clinic (including GUM doctor and family planning nurses) and the provision of Hepatitis B vaccinations.
- A specialist low threshold methadone prescribing service which allows women to be assessed for methadone treatment at the SAFE Project (maximum waiting time for methadone prescription is six days). Women can be of no fixed abode and/or do not need to have a GP to access the service. The supervision of treatment such as the daily consumption of methadone and the taking of urine samples are also conducted at the project.

Other services include:

- An accommodation and support worker to help women with housing problems. This includes a service agreement with Birmingham City Housing Department to house up to five women per month.
- A domestic violence worker.
- Support for pregnant women including arranging access to detoxification and rehabilitation services.



- Providing a holistic service that addresses the broader needs of women involved in prostitution including education, training, access to work (such as through progress2work schemes) and counselling, rather than just medical interventions. This could include such services as arts workshops and social activities.
- Treatment accessed through the criminal justice system, including Drug Testing and Treatment Order (DTTO) provision or Arrest Referral should be attuned to the needs of women involved in prostitution (see 4.10).

4.7.3 Local partnerships will need to assess the capacity of their existing treatment network to cope with the needs of women involved in prostitution based on their knowledge of the local sex market. Where services are not adequate, additional service contracts should be considered. Where there is no specific project, the creation of such a service either free standing or as part of existing treatment services should be seen as a priority. Recommendations on how to commission additional services or tailor existing services are provided in Section 5.

#### 4.7.4 *Drug services for young people involved in prostitution*

Drug service provision for young people who are being sexually exploited has to be integrated into a comprehensive package of care to deal with their multiple needs. The Safeguarding Children guidance recommends a support and exit plan tailored to the individual child. This should involve the child receiving a range of services including treatment for problematic drug misuse, arrangement of safe housing, sexual health advice and counselling, and education or skills training.

4.7.5 Access to drug services for this group needs to be available via multiple contact points and linked to voluntary sector and outreach services (see 4.3). Drug services for young people need to be set apart from adult facilities and service provision should be informed by ten key policy principles (Box 6).

### **Box 6: Key policy principles for drug services for young people (DrugScope & DPAS, 2001)**

#### **1 A child is not an adult**

Consideration needs to be given to: differences in legal competence, age appropriateness, parental responsibility, confidentiality, and exposure to, as well as protection from, risk and 'significant harm'.

#### **2 Welfare of child is paramount**

Agencies should have the best interests of the individual child as their paramount concern. Each child should be worked with on an individual basis.

#### **3 The views of the young person should be sought and considered**

Services need to demonstrate how care-planning involves the young person and services should give young people an opportunity to contribute to service development.

#### **4 Services need to respect parental responsibility**

The education, involvement and support of parents/carers may be beneficial to successful work with young people, and parental consent may be required before intervening.

**Box 6 continued**

**5 Services need to recognise the role of, and co-operate with, the local authority when responding to young people.**

Protocols for liaison and joint working will need to be established between local authority and substance misuse services. Where a young person is taking drugs who is not known to the local authority, providers should intervene appropriately.

**6 A holistic approach is vital, as young people's problems will cross professional boundaries**

This needs multi-agency co-ordination and consistent policies across services (drug and alcohol, education, youth, health, and social services). Service provision needs to be multidisciplinary and part of a wider professional network within children's services.

**7 The service should be child-centred**

Interventions need to be attractive and accessible to young people, in safe areas and separate from adult services.

**8 A comprehensive range of services should be provided**

Service provision must respond to different patterns of drug and alcohol misuse. Interventions should include: drug education, prevention, advice, counselling, prescription, detoxification, rehabilitation and needle exchange.

**9 Services must be competent to respond to the needs of a young person**

Staff should be competent to work with children, adolescents and families.

**10 Services should aim to operate according to the principles of good practice**

Services must operate under current legal framework of Children Act, 1989 and the UN Convention on the Rights of the Child (1989).

**Housing needs of adult and younger women involved in prostitution**

4.8.1 A significant proportion of women involved in street prostitution may, through vulnerability or the presence of children, be assessed as statutorily homeless (Section 3). Therefore, dealing with their immediate and longer-term housing needs should be seen as an integral part of drug treatment and rehabilitation (Home Office & DTLR, 2002) and crucial to the development of the throughcare needs of offenders and drug users through the CJIP Throughcare and Aftercare initiative. A safe and secure place to live away from drug dealing and sex work environments can be an important factor in stabilising drug use and/or maintaining abstinence and reducing drug-related crime and anti-social behaviour. The lack of available housing for women fleeing domestic violence where they are substance misusers further adds to the lack of housing for this client group.

4.8.2 There is potentially a wide range of different needs with respect to housing for this group, all of which will require joint working arrangements and information-sharing protocols between providers of social housing, Drug Action Teams (DATs) and specialist drug services to facilitate effective assessment and to develop multi-agency strategies of support.

4.8.3 Possible barriers to emergency accommodation for women involved in prostitution include:

- Being denied access to hostels (including those otherwise women-specific domestic violence refuges) on the basis of continuing chaotic drug use, sex work or both.
- Few hostels are women only so this client group may feel intimidated or unsafe in this environment.

- Hostel curfews will be difficult to abide by if women are still working.
- They may have already been evicted for rent arrears or for using premises to see clients.

#### 4.8.4 Issues to address include:

- The re-housing of women involved in prostitution away from drug and sex markets.
- The re-housing of women involved in prostitution away from violent or manipulative partners/pimps.
- Finding hostel or other types of emergency refuge that will accept women who are using drugs and/or still involved in prostitution.
- Arranging supported housing for women involved in prostitution as part of drug treatment.
- Securing longer-term housing and supporting women involved in prostitution to maintain their own tenancies.
- Providing accommodation that will also house the children of women involved in prostitution.

4.8.5 The Supporting People programme provides a funding and policy framework for supplying housing-related support services for people with drug, alcohol or other problems. DATs should contribute to planning and developing a range of complementary provision to meet local needs alongside Supporting People services. The Office of the Deputy Prime Minister (ODPM) will be publishing in due course a report outlining a range of options for supported housing for drug users.

4.8.6 Some projects for women involved in prostitution have been proactive in establishing contact with accommodation providers and setting up fast-track arrangements for emergency

accommodation for women, or having on-site a housing support worker to help women deal with accommodation issues.

- In some areas projects have managed to secure full-time Supporting People posts solely working with women involved in prostitution, to access hostel provision, sustain existing tenancies, and help some women move to new tenancies with floating support. Such posts could be funded from other budgets where Supporting People funding is unavailable.
- The integrated partnership may also have to work with housing providers more generally to improve their response to this client group and build their motivation or willingness to house women involved in prostitution with Supporting People funding and to manage their behaviour appropriately. Many landlords in all sectors may feel the group to be high risk tenants and will need long-term development work to make them ready to develop projects.
- In many areas hostels and housing projects will not accept women who are using drugs and/or are still involved in prostitution, therefore attention should be paid to establishing dedicated hostels for this group with continuing acute needs.

## Case study

### Lambeth – Cedar Road Hostel (St Mungo's)

The Hostel provides dedicated beds to women involved in prostitution. There are no conditions of abstinence for entry to the Hostel and women may still be involved in prostitution and using drugs. However, access to the hostel accommodation is seen as a first stage in establishing some stability in the women's lives so that they may be able to address drug problems.

An outreach worker refers women to the Hostel. Joint working arrangements were established between the Hostel and local drug services in order to support women into drug treatment. Thus once they are in the Hostel, a key worker can organise fast access to drug services.

A second hostel in the area provides beds for women involved in prostitution and offers similar services to those at Cedar Road. However, in addition women can be helped to find longer-term accommodation.

## Case study

The 'Nest', Northampton – supported accommodation for women involved in prostitution.

The Nest has received funding via the Supporting People programme and is part of the SWAN project (Sex Workers Around Northampton). The Nest aims to provide specific supported accommodation for women involved in prostitution as part of a comprehensive exit strategy. This includes:

- The provision of short-term crisis (24-hour) accommodation.
- To use this initial contact to link women into other services (for example SWAN, drug services, education and training programmes).
- To ensure that children of women involved in prostitution have a safe and supervised environment to spend time with their parent/carer.
- To provide a structured route into permanent housing. This would first involve access to supported accommodation and once some stability has been achieved, to help women take up other housing opportunities.

The project works in partnership with Northampton Borough Council, Leicester Housing Association (providers of the accommodation) and the CAN (local drug treatment and homelessness agency) Homeless Team.

4.8.7 Specialist accommodation may be required for young people as part of an intervention package to deal with sexual exploitation and problematic drug misuse. This will require a partnership approach involving housing providers, social services, youth workers, and specialist drug services. Supporting these vulnerable young people – especially care leavers and those who have been street homeless – in their accommodation, will include on-going assessment of their risk of drug misuse and sexual exploitation and providing them with technical skills to deal with issues such as claiming benefits and budgeting.

4.8.8 Legal issues – such as fear of prosecution under the MDA, section 8, need not prevent the development of appropriate housing for women involved in prostitution who use drugs, where projects operate within the legal framework. The requirements for providers to enable them to work within the law are set out in *Tackling Drug Use in Rented Housing. A Good Practice Guide* (Home Office & DTLR, 2002). The implementation of the amendment to section 8d of the MDA (expanding the law to cover knowingly allowing the use of any controlled drug on a premises) has been delayed subject to the successful implementation of Part One of the Anti-Social Behaviour Act 2003 and the demonstration that the control is no longer necessary, as this Act gives suitable powers to deal with any nuisance that arises.

### Tackling violence towards women involved in prostitution from clients and partners/pimps

4.9.1 Violence from ‘clients’ is a common problem for women involved in street prostitution and as noted in Section 3, vulnerability to violence is often exacerbated by problematic drug misuse. Violence from partners/pimps is also a

concern and women’s fear of their partners/pimps may impede attempts to seek help for their drug problems and other issues. Extreme violence from punters or partners/pimps is a ‘crisis’ event that can trigger help-seeking by women (Hester & Westmarland, 2004). Encouraging women to report violence and responding effectively to these reports can provide the opportunity to intervene and offer help in relation to drug misuse and other issues.

4.9.2 One way to encourage women to report violence is to have an identified police officer who can be a first point of contact when women have been victims of assault or of sexual offences. This signals to women involved in prostitution that their reports will be taken seriously by the police. It will also be important to consider how women can be given support to attend identity parades or court as a witness. This might be done by ensuring that women are accompanied to such events by police or by a worker from a sex work project (Campbell *et al*, 1996; May *et al*, 1999; Hester & Westmarland, 2004).

4.9.3 Examples of such work with women include:

- The Safe Project in Birmingham has formed links with Crisispoint, a local service, which offers rape and sexual abuse counselling. A worker from Crisispoint accompanies the Safe Project on outreach sessions and women can be referred to that organisation for counselling.
- The Maze Marigold Project in Hackney, London offers specialist domestic violence support and advocacy from a Women’s Aid outreach worker who attends the project’s drop-in facility and accompanies workers on outreach sessions.



## Market management strategies

### 4.10.1 Enforcement strategies – women involved in prostitution

As discussed earlier, research suggests that the most effective form of intervention to reduce the impact on communities of street sex markets linked to drugs is through the provision of drug treatment to women involved in prostitution. Research commissioned by the Home Office into the effectiveness of different approaches (Hester & Westmarland, 2004) and which underpins the conclusions set out in this guidance, is conclusive that enforcement strategies, on their own, have no real impact on reducing the nuisance and disruption some sex markets cause. To be effective, enforcement has to be set in the context of interventions that provide treatment and other services for drug users. Furthermore, voluntary treatment programmes are as effective as programmes into which women are compelled through the criminal justice system.

4.10.2 Alongside activity to help women involved in prostitution, strategies must seek to protect communities from the effects of sex markets and reduce the damage they can cause local people and businesses. Therefore any approach must ensure that it meets the needs of the broader community and impacts on the market in such a way as to reduce damage. However, in recognition of the very real damage and exploitation many women face this should be done without further stigmatising women involved in prostitution, extending their involvement in the criminal justice system, and involvement with other offenders and offending. Where possible, enforcement activity should be designed and developed in partnership with action to help women access drug treatment and other services,

to ensure that there is integration between the responses (for example see also *Disrupting Crack Markets* (Home Office, 2003a)). Furthermore, enforcement activity has tended to focus on soliciting as the most visible offence and there is also a need to concentrate effort on those who buy sex and those who live off the earnings of prostitution (see below).

4.10.3 There are some key limitations of enforcement activity:

- Enforcement operations focusing on women involved in prostitution are likely to be resource-intensive.
- They can result in some temporary reduction in the number of women working but are unlikely to have any longer-term impact unless combined with strategies to help women involved in prostitution tackle their drug use and other problems.
- Arresting and fining women involved in prostitution tends to drive them back onto the streets to pay their fines; indeed many will accept regular arrest as part of their lives.

4.10.4 A further issue related to the policing of street prostitution that needs to be considered is that of displacement. This can include:

- Geographical displacement – women working in other areas where they are not offered help and which may be harder to manage.
- Temporal displacement – women working at different times of the day so as to avoid police action.
- Functional displacement – women turning to other forms of crime such as shoplifting to fund drug use.

(Campbell & Storr, 2001; Benson & Matthews, 1996; Hester & Westmarland, 2004; May *et al*, 1999.)

4.10.5 A consequence of geographic and temporal displacement for women involved in prostitution is that it can increase their vulnerability as they find themselves working in unfamiliar areas. This can further compromise their safety and can make it difficult for services to remain in contact with women. Displacement can also result in similar nuisance being caused in neighbouring areas not previously affected. (Campbell *et al*, 1996; McKeganey & Barnard, 1996; Hester & Westmarland, 2004.)

#### 4.10.6 *The Criminal Justice Intervention Programme*

Enforcement strategies should be used to link working women using drugs to help and support that will help them to exit prostitution, or reduce the harms their behaviour may cause. This can be done at various points in the criminal justice system: at point of arrest, at court, after sentence or on release from custody. The throughcare and aftercare programme, delivered through Criminal Justice Intervention Teams (CJITs) in each partnership area, should take a co-ordinating role in tracking offenders through the system and the various points of contact.

4.10.7 Arrest Referral (AR) services provide a suitable and appropriate intervention with women involved in prostitution. These follow a proactive model, which involves having dedicated drug workers on-site at the custody suite. All arrestees should be offered the opportunity to see an AR worker who can provide help to access drug treatment and other helping services.

4.10.8 Evaluation of AR shows that these schemes in the past have not been as successful at engaging with women involved in prostitution as with some other client groups (Sondhi *et al*, 2002). This is partly due to the fact that women arrested for soliciting are processed relatively quickly and therefore the 'window of opportunity' to meet with an AR worker is limited. They are also more likely to be arrested in the evening or at night when some AR services are not available. Accordingly, any scheme which has, or can develop, some expertise at working with women involved in prostitution and can provide an out-of-hours or outreach service is likely to be more successful at working with this client group. Enhanced schemes being developed under CJIP, including those offering greater weekend and evening coverage, as well as throughcare and aftercare, will factor the needs of women involved in prostitution into their future planning where relevant. Some schemes are recruiting women workers specifically to engage with this client group. Some have established links to outreach initiatives to take the service directly to women involved in prostitution. All the points made under treatment also apply to the provision of AR services.

4.10.9 Having a targeted AR service for women involved in street prostitution can overcome some of the problems mentioned above. A pilot AR scheme for this group was set up in Kings Cross, Camden, in London in 1999.



## Case study

### Capital Care Project (CCP) – Camden and Islington Community Health Service NHS Trust and the Metropolitan Police

- The scheme employed two workers and offered women a needs assessment at point of arrest as well as referral to appropriate support services in Camden and Islington.
- The service was available in the evenings.
- Services included referral to primary health care, drug services, and benefits and legal advice.
- Fast access to hostel accommodation was also offered and this was found to be a key service with many women being homeless or in unstable accommodation at point of arrest.
- A satellite clinic was set up in the area for on-going contact with the women.

100 women were assessed in the first year of CCP and a significant number referred to a range of different services. The project took time to become established and accepted by other services in the area.

*Source: May et al, 2000b.*

#### 4.10.10 Court diversion schemes

A court diversion scheme was introduced in Lambeth in collaboration with the Trust Project in November 2003. This involves offering women involved in prostitution the option of foregoing a fine for soliciting if they attend two appointments with a court diversion worker. These appointments involve the women undergoing a thorough health needs assessment and referral to drug treatment and other services where appropriate. Failure to attend the appointments mean the original fine is

re-instated. In the Midlands a similar local scheme offers women involved in prostitution a referral to an AR service in lieu of receiving a penalty, a form of deferred cautioning.

#### 4.10.11 Conditional cautioning

One option is that cautions could be used to encourage women to enter into treatment as the first and most appropriate enforcement intervention. The Criminal Justice Act 2003, introduced 'conditional cautioning' – a new provision which allows for a condition, conducive to restoration or rehabilitation, to be attached to a police caution. Where the condition is not met, the offender may be charged with the original offence. This provision is subject to parliamentary procedures but, if introduced, it is expected to be an appropriate disposal for some women involved in prostitution, who admit the offence and agree to accept the condition. Conditions attached to this caution could include referral to drugs treatment. A drug-related condition is being developed which would comprise harm minimisation advice, education and awareness raising, assessment and referral to appropriate treatment and other helping services. If women do not engage and do not meet the conditions imposed then alternative approaches, such as bringing further soliciting or loitering charges, should automatically follow. The possible use of Anti-Social Behaviour Orders in this context is given below.

4.10.12 Following the passing of the Criminal Justice Act 2003, it is the case that after three convictions for soliciting or loitering offences, women involved in prostitution can be made eligible for a community order, where the court feels this is appropriate and proportionate, and in the interests of justice. New provisions of the Act add flexibility to community sentencing to provide a broader menu of options than

previously available, for magistrates to tailor the sentence to the circumstances of the drug-misusing offender. This could include drug treatment and testing provisions.

#### 4.10.13 *Drug Treatment and Testing Orders*

Women involved in prostitution may be arrested and charged under the MDA for possession of a Class A drug or for other target offences such as shoplifting. This means that they would be eligible, through that offence, for consideration for a DTTO. The number of DTTOs given out by the courts will be doubled by 2005 (Home Office, 2002a). Whilst evaluation has shown reductions in poly-drug use, improvements in physical and psychological health, and lower rates of re-offending for those who complete DTTOs (Hough *et al*, 2003; Best *et al*, 2003), there is little specific information about how DTTOs function for women, including those involved in prostitution. Any programme should be able to demonstrate referral to appropriate treatment services that can meet the range of needs of women involved in prostitution. Specific and separate provision may have to be developed in areas where there are high numbers of women involved in prostitution. All the points made in 4.7 on provision of appropriate drug treatment services apply in this context to ensure that women involved in prostitution on such orders are not set up to fail.

4.10.14 It is important to bear in mind that the contact requirements for intensive DTTOs are frequently problematic for women with young children. Less intensive sentencing may be more appropriate in such circumstances. Local partnerships need to review DTTO provision to ensure accessibility in line with National Treatment Agency guidance in Commissioning Drug Treatment and Testing Orders (January 2004). Other community sentences, as above, may be more appropriate.

#### 4.10.15 *Anti-Social Behaviour Orders (ASBOs)*

ASBOs were introduced by the Crime and Disorder Act 1998 to provide the courts with a civil remedy for anti-social behaviour. Their intention is to protect communities. They enable courts to forbid a range of actions to prevent anti-social behaviour being committed – such as entering a specified area, for example, where a woman may have been repeatedly caught soliciting. Although ASBOs are a civil procedure, past cases of anti-social behaviour must be proved to the equivalent of the criminal standard of proof, i.e. beyond reasonable doubt. Non-compliance with its conditions is a breach of an order and can lead to imprisonment. The Police Reform Act 2002 now gives criminal courts the power to issue an ASBO on conviction of a criminal offence and has extended the area an ASBO can cover to any defined part, or the whole of, England and Wales (Home Office, 2003b). Orders can also be made against the defendant in County Court procedures.

4.10.16 ASBOs may be appropriate to help control the behaviour of women involved in prostitution where that behaviour has been shown to be anti-social as defined in Section 1 of the Crime and Disorder Act 1998. However, ASBOs are designed to prevent anti-social behaviour arising from prostitution rather than to redress the limitations of the criminal law in relation to prostitution. For example, an application for an ASBO instead of a charge of soliciting, with the risk that breach will incur a custodial sentence, may be an inappropriate response to a specific behaviour that the criminal law judges less serious, unless it can be proved that this behaviour caused or was likely to cause harassment, alarm or distress to other people. ASBOs may be most appropriate for use when opportunities for women to receive help

and support have been offered and turned down and the specific soliciting or other behaviour of an individual sex worker has been shown to cause nuisance and offence.

4.10.17 The evidence required to apply for an ASBO against a woman involved in prostitution is usually assembled by the police and the local council working in collaboration. For example, the police may provide evidence of arrest for soliciting and this will be combined with statements from residents, collected by the council, outlining the problems they experience from having women involved in street prostitution in the area. Possession of condoms has been judged as evidence for the granting of ASBOs and for proving breach. In view of the importance of condoms in preventing HIV and other life threatening infections, it is undesirable that their use should be discouraged through threat of prosecution or use in breach proceedings.

4.10.18 ASBOs may be appropriate if the woman has not responded to other suggestions for change (such as advice from an outreach worker or a warning issued when they are arrested for loitering) and where their behaviour can be shown to be damaging to local people and the community. Blanket issuing of ASBOs to groups of women involved in prostitution, unless they can be shown to be causing nuisance or when they have not been given sufficient opportunity to access drug treatment and other support, is not desirable. They should be used strategically in the context of other interventions, including social ones as part of a thought-through plan for the management of an area.

4.10.19 In terms of the effectiveness of ASBOs as a method of controlling nuisance from sex markets, the following questions need to be considered:

- What impact will they have on nuisance?

- Will women involved in prostitution in receipt of the orders stop working in the area?
- To what extent might such initiatives cause displacement of prostitution to other areas?
- Will it lead women involved in prostitution into more disruptive and unregulated prostitution?
- Will other local residents feel safer?

4.10.20 It may be that the presence of women involved in prostitution is sufficient in itself to cause distress to some people. In such situations ASBOs would be an available option to protect people, but other powers or actions may be equally able to offer protection, and may help avoid unnecessary criminal justice interventions against the vulnerable women involved.

4.10.21 The purpose of ASBOs is to relieve communities from harassment, alarm or distress. However, consideration should also be given to the potential consequences of an order on the individual and dependants in deciding upon their use – for example, the effects on the children of a woman involved in prostitution should be taken into account.

#### 4.10.22 *Breach of ASBOs*

Breach of an ASBO is a criminal offence and must be prosecuted for the orders to have any value. Individuals should be made aware of the potential consequences of a breach when the order is made and should be advised of the intention to institute criminal proceedings when the order is breached and reminded of the consequences. Each case should be handled individually, based on proven breach by identified individuals rather than a blanket serving of breach proceedings on whole groups of women working in an area in order to properly link individuals with their behaviour. It would be undesirable

and unjust to use the threat of an ASBO to motivate an individual to comply with treatment before offering opportunities for voluntary entry to services. Where such opportunities have been offered and ignored and anti-social behaviour continues then an ASBO application may be appropriate. If an individual fails to adhere to the ASBO breach proceedings should be commenced.

4.10.23 Where there are informal or managed zones agreed locally for soliciting, ASBOs and other legal remedies may be appropriate responses to prohibit anti-social behaviour resulting from prostitution outside these areas. However, these are local decisions.

4.10.24 Any publicity surrounding an ASBO must be necessary and proportionate to the aim it seeks to achieve. Consideration of the use of photographs on leaflets to publicise ASBOs in order to make the local community aware of the protection afforded them by the order, and to enable them to report breaches, would need to be carefully balanced in the case of women involved in prostitution with the effect this may have on them and their families and their efforts to exit prostitution. As such, the use of photographs will often be inappropriate in the interests of rehabilitating vulnerable women involved in prostitution.

4.10.25 In Camden, London, ASBOs are being served to tackle the anti-social behaviour of women involved in prostitution who have drug dependencies in the context of a programme of outreach and help. In every case the individual receives several warnings about their behaviour with information about available support services before any action is taken. The orders are not used in isolation; women are offered appropriate rehabilitation programmes, and accommodation where this is also needed.

#### 4.10.26 *General points about enforcement action against women involved in prostitution*

The Police need to ensure that their policy is consistent. This is particularly important when a change in senior officer may prompt a change in police policy towards women involved in street prostitution. Any such change in policy needs to be properly communicated to the women and relevant services, for example, if informal managed zones move or if they are discontinued. In addition, the policy on use of any criminal power should be clearly understandable and consistently applied.

#### 4.10.27 *The use of drug testing powers available*

The testing of women involved in prostitution for illegal drugs is permissible under a police inspector's discretion in all areas and is permitted by statute in the intensive CJIP areas. There may be some purpose in using this to clearly verify a person's drug use if they have been arrested for soliciting offences on more than three occasions and a community penalty, such as a DTTO or other condition, may be being considered by a court. As the prostitution offences do not carry custodial penalties, the use of testing will have no effect on bail. It is the case that a positive test cannot be used for the purposes of evidence in an application for an ASBO under the *Police and Criminal Evidence Act 1984 (PACE)*.

#### 4.10.28 *Powers available under the Anti-Social Behaviour Act 2003.*

As has been identified at various points in this guidance, Part 1 of this Act grants powers to close properties where Class A drugs and serious nuisance are combined, most typically in so-called 'crack houses'. Such houses are very often places where women may work and reside, often through lack of alternative premises. Police should

be aware that use of these powers is likely to lead to the displacement of women involved in prostitution and presents opportunities for interventions along the lines described above; charges may be brought at this point as evidence allows. However, these actions are also most likely to make women involved in prostitution homeless and thus such action should be linked to schemes to encourage women into housing crisis and exit programmes, as these are developed along the lines of projects described in 4.8.1.

#### 4.10.29 *Enforcement strategies – kerb crawlers*

A pro-active approach to targeting kerb crawlers can be used as a strategy to disrupt sex and drugs markets by reducing custom and in turn the funding necessary to purchase drugs. However, reducing the number of clients can often mean that women work for longer periods to make the money they require for drugs, making them more visible in the community. The competition for clients and pressure of being caught by police during such operations can lead women involved in prostitution to take more risks regarding their personal safety and so such strategies should be used in conjunction with programmes that offer drug treatment and other support to women involved in prostitution.

4.10.30 In 2001 kerb crawling was made an arrestable offence and courts now have the power to consider disqualifying from driving anyone convicted of a kerb-crawling offence (Home Office, 2003b).

4.10.31 Other strategies to target kerb crawling include:

- Warning letters sent to registered drivers of cars seen 'cruising' in sex markets, increasing the risk of exposure to spouses, employers and others.

- Naming and shaming campaigns in the local press of those convicted and fined for kerb crawling, although as with such publicity measures for ASBOs, some feel these are controversial.
- Closing streets or restricting access to areas not connected to residential life.
- Kerb-crawler rehabilitation programmes (KCRPs).
- Acceptable Behaviour Contracts (ABCs).
- ASBOs.

4.10.32 Rehabilitation programmes have been set up in a number of areas. The first of its kind in this country was introduced in Leeds in 1998, although KCRPs are currently operating in Nottingham, Southampton, Hull and elsewhere. Men who have been charged with kerb-crawling offences and have no previous offences are offered a choice between a court summons or attending the KCRP. The programmes attempt to confront individuals with the consequences of their behaviour. The programme includes sessions about current legislation, sexually transmitted diseases, and details about the lives of women involved in street prostitution. Evaluation findings from the Hull KCRP suggest low levels of recruitment, although this was partly linked to evidential difficulties in charging kerb crawlers in that site. Among the small number of men taking part, there was no repeat offending over the study period (Hester & Westmarland, 2004).

4.10.33 The Criminal Justice Act 2003 also makes it possible for a court to order a community penalty where a kerb crawler has previously been convicted and fined on three occasions and where it is considered to be in the interests of justice to do so. The order is generic and can be tailored to the needs of the individual. They can then be referred to a kerb crawler rehabilitation programme where these are available. A conditional caution created by that Act



also applies to kerb crawlers and could be used to refer them to such programmes at an earlier point.

4.10.34 These programmes are likely to be most effective at deterring the generally 'law-abiding punter' and will have less or no impact on violent or serial offenders who are unlikely to be eligible for inclusion on the programmes (Campbell & Storr, 2001).

4.10.35 ABCs have been used against kerb crawlers in Preston. The option of signing such a contract is offered to those arrested for kerb crawling who have no previous offences. The ABC is made between police and offender and requires that the offender does not commit any further criminal offences (specifically that of kerb crawling) in the area. A breach of the ABC can result in an ASBO. At time of writing Lancashire Police had issued 15 ABCs with no reported breaches.

#### 4.10.36 *Enforcement strategies – pimps*

Police can target pimps who are often heavily involved in drug dealing and other crimes, and can play a significant role in involving young people in prostitution. Pimping can be highly coercive and fear of violence from partners/pimps may impede attempts by women and young people to seek help for drug problems and to leave prostitution. If soliciting and loitering are identified as local concerns then it is important to devise both long- and short-term objectives to take account of the coercive management that is likely to be causing some individuals to remain involved in prostitution.

4.10.37 Home Office data for 2001 show that while there were 2,841 prosecutions of women for *loitering*, there were only 34 prosecutions for the offence of 'living on the earnings of prostitution or exercising control of a prostitute'. Several Home Office research studies have highlighted the difficulties police experience in proving a

pimping offence. Having a specialist Vice Unit is highly beneficial for targeting pimps as these units can develop expert knowledge of the legislation and establish relationships with women involved in prostitution who are likely to become key witnesses (May *et al*, 2000a; Kelly & Regan, 2000). The Sexual Offences Act 2003 has significantly increased the penalties for these offences, therefore, it is expected that police will take stronger programmes of action against those pimping and running brothels.

4.10.38 Another possible approach is to exploit the fact that pimps are often engaged in a wide range of criminal enterprises and may be exposed to the risk of prosecution not only for pimping but for drug offences, firearms offences, and offences of theft and handling stolen goods (May *et al*, 2000a).

#### 4.10.39 *Situational prevention*

Situational prevention includes measures to manipulate the immediate environment with a view to market disruption. These measures can enhance enforcement activity by reducing the market's amenity offered by location to drug and sex buyers and sellers. Research has examined the impact of these different initiatives largely in relation to drug markets alone, and evidence is limited (Edmunds *et al*, 1997; May *et al*, 1999). However, the underlying principles of situational prevention are well established, and could be applied equally well to street sex markets. These include:

- Targeted security measures for residential, business and commercial properties.
- Installation of CCTV in identified drug-using and prostitution sites.
- Increasing the exposure to surveillance by police and others, including by having neighbourhood police stations and mobile units.

- Improving street lighting round outdoor prostitution and drug-using sites.
- Control and management of local housing (see 4.8).
- Control and management of public spaces such as blocks of flats and stairwells that can be used for drug use. This can include door entry systems, well-sited caretakers or wardens' offices, effective locks, fencing and alley gates.
- Securing, re-letting or demolishing disused buildings.
- Trimming back or removing foliage to open any enclosed space that might be used by women involved in prostitution.

(Edmunds *et al*, 1996; Home Office, 2002b.)

#### 4.10.40 Responses to discarded injecting equipment

Discarded drug paraphernalia is a key concern for those living or working near drug and sex markets. As noted in 4.5.2 and 4.6.1, drug users need to be actively encouraged to return used injecting equipment to needle exchange and pharmacy schemes. Local authorities should have agreed protocols and systems for the safe disposal and collection of injecting equipment; for example, sharps boxes can be provided for drug users. In addition residents need to be aware of who to contact to make reports about discarded equipment and local personnel including caretakers, refuse collectors and street cleaners should receive training to reduce their fears about exposure to infection (Home Office, 2002b).

During 2004/5 a new government campaign will address all of these issues, looking at how drug litter can be reduced at source and cleared up more effectively. In the context of sex markets it is crucial that control of litter is fully part of the management of such areas and as such partnership activity must include work with

refuse collection and environmental health services to design effective solutions to control the problem in these areas.

#### 4.10.41 Housing management strategies

Housing providers can contribute to the disruption of drug markets and the regeneration of areas by implementing housing management strategies such as:

- Physical improvements to properties and public spaces and improved security measures (as described in 4.10.39).
- Letting policies to reduce the likelihood of 'anti-social' tenants such as the vetting of potential tenants, clear tenancy agreements, and introductory and starter tenancies that can be converted to secure tenancies if the tenant has not given the housing provider reason to seek eviction.
- Assessing housing support needs in relation to problematic drug misuse and ensuring sufficient support strategies are in place. This will include the need to protect and/or intervene in cases where vulnerable tenants are bullied into allowing their properties to be used for the sale and use of drugs and prostitution.
- Eviction (drug supply and other behaviour associated with drugs can be judged as unacceptable and would justify eviction).
- However, housing providers must be sure that in taking such preventative action they do not exclude drug users from accessing accommodation.

(Home Office & DTLR, 2002.)

4.10.42 Under the Anti-Social Behaviour Act 2003 new powers have been created to close premises where there is Class A drug production, use and supply, and serious nuisance or disorder. This will affect properties such as 'crack houses'. Women involved in prostitution may be affected by the use of this power if they are associated or residing in such premises. In such cases

it will be essential to ensure that arrangements for referring women to drug treatment and other support services are in place and that local services are equipped to manage those displaced from such settings, including women involved in prostitution and other drug users.

#### 4.10.43 *Community involvement and mediation*

Local people need to be involved in decision-making about strategies to tackle drug and sex markets and be kept informed about action taken and progress made. Unless they believe that the action is for them and accountable to them in some way, then they are unlikely to support or value the activity (Home Office, 2002b). Approaches that involve the community will also have the advantage of hopefully preventing residents taking matters into their own hands and acting illegally. This can include:



- Stimulating local representative groups to have an interest and view about tackling drug and sex markets and/or involving residents in action research to examine ways of working together to reduce the impact of these markets and improve the safety of residents and women involved in prostitution.
- Providing education and training about drugs and their effects, and about why women and young people may become involved in prostitution.

- Community representation on local steering groups or other fora related to action on drug and sex markets.
- Involving residents groups in advising on housing allocation policies.
- Encouraging local action groups to organise community meetings and disseminate information and collect feedback about market disruption strategies.

(O'Neill & Campbell, 2002, 2003; Home Office, 2002b.)

## Case study

### **Merseyside community liaison officer**

In Merseyside, a community liaison officer was appointed to:

- Identify community concerns and communicate those concerns to women involved in street prostitution.
- Involve community representatives in multi-agency forum structures.
- Raise awareness among members of communities, their elected representatives and the police of the issues faced by women involved in street prostitution.

The officer helped to negotiate some practical solutions to ease, at least in the short term, some of the impact that prostitution had on the community. For example, women were asked and agreed not to work near a local primary school, and women were encouraged to dispose of used injecting equipment appropriately.

The officer was involved in providing training sessions for local police officers about women involved in prostitution and the issues they face, including problematic drug misuse as well as presenting this kind of information at local community fora.

## Case study

### Stoke on Trent – Community Development Worker

One of the tasks of the community development worker was to mediate between women involved in prostitution and local residents. She was a designated contact point for residents to make complaints. She fed these back to women involved in prostitution via a flier called 'Keep the Beat Neat' which was distributed to women during outreach sessions. As in Merseyside, this led women to make some changes to their behaviours in line with residents' wishes.

The community development worker also arranged a series of community workshops, which at the request of local residents, focused on raising awareness about different drugs and drug effects, knowledge about personal safety and stress relief. The workshops provided a forum to discuss residents' concerns.

*Source: Hester & Westmarland, 2004.*

## Strategies for leaving prostitution

4.11.1 Leaving prostitution is a long-term and complex process that will involve receiving help and support to deal with a whole range of practical and emotional issues (discussed above). Leaving prostitution is not a linear process and women may attempt to leave a number of times. In a hierarchy of needs, providing drug treatment and responding to health and accommodation problems will have to be addressed as priorities to help women and young people achieve some stability in their lives. A key issue for women involved in prostitution is that they are often supporting the drug use of a partner/pimp and this can represent a significant barrier to leaving prostitution (Hester & Westmarland, 2004). This will necessitate intervention in relation to drug-dependent partners, which might involve offering drug treatment to partners of women involved in prostitution or the use of enforcement techniques against violent partners or pimps (4.7.2 and 4.10.36).

4.11.2 However, as part of any package of care and support, strategies to sustain lifestyle changes need to be in place. These should be available once basic needs have been met and alongside on-going help for drug misuse and other emotional support. These may include practical living skills such as advice on Housing Benefit and debt, and support to obtain benefits. They may also involve initiatives to improve women's and young people's self-esteem and provide opportunities to participate in skills training and/or further education and careers advice (Hester & Westmarland, 2004), such as provided for drug users through the progress2work initiative.

## Case study

### The ME-Pack – Stoke-on-Trent

This project assisted women to look at all aspects of their lives, including problematic drug use, financial requirements, housing issues, children, relationships with other people and future plans. Once this had been done a structured care plan was discussed and formulated with a dedicated project worker.

This would include:

- Accessing drug treatment programmes.
- Obtaining benefits.
- Organising accommodation and re-housing.

Once these issues had been addressed women were encouraged to participate in peer support group sessions which

involved group recreational activities such as bowling, swimming, going to the cinema, hair cutting as well as complementary therapies and visits to local colleges to look at appropriate courses.

The general objectives of these sessions included raising self-esteem, improving life skills including communication skills, building motivation, increasing social skills, and providing a safe place for women to identify and develop transferable and marketable skills to increase future opportunities.

It was hoped that as more women become stable and drug free that they would be able to act as mentors for other women.

*Source: Hester & Westmarland, 2004*

## Case study

### Streetreach, Doncaster

The Streetreach project provides a regular programme of activities for women at their drop-in centre. These include:

- Basic IT training.
- Arts and crafts.
- Baking.
- Leisure activities such as swimming and going to the cinema.

This package is an attempt to increase women's self-esteem. Where possible activities are accredited and/or 'in-house' certificates are given to women for completing particular tasks.

In a partnership initiative between Streetreach and an employment agency, women are offered places on drug treatment programmes and once some stability has been achieved, they are referred to the employment agency where trained advisers help them to write CVs, discuss their training needs and approach potential employers. Women were also provided with a small clothing budget to 'kit them out' for interviews.



## Further reading

**Department of Health, Home Office, Department for Education and Employment & National Assembly for Wales. (2000)** *Safeguarding Children Involved in Prostitution*. London: Department of Health.

**European Network for HIV/STD Prevention in Prostitution. (1999)** *Hustling for Health. Developing Services for sex workers in Europe*. London: Europap.

**Home Office & Department for Transport, Local Government and the Regions. (2002)** *Tackling Drug Use in Rented Housing. A Good Practice Guide*. London: Home Office.

**Home Office. (2002)** *Tackling Drugs as Part of Neighbourhood Renewal*. London: Home Office.

**Home Office. (2003)** *Disrupting Crack Markets: A Practice Guide*. London: Home Office.

# Commissioning, monitoring and evaluating services

5.1.1 The aims of this section are to:

- Provide guidance on how to assess local drug and sex markets, the links between the two, and the needs of women involved in prostitution who are problematic drug misusers.
- Highlight, with reference to Section 4, issues to consider when commissioning services for this group and developing strategies to disrupt drug and sex markets.
- Highlight potential training needs for service providers and police.
- Outline methods for monitoring and evaluating service provision for women involved in prostitution who are problematic drug misusers and local strategies to tackle drug and sex markets.
- The types of drugs available.
- The stability of the drug supply.
- Estimates of the number of people involved in drug and sex markets.
- Characteristics and social, health and accommodation needs of women involved in prostitution.
- Characteristics of the customer base for drug and sex markets.
- Impact of markets on local residents and businesses.
- How aspects of the local situation compare with existing literature on these issues.

## Collecting information about the links between local drug and sex markets

5.2.1 It is important that the commissioning process is based on a thorough assessment of local circumstances. Conducting a mapping exercise of the profile of and the links between drug and sex markets, will inform decisions about how best to tackle these markets to reduce the impact on the community and ensure that appropriate services are available to women involved in prostitution who are problematic drug misusers.

5.2.2 This exercise can provide an analysis of drug and sex markets in relation to the following issues:

- Location of markets.
- Characteristics and modus operandi.

5.2.3 The local partnership may want to undertake this task or to commission independent researchers to conduct the work on behalf of the partnership. Table 5.2.1 outlines various research methods and key sources of information that can be used to profile drug and sex markets. Using a mix of methods gives the opportunity to verify and validate the information that is collected. The mapping exercise can then provide the baseline information against which the impact of any strategies to disrupt drug and sex markets can be assessed (5.6).

5.2.4 The mapping exercise will also allow the opportunity to identify and assess current service provision for women involved in prostitution. This will include an examination of dedicated services for women involved in prostitution as well as any provision for this group at generic services (5.3). It will be important to review service activity and client monitoring

procedures at these local agencies to ensure some degree of consistency and comparability in the type of monitoring information that is collected from service users, and in particular, to examine how

these data can be used to evaluate the impact of targeted service provision and any action taken to disrupt drug and sex markets (5.6). For example, the new Criminal Justice Intervention Programme (CJIP) Throughcare

**Table 5.2.1: Research methods for mapping drug and sex markets**

Research methods	Issues to examine and data to collect
<b>Interviews with</b> Women involved in prostitution	Demographics, accommodation status, frequency and quantity of drug use, frequency of involvement in prostitution (for example number of days worked and number of clients per day), total income, proportion spent on drugs, involvement in drug market (for example buying for clients), relationship between women involved in prostitution and drug sellers, contact with the police, contact with local services, views on policing and local services, service needs, experience of violence from clients and others.
Drug users and sellers	Demographics, frequency and quantity of drug use, use of local and other services, costs of drugs, forms of buying and selling, number of buyers, stability of supply, trends in price and quality, relationships between sellers, relationship between sellers and women involved in prostitution, drug-related violence, views on policing.
Professionals (for example police, health service and outreach staff)	Specific information related to role vis-à-vis sex and drug market. For example police may be asked about structure of drug and sex markets, the links between the two, and views on the effectiveness of different policing strategies. Health service staff can report on health and other needs of drug users and women involved in prostitution. Links and partnership working amongst agencies and identification of gaps.
Members of the community	Impact of drug/sex market on day-to-day life and local environment, views on effectiveness of various strategies for tackling drug and sex markets.
<b>'Expert' panel to meet two-three times per year</b> (comprised of police, other criminal justice agencies, drug treatment and voluntary sector staff, local authority departments, community groups)	This approach relies on a group of informed individuals who have access to key information and has the advantage of providing trend data. Issues for discussion would be similar to those discussed above – types of markets and location, types of drugs activity and effect, treatment demand.
<b>Collection and analysis of existing sources of information</b>	See Table 5.2.2.

Source: Adapted from [www.kcl.ac.uk/icpr/toolkit](http://www.kcl.ac.uk/icpr/toolkit)

**Table 5.2.2: Key information sources for mapping drug and sex markets**

Information sources	Issues to examine and data to collect
Police	Nature and extent of policing operations, arrest data for prostitution and drug-related offences, number of stop and searches, types of drugs seized, number of calls from local residents re drug use or prostitution-related incidents. Formal and informal policies on policing sex/drugs markets.
Probation, Youth Offending Teams (YOT) and other criminal justice agencies	Number and demographic profile of drug-using offenders (for example Arrest Referral throughput, including index offence, number assessed and referred to treatment, number of local offenders given Drug Testing and Treatment Orders, YOT ASSET data on drug use).
Drug treatment	Client characteristics, number of treatment demands, number in treatment, number in contact with other agencies, mean length of contact with agency, services provided, proportion in treatment who are/were women involved in prostitution (if known).
Specialist prostitution services, outreach, housing/ hostel and other agencies	Number in contact, demographic profile, service needs, services provided. Partnership working between agencies.
Local authority (including: environmental health, housing, education, social services, child protection)	Needle and syringe finds, other drug paraphernalia finds, enforcement of tenancy conditions, actions against drug dealing houses, school exclusions where drug use is indicated, drug confiscation in schools, number of child protection procedures relating to sexual exploitation of children, number of Anti-Social Behaviour Orders (ASBOs) issued against women involved in prostitution, number of community complaints relating to drug/sex markets, findings of crime and disorder audits.
Contextual information	Media reports, previous local research studies, annual reports of relevant organisations, local services and community groups to provide a profile of social, political and economic factors which may constrain or facilitate market activities.

*Source: Adapted from [www.kcl.ac.uk/icpr/toolkit](http://www.kcl.ac.uk/icpr/toolkit)*

and Aftercare teams may maintain full data records on all clients known as drug users who have passed through the criminal justice or treatment settings, as is derived from table 5.2.2.

### Collecting information about the needs of women involved in prostitution

5.3.1 A main component of any mapping exercise will be the collection of information about the number, profile (including the proportion of young people involved in the sex market and the proportion who are homeless), drug

treatment, health and other needs of women involved in prostitution who are problematic drug misusers (see Table 5.2.1). These data should be examined alongside a review of existing service provision for drug users, women involved in prostitution and young people in order to make an assessment of the extent to which local agencies are meeting the needs of these groups and to identify gaps in the range, type and accessibility of service provision. It is also useful for tracking persons through the system, as CJIP Throughcare and Aftercare teams will do.

5.3.2 Key questions for reviewing local services are listed below. Some of this information should be available as part of contract monitoring between services and local partnerships:

- What specialist service provision, if any, is available for women involved in prostitution (number of agencies, outreach/fixed site, dedicated/generic, location of agency and proximity to sex market, opening hours, services provided, service capacity)?
- What specialist service provision is available for vulnerable (homeless and/or sexually exploited) young people who are problematic drug misusers?
- What links do services for women involved in prostitution have with drug treatment, sexual health, accommodation and other agencies (for example joint outreach sessions, satellite provision, fast-track access arrangements)?
- What joint protocols, if any, exist between key agencies for information sharing, referral and case management of clients?
- What procedures are in place for responding to child protection concerns?
- What procedures are in place for dealing with reports of violence against women involved in prostitution?
- Are all service staff aware of child protection and other procedures, referral and case management protocols?
- Do staff at non-specialist agencies feel equipped to provide drug and other services to women involved in prostitution or sexually exploited young people?
- What additional skills training may be required for agency staff?
- What housing and residential options are available to services working with women involved in prostitution, in particular those that are appropriate for women?
- What plans are there for regeneration, enforcement or community activities, which will affect women involved in prostitution or the sex market?

## Collecting information about the needs of the local community

5.4.1 The local community should be consulted about any plans to respond to the problems of drug and sex markets. Local partnerships should have mechanisms in place for community consultation and views can be sought as part of general consultation about neighbourhood renewal and drugs and crime. This could be conducted alongside the Crime and Disorder Reduction Partnership and Drug Action Team audits. Key questions include:

- What impact has the drug/sex market had on daily life?
- What are the main problems experienced locally as a result of problem drug misuse and prostitution?
- What do members of the local community think would work in helping to deal with these problems?



- What help do they think should be available for women involved in prostitution?
- What should be done about kerb crawlers?

## Commissioning services to tackle drug and sex markets, and to address the needs of women involved in prostitution

5.5.1 In Section 4 details were given about providing appropriate services for women involved in prostitution who are problematic drug misusers and the barriers they may face in gaining access to drug treatment. Enforcement approaches were also considered. This information should be used alongside findings from local research (as described above) to inform the commissioning of services and interventions. The level of response will need to be proportionate to the scale of the problem in a local area. Where there is a thriving street sex market and the mapping of the market described above suggests that the number of women working is of significant size, then this should be the trigger for the creation of specific services.

5.5.2 The evaluation of 11 prostitution projects funded through the Home Office (Hester & Westmarland, 2004) was conclusive that treatment is crucial to the effective management of sex markets and the reduction of nuisance to communities through enabling women to leave prostitution. Access to treatment, especially fast-track prescribing schemes, was the single most effective intervention to help users stop involvement in prostitution. In addition, access to these schemes through voluntary, rather than compelled means (i.e. through the criminal justice system) was just as effective. Whilst there is clearly a need to ensure that good access to appropriate services is a feature of criminal

justice interventions, the main access route should be a voluntary one, opened up through proactive outreach and contact with working women.

5.5.3 In Section 4 the following service components to help women involved in prostitution were recommended, all of which should be as easy to access and as flexible as possible:

- Outreach services for women involved in prostitution combined with provision for referral to specialist agencies, which can offer treatment for drug problems and help with health, housing, benefits and legal issues.
- Services which can address crack cocaine problems.
- 'One-stop shop' low threshold services, which can deal with a range of needs, either on-site or by having established referral links with other services.
- Fast-track access to drug treatment and out-of-hours drug treatment provision.
- Fast track access to emergency supported and secure accommodation.
- Specialist child-centred outreach, drop-in and drug treatment services for young people.
- Local procedures for sustained, co-ordinated inter-agency support, including structures for aftercare, including job training (such as through ensuring the capacity of progress2work schemes to deal with women involved in prostitution) or education and supported re-housing.
- The assignment of key workers to clients to provide consistency of care over time.
- Effective access routes through criminal justice interventions.

5.5.4 This range of provision can be achieved by creating new services or by the extension of contracts to existing providers. However, any such provider will need to

demonstrate capacity and flexibility to work with this client group. Some or all of these services can be provided through a specialist sex worker project. In practice, the overwhelming majority of women involved in street prostitution are drug dependent, and as such it makes sense that any existing project is used to provide a gateway to mainstream drug treatment services in recognition that they are best placed to provide that role. However, more specialised functions will need to be provided by specialist agencies for drug treatment or housing, for example.

5.5.5 Outreach and drop-in provisions could be commissioned through projects already working with women involved in prostitution. If none exist, strong consideration should be made for creating an agency to discharge this function. Examples of the range of specialist support such projects provide has been highlighted in the case studies in Section 4. The UK Network of Sex Work Projects (UKNSWP) can provide further advice on models of service delivery for women involved in prostitution. However, at a minimum, such services should provide:

- Outreach and drop-in services to women.
- Advice and information about the legal problems associated with prostitution.
- Support and signposting to treatment and housing services.
- Support in dealing with legal action or child care proceedings.
- Harm reduction materials.
- Liaison with the community and authorities to ensure work with women involved in prostitution is understood and appropriate co-operation gained.

(The degree to which they can provide more intensive treatment services or simply host access to such services is dependent on the strength and staffing of such

organisations. These can be addressed if a new service is being commissioned.)

5.5.6 Local partnerships will have responsibility to co-ordinate the commissioning of services for women involved in prostitution who are problematic drug misusers and therefore must ensure that all key agencies are represented on the commissioning group (for example housing, health, and if applicable, the local education authority). Alternatively local partnerships must be able to represent the interests of women involved in prostitution who use drugs at other fora, for example, ensuring that the Supporting People programme looks at the accommodation needs of this group for respite and emergency care and/or supported accommodation, as part of its strategy. The housing needs of women involved in prostitution must be addressed strategically. Ultimately local partnerships must ensure that all relevant local services, including Tiers 1 to 4, generic or specialist providers, are communicating and working together well to provide services to women involved in prostitution using drugs.

5.5.7 As noted in the commissioning guidance provided by the National Treatment Agency (NTA), part of the commissioning process must include agreement among service providers about Integrated Care Pathways (ICPs) to facilitate an individual's access to a range of interventions including specialist drug treatment, generic and social care agencies. In areas where sex markets and drug misuse are key issues, this task may be helped by an ICP sub-group to focus on women involved in prostitution and ensure that referral and joint-working protocols are agreed, in place and working effectively. In support of the CJIP Throughcare and Aftercare initiative, and for women involved in prostitution generally, other 'wrap around' services should be developed,

including job-training and/or access to education for women whose drug use stops or becomes stable and who may want to leave prostitution. This should include consideration of progress2work schemes or pre-entry schemes to handle more chaotic users to make them ready to enter such schemes. Commissioners of drug services will need to liaise closely with Jobcentre Plus staff to ensure the availability of suitable support for this client group in these settings. Guidance under each of the commissioning Tiers of the NTA Models of Care is outlined below in 5.6. Client progression or entering services in each of the Tiers is not a linear process; people can enter, leave or remain at any stage.

## Commissioning services for women involved in prostitution under the Models of Care

### 5.6.1 Commissioning for Tier 1

In recognition of the chaotic lifestyles and multiple needs of women involved in prostitution who use drugs, planning and commissioning for Tier 1 should focus on purchasing and building a multi-agency approach to provide emergency services to attend to basic needs. This should include:

- *Emergency accommodation.* Those commissioning services locally should ensure that service level agreements with local providers include agreement to accommodate this client group, for instance by ensuring there is appropriate provision for women.
- *Immediate health care.* Health services for this client group may have to be commissioned and delivered directly on the street or in day centres and via emergency accommodation as many women are refused access to mainstream services.
- *Harm minimisation* focusing on needle safety and safer sex. These need to be provided directly to the client group, whether on the streets, in emergency/ hostel accommodation or in a day centre.
- *Outreach support workers.* These should be experienced workers who are able to support and motivate this group and provide advocacy leading to housing, health care, benefits and other support. This may best be provided by a specialist sex worker project.

### 5.6.2 Commissioning for Tier 2

Tier 2 services should be aimed at stabilising drug use and supporting moves away from prostitution. It should be acknowledged that because of the multiple problems faced by women involved in street prostitution, they may remain in Tier 2 for a long time. Services should include:

- *Outreach drugs workers.* Drug specialist outreach workers should operate on the streets and/or from centres that are well used by women involved in prostitution.
- *Fast-track access to rapid prescribing.* This should be linked to client needs and be monitored to ensure that women involved in prostitution are not being excluded or removed from programmes.
- *Supported accommodation.* Clients should be able to move on from emergency accommodation to a supported hostel.
- *Aftercare services.* As part of the move to a stable lifestyle, commissioners should purchase a range of services from the voluntary sector.
- *Needle exchange.* This service should operate from a client-centred facility such as a drop-in service, be available out-of-hours and keep track of clients' needle usage.

- *Overdose prevention.* Consideration should be given to employing a 'street nurse' to work with the outreach and needle exchange teams.

*Specific Service Level Agreement requirements for Tier 2:*

- Services commissioned at Tier 2 should provide motivational work with clients.
- Services should be monitored for practices that may exclude this target group.
- Services should look into the possibility of providing out-of-hours access and demonstrate an ability to take services to clients.

5.6.3 *Commissioning for Tier 3*

Tier 3 services include drug treatment services working with other agencies, such as housing, social services, vocational services and day centres, in implementing a care plan. The services set out in the NTA's Models of Care should be provided for women involved in prostitution through offering access to the following:

- Stable and secure supported housing, preferably permanent accommodation with tenancy support.
- Specific communities care assessment and care management within a multi-agency group.
- Specialist structured community-based detoxification services.
- A range of specialist structured community-based stabilisation and maintenance prescribing services.
- Shared-care prescribing and support treatment via primary care.
- A range of structured, care planned counselling and therapies.

- Structured day programmes (in urban and semi-urban areas) such as Lifelong Learning, progress2work and voluntary sector vocational provision. Representatives from these services should be a part of local partnerships.
- Liaison between drug misuse services for acute medical and psychiatric sectors (for example pregnancy, mental health).

*Specific Service Level Agreement requirements for Tier 3:*

- Services should consider providing out-of-hours access and demonstrate an ability to take services to clients.
- Services should be monitored for practices which may exclude this target group.
- Planned services for crack cocaine users may be needed.

5.6.4 *Commissioning for Tier 4*

In most parts of the country, these services may not be commissioned locally, but will be cross-authority services. However, funding and planning for entry into out-of-area services needs to be undertaken for women involved in prostitution who are problematic drug misusers. Services to be commissioned under this tier should be able to cope with the acute needs presented by this client group. Commissioners will also need to make provision for aftercare, which should be delivered within the CJIP Throughcare and Aftercare team framework and this could include:

- Suitable permanent accommodation with tenancy support.
- Moving into mainstream vocational provision such as New Deal, structured voluntary work with vocational qualifications or mainstream employment or education.
- A relapse prevention plan.

### *Specific Service Level Agreement requirements for Tier 4:*

- It should be a contractual requirement that contact is maintained with a designated person from the multi-agency case management group who should feed back on progress.
- Commissioners should allow for arrangements to receive the client back into a lower tier of service if the Tier 4 provision does not work.
- The Tier 4 provider should facilitate the agreement of an aftercare programme between the client and the multi-agency case management group before discharge.

## Training

5.7.1 The mapping exercise should have highlighted the training needs of local service providers and police officers in relation to dealing with women involved in prostitution who are problematic drug misusers. These training needs will vary for staff from Tier 1 to Tier 4 services and may include some of the following:

- Information about drug misuse and various drug treatment options.
- The legal framework for drug misuse, sexual offences and ASBOs.
- Raising awareness about the kinds of problems faced by women involved in prostitution and the potential barriers they experience in gaining access to drug treatment and other services.
- Raising awareness about the sexual exploitation of young people.
- The high incidence of violence endured by women involved in street prostitution and the importance of police taking any complaints made by women seriously.

5.7.2 Local projects for women involved in prostitution may be willing to be involved in providing this kind of training and local partnerships must ensure that sufficient time is given to such issues in local police training days. Local partnerships must also address any gaps in knowledge among service providers and police about child-protection procedures and/or any locally agreed protocols about dealing with young people who are being sexually exploited.

### *5.7.3 Co-ordination of support to women involved in prostitution and enforcement activities*

An important issue to address will be the co-ordination of support to women involved in prostitution alongside any enforcement activity aimed at disrupting the drug and sex markets. This demands good communication between the police and service providers. Local partnerships will need to play a key role in facilitating such links and overseeing all components of any local strategy. At the most basic level this is about ensuring that key outreach activity is not disrupted by enforcement operations and that police know when outreach sessions are being conducted and know the identity of outreach workers. Such action should be planned strategically in a fully integrated way with other activity to encourage women to seek help voluntarily. As noted in Section 4, enforcement action should be combined with the opportunity for service intervention. For example:

- If ASBOs are to be used against some women involved in prostitution it will be essential that these orders are issued alongside packages of support, including immediate access to drug treatment.



- If police are planning arrest operations in the sex market area or the shutting down of 'crack houses' then the local arrest referral service and other relevant services need to be informed and a plan devised for how the support needs of individuals should be addressed. This is best addressed in a closure protocol agreed between local partners.
- Outreach staff can help to encourage women involved in prostitution to report incidents of violence against them to the police.
- In kerb-crawler crackdown operations, police and services need to be aware that this can potentially mean women adopting longer working hours and working in different areas, which may lead to more dangerous practices.

## Monitoring and evaluation

### 5.8.1 *Monitoring services for women involved in prostitution*

Local partnerships and commissioning groups have an important role in developing local systems for the monitoring and evaluation of service activity. All service contracts should specify monitoring and evaluation arrangements. A key issue, as noted above, will be to ensure consistency and comparability of screening and assessment tools used by local agencies. In relation to client screening on drug misuse, agencies should be collecting data in line with the National Drug Treatment Monitoring System (NDTMS) and the NTA-recommended minimum data set.

5.8.2 However, in addition it may be important to agree what core data needs to be collected from women involved in prostitution as part of screening and assessment procedures to help monitor service activity and inform future harm reduction and other service responses.

For example, information could be collected on work patterns, such as the number of days worked, income from prostitution and proportion of income spent on drugs, sexual health or experience of violence from clients (see Table 5.2.1). It may then be possible to look at the impact of problematic drug misuse on such issues as well as to examine change in behaviour over time.

5.8.3 There will also be a need to examine the nature and extent of referral of clients between different services, for example from dedicated sex work services to specialist drug treatment. This needs to be accounted for in local monitoring and information sharing agreements.

### 5.8.4 *Assessing the impact of strategies to support women involved in prostitution and disrupt drug and sex markets*

It will be important to agree in advance how the impact of any multi-agency action to tackle drug and sex markets is to be evaluated, as this will require co-operation from all the agencies involved (for example police, local authority, health, and drug services). As noted in 5.2, any mapping exercise will provide baseline data against which the impact of action can be measured.

5.8.5 The evaluation should aim to assess the following:

- The extent to which local agencies have been successful in contacting and engaging with women involved in prostitution and helping them to reduce the harms associated with drug use and prostitution.
- The extent to which local agencies have been successful in contacting and providing support to sexually exploited young people.

- Whether or not the negative impact to local communities of drug and sex markets has been reduced as a result of the action.

5.8.6 The evaluation should include an assessment of input, process, output and outcome.

5.8.7 *Input* monitoring will look at the actions generated and paid for by the multi-agency strategy. For example:

- In the case of service provision, the purchase of five beds in a local residential treatment centre.
- In the case of enforcement activity the allocation of two officers to liaise with the community and target kerb crawlers.
- In the case of environmental improvements the purchase of CCTV cameras to record activities in the area.

5.8.8 *Process* evaluation will aim to assess the way in which different components of a multi-agency strategy have been implemented and co-ordinated. For example:

- In the case of service provision, to examine whether or not services are working together and adhering to agreed referral and other procedures regarding women involved in prostitution and/or sexually exploited young people.
- In the case of enforcement activity, to assess whether or not arrest operations have been conducted alongside appropriate opportunities for service intervention.
- In the case of any environmental improvements such as alley gates or increased lighting, to ensure that these have been carried out as agreed.

5.8.9 *Output* measures will include the monitoring of service, enforcement and other activity. For example:

- In the case of service provision, output may comprise the number of women involved in prostitution contacted by outreach and other agencies, the number and type of services delivered to women involved in prostitution (for example condoms, sterile injecting equipment, safety alarms or number engaged in methadone treatment) and their length of time in contact with services.
- In the case of enforcement activity, the number of arrests made for drug, prostitution or kerb-crawling offences, and the number of prosecutions for these offences, or the number of 'crack houses' closed or ASBOs issued against women involved in prostitution.
- Where available, these data can be compared with baseline measures from the mapping exercise to look at change in levels of activity as a result of local action (see Tables 5.2.1–2).

5.8.10 *Outcome* measures should indicate whether or not an intervention has achieved its stated aim, although proving any direct causal link is often difficult or impossible, particularly when interventions are part of a community-based, multi-strategy approach:

- In the case of services commissioned to support women involved in prostitution who are problematic drug misusers, an ultimate outcome may be abstinence from drug use and leaving prostitution. However, in the short term, the service may have an intermediate aim of reducing their clients' drug use and involvement in prostitution. This will involve the collection of behavioural data from clients over time on their patterns of drug use and prostitution.
- The aim of enforcement activity and environmental interventions may be to reduce the number of women involved in prostitution, kerb crawlers, and drug users

and dealers in an area, or the nuisance these cause. This would be difficult to measure objectively as the total number in each group is unlikely to be known and in any case will not be static, therefore, qualitative indicators can be used. These can include the perception of local residents, service providers or drug users, and women involved in prostitution about changes in the drug/sex market over time.

### Further reading

**Institute for Criminal Policy Research.** (2003) *Drug Market Mapping for London Drug Action Teams*. London. Institute for Criminal Policy Research.

**DrugScope & Drug Prevention Advisory Service.** (2001) *Assessing Local Needs: Planning Services for Young People*. London: Home Office.

## Commissioning checklist – services for women involved in prostitution

### Mapping exercise

- to determine service need and gaps in local provision
- to determine/address training needs of service providers
- to determine/address community concerns

### Representation

- inclusion of all key stakeholders on commissioning group

### Services

- *Outreach provision*
  - evening or out-of-hours service (to match local patterns of prostitution)
  - agreed referral links to local drug and other services
  - provision of injecting equipment/agreed procedures for disposal of equipment
  - established lines of communication between police and outreach services
  - local protocol for dealing with under 18s involved in prostitution
- *Drug services*
  - evening or out-of-hours service (to match local patterns of prostitution)
  - links with dedicated services for women involved in prostitution to provide satellite drug services
  - arrangement for fast access to drug treatment
  - access to treatment interventions focusing on crack cocaine
  - option of providing drug treatment to partners of women involved in prostitution
  - referral links to health, housing and other services
  - low-threshold drop-in facility
- *Accommodation*
  - availability of crisis accommodation away from sex work area
  - supported housing for women involved in prostitution
  - links with Supporting People programme to address accommodation needs of women involved in prostitution
- *Aftercare*
  - availability of vocational education/training for those who choose to exit sex work

### Monitoring and evaluation

- standard monitoring data agreed for all local agencies providing services to women involved in prostitution
- methods of evaluating process, output and outcome of interventions agreed

### Multi-agency working

- establishment of forum for regular communication between enforcement and service providers to ensure enforcement action is accompanied by support to women involved in prostitution
- establishment of information, sharing protocols among key agencies
- strategy to feed back information to local community

# Summary of recommendations

In this section a summary of recommendations is provided. These are based on key points from Sections 4 and 5 for developing multi-agency strategies to tackle drug and sex markets, and for providing appropriate services to women involved in prostitution who are problematic drug misusers.

- Drug and sex markets are individual to each area and subject to local circumstances. Therefore, before any commissioning decisions are made, a detailed mapping of the local problem should be undertaken to establish what type of market there is (including the proportion of young people involved in prostitution), its impact on the local community and the ability of services to meet the needs of women involved in prostitution and young people.
- A multi-agency, multi-strategy approach is key to tackling sex and drug markets. Agencies that must be involved include health, drug services, housing, children's services (where applicable), local authority and police. 'Market disruption' or 'market management' strategies such as enforcement or situational prevention activities should always be combined with strategies for supporting women involved in prostitution to tackle their drug problems and other issues, including housing, health and re-training for alternative employment.
- Where demand and need is high, then consideration should be given to creating or funding specific services for women involved in prostitution, which offer outreach or contact services and provide gateway access to specialist drug treatment provision.
- Any strategy must ensure that it meets the needs of the broader community and impacts on the market in such a way as to reduce damage without further criminalising and punishing those involved in prostitution.
- A forum for regular communication among service providers and the police should be established from the outset to ensure a co-ordinated response to tackling these markets. Enforcement action against women involved in prostitution or their clients must be combined with service intervention and support for women to help limit their displacement to other areas and to prevent services losing contact with them. Both this forum and that for professionals as mentioned above can be established as a sub-group of the local strategic partnership.
- Such a forum can also help to make sure that all key agencies, including police, are knowledgeable about local services, their criteria for entry and referral procedures. This can facilitate a consistent approach to dealing with women involved in prostitution and young people who are being sexually exploited.



- A forum for regular communication with local residents and business owners will also be essential to disseminate information about any proposed action against sex and drug markets, to canvass the views of the community and to provide the opportunity to receive regular feedback on the impact of such action.
- Early intervention and prevention work should be an essential component of any strategy. A first stage must be to raise awareness of the issue and ensure competency among service providers, both specialist and generic, about identifying and responding to those at risk of problem drug misuse or sexual exploitation, and establishing clear local protocols outlining referral to appropriate services.
- Young people need specialist, child-centred services that are specific to their understanding and stage of development, and tailored to their stage of involvement in drug misuse and/or sexual exploitation. In most cases, therefore, it is not desirable to incorporate provision for those aged under 18 years into adult services.
- Outreach will be a key method of contacting and engaging with hard-to-reach groups and such services must be well linked into fixed-site health, drug and housing agencies. Outreach workers should be given a role in relocating those who have dropped out of drug treatment and encouraging re-engagement. In addition, as frontline workers, they are well placed to identify any changes in the structure and organisation of sex and drug markets and must be involved in helping to inform harm reduction responses to any new developments.
- The mapping exercise should provide some indication of the type of adjustments to local drug treatment provision that will be necessary to attract and cater for women involved in prostitution. Modifications to service opening hours, to include some evening provision, will increase access for this group.
- A key requirement must be fast-track access and collaboration between dedicated services for women involved in prostitution and specialist drug agencies in the co-ordination and management of drug treatment for this group. Low threshold services, such as drop-in facilities or mobile service provision should be well integrated with local specialist drug treatment provision.
- It will be necessary to ensure that criminal justice drug interventions have the experience and capacity to meet the needs of women involved in prostitution and that arrest referral or court diversion schemes are well-supported by both drug treatment and specialist services for women involved in prostitution in the community.
- Throughcare and Aftercare teams should play a key role in tracking women involved in prostitution who have failed to maintain contact with services, and alongside specialist sex worker projects, signposting and directing women into exit projects and other help.
- Having stable accommodation is a prerequisite for women involved in prostitution for dealing with drug problems, thus access to emergency accommodation is a necessary component of any intervention strategy. This means, in the first instance, dedicated beds for women in emergency hostels, and over the longer-term, a system of support for finding more permanent housing.

- The high prevalence of violence experienced by women involved in street prostitution is another issue that should be addressed locally as part of any strategy for dealing with sex markets. Such a 'crisis' event is a key trigger for help-seeking among women involved in prostitution and will provide an important opportunity for linking women into drug treatment and other support. This should involve some training among local police officers about responding appropriately to reports of violence from women involved in prostitution. Police and local projects should agree upon procedures for handling such incidents.
- As part of a longer-term strategy, skills training and education of women involved in prostitution must be addressed. Developing initiatives with local colleges or training and employment agencies should be considered. progress2work services must be able to offer services to this client group. As a minimum, local agencies should make available some opportunities for basic skills training and recreational activities.
- The range of services detailed above form vital components of a holistic intervention strategy for women involved in prostitution. It will be essential to ensure the availability locally of each component and to establish effective communication and referral links among all service providers.
- It will be necessary to agree in advance a system of monitoring and evaluating intervention strategies. This must aim to examine implementation, activity and outcome. The local partnership should oversee and take responsibility for this task. A first stage will be to decide, for each component of the strategy, how activity and outcome can be measured and what existing or additional information will be required in order to complete this task. The evaluation process must allow for regular review of progress and the opportunity to make changes to the strategy as new circumstances arise.

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