



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

Carried out by:



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Foreword

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

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

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

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

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

Penny Wilkinson
Chief Executive Northern Rock Foundation



Acknowledgements

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

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

About Northern Rock Foundation

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

More information: www.nr-foundation.org.uk

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i Executive summary

This study, which was commissioned by Northern Rock Foundation under its Safety and Justice Programme, investigates the extent and dynamics of the sex market and sexual exploitation in County Durham. It presents a snapshot of information between December 2008 and December 2009. Using a qualitative knowledge mapping approach, we interviewed 160 professionals from over 30 different organisations. We asked professionals a standardised series of questions about their knowledge of the extent, characteristics and magnitude of the sex market and exploitation.

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

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

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

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

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

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



There were also strong links found between alcohol misuse and sex work or exchanges in both adults and children; some in the context of other substance misuse issues and some purely for alcohol. Again, County Durham has a comprehensive community alcohol service and also a targeted female service. However, it is suspected that whilst some women will be accessing these services, many will not and it is known that there is little provision for children.

A key finding to the research was that many agencies fail to understand the range of needs faced by sex workers. We also found that many organisations were at a loss what to do with clients who disclose sex work, with one professional illustrating this by saying, “*I wouldn’t have a clue where to refer*”. This is particularly in relation to support services or people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes, with one professional reporting “*the only support route for the women to help them out of the sex work is the eight week Freedom Programme and that’s not that appropriate*”. As a result of a lack of available services and guidance, it was reported that there is a grey area in between ‘definitely don’t get involved/no need to get involved’ and ‘definitely do get involved’ (particularly where children are concerned).

Many agencies who come into contact with people involved do the best they can to cater for specific needs and some are better equipped than others. There is a real need for agencies working with vulnerable people to skill up and become better enabled at dealing with these particular vulnerabilities.

The situation of children who are exchanging sex for resources (particularly alcohol) is more concerning as there seems to be a complete absence of services to cater for their needs and reduce their vulnerabilities. From the research, there appears to be two different groups of children: those younger children exchanging sex for alcohol; and those older children exchanging sex for money, drugs and other resources. These include children both living in local communities and children being looked after by the local authority.

It would seem that the younger age group would benefit from models based on Family Intervention Project or 4 Real initiatives. The older age group have specific support needs, especially related to accommodation, but although they are under 18, they typically seem to fall into a gap between children’s and adult services. This age group (and indeed the younger age group) would benefit from a targeted, SCARPA-type approach (see end of section 3.1).

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



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

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



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1.0 Introduction

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

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

1.1 Definitions

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

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



Box 1.1 Sexual exploitation of young people¹

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

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

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

1.2 Methodology

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

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

¹ Taken from Harper, Z and Scott, S. (2005) Meeting the Needs of Sexually Exploited Children in London, Barnardo's



We interviewed approximately 160 professionals face-to-face and a number by telephone and email. They came from over 30 different organisations from the statutory and voluntary sector agencies, including:

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

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

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

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



2.0 Findings

2.1 Adult sex work or exchanges

Female adults involved in sex work or sexual exchanges in County Durham broadly fell into two main groups: formal sex workers, either working independently or working in brothels and occasional sex workers, women who occasionally exchanging sex for drugs, alcohol or accommodation (or a combination of all three) or to pay off a drug debt. Males were predominantly formal sex workers, though there was also occasional exchanges for drugs, money and other resources. There was also evidence of a number of brothels found across County Durham. Based on reports, it is suspected that most of these brothels will have white British women working in them, although County Durham has had one brothel with exclusively Polish women in the last 18 months. A number of women were also found to advertise on the Internet, either through their own personal web pages or on classifieds or attached to escort agencies.

Locations

Adult sex workers or those exchanging sex for resources are found throughout County Durham. Locations identified included lap dancing clubs (outside of the area), on-street sex work, private houses, pubs and other public places. The exchanges in pubs are thought to occur on a 'casual' basis, i.e. they are not locations where purchasers know they can go to regularly purchase sex, but are locations that women can go if they want to sell or exchange sex.

2.1.1 Themes associated with sex work or exchanges

Most exchanges were reported to be for drugs, followed by alcohol and money, with exchanges also for accommodation. In the cases where sex was exchanged for money, commonly the purpose was money with which to buy drugs, most often heroin.

Drug use

Gilchrist et al. (2005) note that high proportions of sex workers are drug-dependent (see also Church *et al.*, 2001; El-Bassel *et al.*, 2001; Nadon *et al.*, 1998; McKeganey, 2006) and for street work in the UK, 80 percent of sex workers need to finance a serious drug habit (Hester and Westmarland, 2004). Our research indicates that most of the women about which situations were known² were problematic drug users. Most of these were involved in drug treatment.

² For example, those other than women in brothels or those who advertise on the Internet. Information on brothels was accompanied by no specific knowledge of the women who worked in them. This is opposed to women who were involved outside of brothels where knowledge on their specific circumstances was reported by different agencies who had them on their caseload.



It was reported by several agencies interviewed for this research that some women who access drug treatment services will occasionally exchange sex for drugs (*“a shag for a bag [of heroin]”*). There were reports of other service users who have particularly chaotic lifestyles and whose sexual exchanges are linked to their problematic substance misuse. For example, one agency has one client who engages in high risk behaviour, such as going missing for several days and then being found a considerable distance away not knowing where she was or how she got there. It was reported she has been found *“sleeping behind the Co-op with rough sleepers who she doesn’t know and being found off her head”*. This client is 20 years old, known to use a range of substances including alcohol, heroin and benzodiazepines and is known to exchange sex for money for alcohol or drugs. Wider research confirms that for many women who are problematic drug users, sex work may be the only means with which to finance a drug habit and this often leads to the entrapment of women in sex work (Gossop *et al.*, 1994).

Other reports included one 29 year old female who was a problematic drug and alcohol user. It was reported *“when she’s living with her parents she’s fine but when she falls out with them she goes off on a binge and exchanges sex for drugs or alcohol”*.

Alcohol use

There were also a number of women who were reported to be problematic alcohol users (these could either be exclusively alcohol misusers or drug and alcohol misusers), some of whom were known to exchange sex purely for alcohol. For one professional’s clients, this is commonly for discrete amounts of alcohol, e.g. a bottle of vodka. One client had an exchange based relationship with a taxi driver who would give her free lifts home and alcohol in exchange for sex. Another had mental health problems and would also exchange sex for alcohol.

Other professionals have knowledge of clients who stay in abusive relationships to ensure a supply of alcohol. In two cases the abuse consists of their partners forcing them to have sex with their friends and associates (these two cases are distinct from pimping which is described in the following section). In another case, a 38 year old woman from Durham with a diagnosis of schizophrenia was known to be exchanging sex for alcohol in local drinking dens. One professional stated *“you’ve got to exchange something to go there and stay there for a couple of days, you’ve got to bring alcohol or swap sex for alcohol”*.

In another case a 30 year old woman was known to be working as an individual sex worker from her own house. It was reported that she initially started exchanging sex for alcohol, which developed into exchanging sex for money. It was known that this woman also had mental health problems.



Pimping

A number of women were known to be exploited by another, i.e. pimped or forced into sexual exchanges. For example, one professional reported a 25 year old female whose partner used to pimp her to his friends and associates for money and heroin. Another reported an 18 year old female whose partner 'encouraged' her to do it for money to buy drugs. One organisation had knowledge of a 27 year old female who was pimped by her boyfriend, particularly around the bus station where she was known to pick up clients. She was a known alcohol and drug misuser.

Violence is synonymous with sex work, for example, research by Church *et al.*, (2001) indicated that 50 percent of prostitutes working outdoors and over 25 percent of those working indoors reported some form of violence by clients in the past six months. May *et al.*, (2000) identified that sex workers face the risk of severe physical harm from boyfriends/pimps. In our study there were many reports about women involved in sex work or exchanges who were known to be victims of domestic violence. This was either domestic violence as a separate form of abuse or domestic violence associated with the sex work or exchanges, i.e. their partners acting as their pimps, forcing them into sexual exchanges against their will, using threats of violence as the coercion. Associated with this topic, a number of professionals across County Durham had knowledge of women who were sexually exploited by their partners, although with no resource exchange taking place. For example, one professional identified very vulnerable women who were known to have been sexually exploited by the partners and forced to have sex with other people.

Mental health

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

There were numerous reports of people involved in sex work or exchanges with mental health problems. For example, one woman in her 30s was reported to suffer from depression and is known to be exchanging sex for money and alcohol. She lives in a flat whose tenants are mostly problematic drinkers. She is reported to have said "*they can do what they want to us*". There was another report of an escort who was reported to be bipolar. A number of women were reported to have varying degrees of mental health problems, from schizophrenia to personality disorders, although the extent is suspected to be much higher (based on the Northumbria study and other national sex work studies).



To pay off debt

There was specific knowledge about women were forced into sex work to pay off their debt to loan sharks or used sex as a means to pay off interest on their loans.

There are thought to be many other instances of debtors exchanging sex in order to pay off part of their debts. It was reported "*it's common knowledge that loan sharks have sex with some of the girls that owe them money*". Such instances of sexual exchanges have been known in many deprived communities in Durham. The practice of exchanging sex in order to service debts (often from money to pay for drugs) is common. Sex is often exchanged for small 'interest' payments of between £50 and £100 depending on the sex act. For example it was reported that money lenders have told clients "*you give me a blow job and I'll knock £50 off your debt*" or "*I'll knock £100 for anal sex*". It was also the experience of one project that these sexual exchanges were also used to further the women's ties to the money lender as they would be used to blackmail the lender with threats of telling husbands or boyfriends.

Accommodation

Exchanging sex for accommodation is relatively common (Pyett and Warr, 1997).. Homeless women were known to be exchanging sex for accommodation. These women got into rent arrears because of alcohol abuse in their previous properties. They were exchanging sex with their 'friends' or drinking associates.

History of involvement

Sex workers typically have a long history of physical and sexual abuse in childhood and adulthood (El-Bassel, *et al.*, 2001). For example, McKeganey (2006) reports from a study of street prostitution in Scotland, where for some of the women the decision to start working as a prostitute was shaped by early experiences of childhood sexual abuse. We found evidence of a small number of women who were known to have been involved since childhood.

Suspicious of involvement

In addition to definitive knowledge held by agencies, there was also a good deal of suspicion regarding sex work. For example:

- One agency strongly suspected that there are women in their client group who are sex workers although they have not disclosed. This is principally because of the number of casual partners they report. Three have said they work as lap dancers.
- Another organisation suspected there are around five young females who had recently left prison and who may be exchanging sex for drugs or money.
- There was a report by one agency of a young woman who was strongly suspected of being sexually exploited. She presented herself wanting to be tested for a range of STIs and was evicted from a leaving care flat, which was suspected to be a result of her using the premises for sex work.



- One agency had suspicions of a man who was believed to be involved in sex work because he was exhibiting a series of risk factors such as: erratic behaviour, disposable income but with no formal income, mental health problems, dealers demanding money from him, relapse into drugs.
- One housing agency had strong suspicions (based on numbers of men visiting and what other tenants reported) that some clients were sex workers.

2.1.2. Other issues

Purchasers

The purchasers of sex are linked to the locations of transactions. We found evidence of a small number of sex workers travelling to Newcastle or Middlesbrough to work. There are also those that work in brothels. However, around half of those involved in sex work or exchanges do so on a 'casual' basis, i.e. they do not work at a specific street location as in Middlesbrough, or work in brothels or in clubs. In many instances the purchasers of sex have been described as casual, drug dealers or drinkers, meaning associates of theirs or friends of associates. In these situations no 'formal' sex transactions took place, i.e. strangers approaching them to pay for sex.

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

Normalised behaviour

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

This is an issue which warrants further investigation from the service user perspective rather than a professionals' interpretation of a service user's feelings.



There may be no normalisation and considerable shame, or it may be as it is reported and part of vulnerable (predominantly female) lives, where a lack of resources means that sex is exchanged.

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

2.1.3 The experience of services

When conducting the research, it was clear that, for the majority of respondents, sex work or sexual exchanges was not an issue that they had paid much attention to, either because it was something that was not raised by service users or it was considered secondary to other needs (e.g. drug treatment or harm minimisation).

For most organisations it was reported that it was largely an unexplored and unknown area, with an often repeated phrase *“we don’t know enough about it”*. With that, there was a subsequent lack of awareness, again with the common report *“there’s a limited awareness”*.

Not surprisingly, other than the expected sexual health and genito-urinary services, many organisations were at a loss what to do with clients who disclose, with one professional illustrating this by saying, *“I wouldn’t have a clue where to refer”*. This is particularly in relation to support services or people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes, with one professional reporting *“the only support route for the women to help them out of the sex work is the eight week Freedom Programme and that’s not that appropriate”*.

Many organisations faced with a lack of knowledge, limited awareness and no referral routes, may therefore choose to do nothing or ignore the issue. Other organisations do the best they can (see example at the end of the section on normalised behaviour).

The treatment centres however were the exception to this as they all said they could cater for the needs of service users in-house as all specialisms were available, e.g. harm minimisation, nurses, psycho-social intervention workers, social workers, etc.

Only a small number of professionals interviewed reported that specific services were required. One organisation felt that there needed to be greater knowledge



in the community about what services were available for sex workers. For example, if someone is running a brothel they need to know that sexual health services can come to them and provide them with vaccinations and other services. Similarly, GU services need to be made more flexible so sex workers can come in early or late for services.

Other services felt that there was no need for specific services as the issues that are faced by those involved are linked to problematic drug and alcohol use rather than sex work, i.e. it is the former which needs to be addressed, not the latter.

Almost all agencies interviewed felt that there needed to be training and awareness raising for professionals about sex work and exploitation, with content including identifying signs and symptoms of sex work and exploitation, asking service users the question about their involvement, how to work with people, issues related to self esteem and addiction and what services to offer. One professional stated that *“we would like training and awareness raising to include how to conduct themselves appropriately as professionals”*. Another said *“it would be good to get training on sexual exploitation and domestic violence that includes issues of power and control”*.



2.2 Sexual exploitation of children

Both female and male children were identified as being sexually exploited. This can broadly be categorised into two groups: those younger teenagers from 13 to 16 exchanging sex for alcohol; and older teenagers aged 17 and 18 exchanging sex for drugs and money for drugs.

2.2.1 Themes associated with the sexual exploitation of children

The currency of exchanges

Sex was exchanged for alcohol, drugs, money, rides in cars, accommodation and to pay off debt.

Alcohol

The most frequent currency was alcohol and this was reported to be most widespread amongst the younger group (13 to 16 year olds). The distribution of young females exchanging sex for alcohol was reported throughout County Durham. One professional reported:

“In 2008, there was a 13 year old ... having sex with older men. She would wait outside the pub and get picked up, taken back to a man’s flat with a group of males or go in a van to A with a group of men and have sex. This girl would demand drink for sex. The Police were involved and her phone was seized”. This was not an isolated incident and it was reported from a county-wide service that there were further examples of this.

In these areas there were patterns of association between children and men. For example one professional reported, *“you get especially younger girls with much older blokes”*. The children are known to men, who often have their phone numbers. It was reported, *“these predatory males will phone girls from inside the pub and say we’ve got drink, meet us outside the pub”*.

It was noted that teenage pregnancy is a social norm in certain areas. One professional stated *“the prospects for these young females being exploited is teenage pregnancy and a continuation of the cycle of deprivation and exploitation”*. It was also noted that in many areas there is a culture of alcohol abuse. Again one professional commented *“I asked her [a girl known to be sexually exploited] didn’t your mam tell or saying anything [about your drunkenness or your distress] when you came in and she said ‘she couldn’t tell cos she was pissed too”*.

Drugs

The second most common currency was drugs, which was reported to be most common amongst the older age group (16 to 18). The types of drugs associated with these exchanges are commonly cannabis and heroin. One professional



reported, *“once the money runs out [with which to buy drugs] and they’ve run out of things to sell, they then exchange sex”*.

One agency reported a 17 year old woman who was a known substance misuser and who would exchange sex for drugs. She was known to the Police and Social Services and had suffered a history of abuse from her father. It was reported *“She was in a private tenancy and was considered unsafe and she needed supported accommodation. Her father who was known to have been breaching the conditions of his licence had been approaching her. She was exchanging sex for food and drugs and had been since she was 15. She was highly vulnerable and had suffered massive damage”*.

Another agency reported young females who were known to be exchanging sex for heroin and money for heroin. These females have histories of physical abuse from their biological parents, drug use, parental drug use, unstable care home accommodation, a variety of foster parents and criminal behaviour.

Money

Where money was reported to be the currency of exchange, in each case it was connected to drugs, i.e. money with which to buy drugs. The females who would exchange sex for money are also those who would exchange sex for drugs. One agency reported the case of a 17 year old female who was known to be selling sex at the back of a corner shop. Cars would also turn up at her residential block at night with older men to pick her up and she would not return and she reported that she had *“slept in the back of the car”*.

Rides in cars

Several unconnected agencies reported the practice of young females exchanging sex acts in exchange for rides in cars, particularly *“pimp rides”* (customised cars). One agency had direct knowledge of individuals who were reported to exchange oral sex for rides in cars. The drivers of the *“suped up”* cars and the ‘purchasers’ of sex were reported to be young men and older teenagers.

Accommodation

There were reports from several agencies about children exchanging sex for accommodation. One agency reported an under 18 year old homeless female who was known to be exchanging sex for somewhere to stay: *“six different men, six different [houses] in six days”*. At another service, it was known that young women would occasionally exchange sex for items including money, food and accommodation.

The issue of accommodation, drug use and 16 to 18 year olds was brought up on several occasions by different organisations. It was felt that there was a need for accommodation provision for 16 to 18 year olds that accepts and supports young people with drug misuse issues. As an illustration of the problem, one agency reported a case of a 16 year old female who would not be accepted by any



Registered Social Landlord, private tenancy or voluntary service provider because of her drug use and she could not access adult services because she was not 18. She then had to be returned to her parental home; one which she had been kept out of by children's services because of abuse and neglect.

Pay off debt

One agency had worked with females under 18 who had borrowed money from illegal money lenders with which to buy drugs and were unable to pay the sums back. In order to repay the sums, they were exchanging sex for small repayments (e.g. £50) off their loans. They were also drug running for the money lenders.

Protection

There was a reported case of an under 18 year old who exchanged sex for protection when she was homeless.

2.2.2 Other issues

Sexual exploitation in the looked after system

There are strong and well understood connections between sexual exploitation and children in local authority care. For example, Coy (2008) notes a disproportionate number of young women with backgrounds of local authority care who are involved in commercial sex, and other research has identified a correlation between young men and local authority care and their vulnerability to sexually exploitative environments and sex work (Gibson, 1995; Davies, 1998).

More generally, research literature on routes into the sex industry among adolescents has identified a kaleidoscope of 'push factors', including family disruption and/or breakdown; previous experiences of abuse; poor educational achievement and disenfranchisement from school; running away and homelessness; substance misuse, including alcohol and solvents as well as Class A street drugs. Young people living in and leaving local authority care are recognised to be particularly susceptible to all of these risk factors (Coy, 2008:1411). It is therefore not surprising that this research found evidence of children in the looked after system in County Durham exchanging sex for a range of resources.

One agency had knowledge of one case which has been ongoing for three years and started when the girl was 14 years old. She was living in a care home and was frequently 'disappearing' and going missing. She would return to the home by taxi and would be in receipt of new items, such as mobile phones and money. When asked how did she afford the taxi fares home, she was reported to have said "*they owe me and my dad favours*". It was known that her father had previously been sexually exploiting her with his friends and this was the reason she was taken into care.



Similar to the Northumbria study, it was reported that there are established networks amongst children in the care homes across the county. It is through these networks that information is passed about where to go to buy drugs and to exchange sex for drugs, and particularly specifics about the bus station.

Related to the issue of networks, there were reports from several agencies about the frequent association between children in care and adult Schedule One offenders (someone who has been convicted of an offence of violence or of a sexual nature towards a child and who is considered a risk to children) both in the community and in prison. It was unknown how these associations were created, either led from the child or the adult. However, the Northumbria research also found similar links.

It was felt that young people who engage in sexual exploitation, do it *“for survival and for the basics”*. In the absence of other resources, sex becomes a currency that can be exchanged. In relation to people leaving the care system, one professional stated that *“you cannot live on the care leavers’ allowance of £42 a week”*, and so it was clear that resources must be accessed in other ways, sex work being one of them.

Related to this is a lack of options available to professionals if they know about a child who is at-risk of or being sexually exploited. In County Durham, it was reported that secure orders have been tried a few times in the recent past in cases of known sexual exploitation but as one professional noted *“after 28 days they come out and then what do you do? You can’t keep locking them up”*. The same professional stated *“the options for young people aren’t there”*.

This results in staff not asking questions when for example a child in care turns up with a new mobile phone (that has been given to her by her often significantly older new boyfriend) and/or additional money or other resources. The question why is rarely asked and so discussions of control and relationships cannot take place between the professional and the child. If the local authority is the ‘corporate parent’, then such discussions should be taking place as they fall under the heading of parental guidance and support.

The Hidden Harm agenda and the links between children, drugs and sexual exploitation are also very strong. It was stated that 70 percent of children in care have drug and alcohol misuse issues in their families and problematic use often continues in their lives. The links between problematic drug use and sexual exploitation are clear.

Sex in homeless units

The research found evidence of sexual exchanges in residential units for homeless young people. The research also found the practice of sex being used as a means of acceptance and inclusion into peer groups as widespread.



In relation to the latter, it was reported that sex amongst vulnerable young females (16 years plus) in homelessness units, generally with a series of different males, is common. This appears to serve a series of purposes including: as a way of acceptance in the larger group; to build social networks; for the purposes of status; and as currency for the purposes of trade or exchange. Several professionals reported that when new young females arrive at a unit, then they often have sex with existing members. It was commented that new arrivals are often views by existing residents as “*new meat*”. Another agency reported, “*it’s also a status thing, girls compare how many STIs they’ve had ... pregnancy’s the same ... of all the girls that’ve been pregnant all have been through with it [the pregnancy]*”.

In relation to sexual exchanges, young people ‘trade’ sex for resources. One agency gave an example of one young female trading sex for money with a young male with learning disabilities when he received his Disability Living Allowance cheque. When residents of the residential block were in receipt of their benefits, it was said that “*trading amongst friends*” took place. This ‘trading’ took place commonly when one of the residents received their benefits and others congregated around them to trade and in some cases this took the form of sex

It was felt by associated support agencies that much of the frequency and prevalence of the sex in homeless settings is a result of a lack of self worth and self esteem. It was also felt that in the absence of other resources or finances, sex was a currency that had a value and could be traded for other resources.

Pimping

A small number of children were reported to have been exploited by another individual, i.e. pimped or forced into sexual exchanges. In all the remaining cases, the individual was in ‘control’ of their own exploitation.

Locations

There were consistent reports of one on-street sex market where predominantly (but not exclusively) under 18 year olds go to exchange sex for drugs. It was reported that this area is well known for its association with drug sales and sexual exploitation and Police are known to be monitoring the situation. There were no other locations which were connected to child sexual exploitation or sex work.

2.2.3 The experience of services

Services for children have a different experience to services for adults as Safeguarding legislation places a duty on professionals to address exploitation of children. In the services that were interviewed for this research, it was reported that the services that exist are good for professionals, “*because they can tick the box and say they have reported matters*”, but they are not good for the young person as little action arises from them and it was reported “*they are not helpful*”.



As a result of a lack of available services and guidance, it was reported that there is a grey area in between 'definitely don't get involved/no need to get involved' (as the relationship is inappropriate but fully consensual) and 'definitely do get involved' (as the case is one of child protection and abuse). This is particularly true where young people between 13 and 16 are having sex with older males in exchange for alcohol. The young people are saying the relationship is consensual but there is clearly evidence of exploitation, particularly as the same names of men keep cropping up, the same cars and the same patterns.

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

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



3.0 Conclusion and recommendations

3.1 Conclusion

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

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

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

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

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

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

Many of these vulnerabilities are associated with substance misuse. In relation to this, County Durham has a comprehensive drug treatment service in seven centres throughout the area and indeed many of those involved were identified through those centres. It would appear that those involved in sexual exchanges who are in treatment are already in receipt of services to tackle the root of those vulnerabilities. However, there are also women who are involved in sex work or exploitation who are problematic drug users who are not accessing these centres. Such cases have been reported by other services, such as accommodation providers, who recognise behaviour but struggle to deal with it.



Such agencies require a level of specialist professional support either to advise them on what action to take or to take their referrals.

There were also strong links found between alcohol misuse and sex work or exchanges in both adults and children; some in the context of other substance misuse issues and some purely for alcohol. Again, County Durham has a comprehensive community alcohol service and also a targeted female service. However, it is suspected that whilst some women will be accessing these services, many will not and it is known that there is little provision for children.

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

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

A key finding to the research was that many agencies were at a loss what to do with clients who disclose or who they suspect are involved, with one professional illustrating this by saying, “*I wouldn’t have a clue where to refer*”. This is particularly in relation to referring on to support services or supporting people wishing to exit sex work or stop exploitation. Other services who would like to refer on have also identified the absence of referral routes, with one professional reporting “*the only support route for the women to help them out of the sex work is the eight week Freedom Programme and that’s not that appropriate*”. As a result of a lack of available services and guidance, it was reported that there is a grey area in between ‘definitely don’t get involved/no need to get involved’ and ‘definitely do get involved’ (particularly where children are involved).

Many agencies who come into contact with people involved do the best they can to cater for specific needs and some are better equipped than others. There is a real need for agencies working with vulnerable people to skill up and become better enabled at dealing with these particular vulnerabilities.

The situation of children who are exchanging sex for resources (particularly alcohol) is more concerning as there seems to be a complete absence of services to cater for their needs and reduce their vulnerabilities. From the research, there appears to be two different groups of children: those younger children exchanging sex for alcohol; and those older children exchanging sex for



money, drugs and other resources. These are both living in local communities and in the care system.

It would seem that the younger age group would benefit from models based on County Durham's Family Intervention Project or 4 Real initiatives. The older age group have specific support needs, especially related to accommodation (see relevant section in 2.2.1), but although they are under 18, they typically seem to fall into a gap between children's and adult services. This age group (and indeed the younger age group) would benefit from a targeted, SCARPA-type approach.

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

3.2 Recommendations

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

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

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

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



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

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

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

The questions we would like to ask you are:

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

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

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

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



Appendix two: Consent form and confidentiality agreement

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

Name of Researcher: Dr. Christopher Hartworth

Please initial boxes below

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

Initial in box

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

Initial in box

3. I agree to take part in this study.

Initial in box

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

Initial in box

Name of Participant

__ / __ / __

Date

Signature

Christopher Hartworth
Name of Researcher

__ / __ / __

Date

Signature

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