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Hidden for Survival

Peer Research into the lives of sex workers within Newcastle, Gateshead, Sunderland, South Tyneside and North Tyneside

The Voices Heard Group

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Research Study TC-02

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Hidden For Survival – The Voices Heard Group

The Voices Heard Group are a group of peer led researchers whom all have exited problematic drug use and or work within the sex industry. This is the first piece of research undertaken by the group and we know it will be the first of many pieces of research to be undertaken with follow up studies already being planned.

The Voices Heard group formed in April 2007 and has an interest in hidden populations who are largely the most vulnerable and underserved groups within our society. They aim to improve the lives of those involved in hidden sex markets through highlighting key issues and barriers to physical, social and economic stability.

The research exists to inform local needs assessment and assist policy makers in decision taking.

Acknowledgements

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We would also like to thank Ian Fiddes from Northumbria Police who has been supportive throughout, open-minded and willing to work alongside the researchers to take appropriate and responsive action. We hope the work that we continue to do will have a positive impact on the lives of our respondents.

In addition to this we would like to thank Sunderland, Newcastle, Gateshead, North Tyneside and South Tyneside Drug Action Teams for their financial donations which assisted greatly in allowing us to compete and launch our research.

Finally we would like to thank Government Office North East for allowing us to use their facilities to launch this research.

The Researchers

Colin is a peer researcher from the North Tyneside area, he is an enthusiastic and passionate individual who has interviewed a great number of respondents often going above and beyond the call of duty to ensure the success of this research.

Kellie is a peer researcher from the Newcastle area; she is dedicated to improving the lives of those involved in survival sex work and like all of the researchers has given up vast amounts of time within a voluntary capacity despite her many commitments.

Bella is a peer researcher from the Sunderland area and has vast experience in interviewing those living with problematic drug use, having overcome many personal

challenges she has remained committed to ensuring the voices of the respondents are heard.

Alvena is a peer led researcher from the South Tyneside area, she is committed to ensuring that appropriate services are available to those who most need them. She has recently started studying for a degree at Sunderland University.

Lisa is a peer led researcher from the Sunderland area, she has an interest in those affected by problematic drug use and is a creative and outgoing individual. She is currently undertaking training to become a complimentary therapist in the drugs field.

Kim is a researcher within the Newcastle and Sunderland areas. She is dedicated to improving the lives of those affected by problematic drug and alcohol use and those involved in survival sex work.

Joanne Smiles, Support Worker, The Women's Project, Counted4 and Emma Peek, Assistance User Involvement Worker, SORTED have both given up invaluable time to assist the researchers and conduct interviews where appropriate within the South Tyneside, Gateshead and Sunderland areas.

The Authors

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Foreword

This report presents the findings of our study into hidden sex markets within the Sunderland, Newcastle, Gateshead, North Tyneside and South Tyneside area.

For some time sex work and it's prevalence in the area has been somewhat recognised through anecdotal information from both service users and drug workers, we have completed this research as we know that it exists because we have lived it and our friends continue to do so.

We have read research reports to gain an understanding of what is happening nationally, regionally and locally, we feel it is important to urge the reader that percentages and numbers represent our acquaintances, friends and past colleagues. These are real people with real lives and real families, these are the people that live in your local communities and went to your school. Drugs and the lives that drugs create do not discriminate.

We wanted to get a better picture of what was happening in the areas in which we live, looking at the true extent and nature of the problem. It is our intention to provide commissioners and those working within the field with a picture of need.

We hope that you will enjoy reading this report and hope that you find it useful in treatment planning and needs assessment. We are also very hopeful that our work will influence national policies and strategies.

The Research Team
Voices Heard Group
October 2007

Executive Summary

- This report presents the findings of a study into the hidden sex markets within Sunderland, Newcastle, South Tyneside, Gateshead and North Tyneside undertaken in May to October 2007.
- The primary aims of the study were as follows:
    - To assist Crime and Disorder Reduction Partnerships in the development of a local Prostitution Strategy in response to the Home Office's 2006 Co-ordinated Prostitution Strategy.
    - Provide statutory and voluntary agencies with information they may wish to use in future planning provision.
    - To increase our awareness of a hidden and marginalised group within our community.
- The main from the research are as follows:

DEMOGRAPHICS:

- The majority of respondents are in their 20's
- Mostly on benefits
- High levels of crime
- High incidence of homelessness or temporary accommodation

DRUG USE:

- Higher daily drugs-spends than other sections of the drug-using community (men spend more than women).
- Heroin was the first drug of choice amongst respondents and this is the highest daily drug-spend, this is followed by crack and then cocaine and similarly high daily drug-spend.
- Prevalence of methamphetamine use with 'tasters' being available free of charge
- Only 12.7% prescribed methadone and relatively low levels in drug treatment (36%)
- Evidence of child protection and domestic abuse deterring women's involvement in drug treatment.

- High levels of intravenous drug use (63%). Intravenous use of heroin, cocaine, crack and alcohol.
- A number do not inject themselves and many use risky injecting methods.

HEALTH:

- High reporting of physical pain through violent punters (57%).
- High reporting of mental health problems and emotional impact of sex work.
- Low level of use of family planning services (24.5%).
- Low level of use of GUM clinic (43% have visited GUM)
- One quarter believe they have caught STD through their work.

SEX WORK

- Respondents travel all over the north east to work
- Two main markets identified low end markets which include sex workers working from bed and breakfasts and hostels and upper end market respondents employed by agencies
- Low levels of condom use
- Evidence of risky sexual behaviours
- High reporting of physical and sexual assaults largely unreported by respondents.

- This report does not seek to make recommendations only to inform policy makers and interested parties of a previously unidentified sex industry.

Contents

INTRODUCTION

The idea for the 'Hidden for Survival' peer research emanated from a group of interested professionals from Newcastle, Gateshead, South Tyneside, Sunderland and North Tyneside working predominantly within the drug field but with a range of backgrounds and experience[1]. It was apparent that there was an increasing amount of anecdotal information being disclosed to professionals about sex work within the Tyne and Wear area. Simultaneously, a qualitative study carried out during 2005 by the Drug Interventions Programme within Government Office North East examined the experiences of women involved in off-street prostitution and drug misuse in the North East. Six in depth interviews were carried out and these identified that in Newcastle and Sunderland sex work was hidden and predominantly 'off-street', with the needs of the women largely unacknowledged (Landale 2005).

In view of these findings, as well as the publication of the Home Office Prostitution Strategy, it was our view that further research was required in order to increase our understanding of sex work in the Tyne and Wear area. However, it was apparent to professionals already engaging with sex workers, that this hidden group are often reluctant to disclose their involvement and may be resistant to carrying out interviews by way of a formal research route.

We consulted a number of service-users who had disclosed their previous involvement in sex work to gauge their view. It was suggested that peer research would be the most effective method by which to increase our understanding of the nature and extent of sex work within the area. As a result, five women and one male attended a training programme in Basic Research Techniques delivered by You Turn UK. Each of the students have previously dealt with issues around problematic drug use and have lived in an environment that has afforded them a unique insight into sex work and this hidden population. Utilising their knowledge and understanding into the concerns of this group was invaluable in their design of a detailed questionnaire (see methodology below).

The Hidden for Survival peer research project has been predominantly funded through a Big Boost Award from the Scarman Trust and all of us involved would like to thank the trust for their invaluable support. In addition, we have received financial and practical support from Drug Action Teams within Tyne and Wear (namely South Tyneside DAT, Sunderland DAT, North Tyneside DAT, Gateshead DAT and Newcastle Drugs Support Unit). We would like to thank all those individuals and organisations that have helped make this research possible.

Research Objectives:

Our principle objectives are as follows:

- To assist Crime and Disorder Reduction Partnerships in the development of a local Prostitution Strategy in response to the Home Office's 2006 Co-ordinated Prostitution Strategy.
- Provide statutory and voluntary agencies with information they may wish to use in future planning provision.
- To increase our awareness of a hidden and marginalised group within our community.

The information gathered focuses on the following areas:

- Gauging the level and nature of drug use amongst sex workers and identifying emerging drug trends.
- Exploring the health of sex workers (mental, emotional, physical and sexual wellbeing).
- Identifying sex markets and the links within structure in the Tyne and Wear area.
- Exploring barriers facing sex workers accessing service provision.
- Exploring the violence experienced by sex workers in the area.

REVIEW OF CURRENT LITERATURE

Prostitution Strategy

In January 2004 the Home Office published a document 'Paying the Price', a consultation paper on prostitution which sought the views of the public, voluntary and statutory agencies, individuals and organisations. The response was published in January 2006 when the government published 'A Co-ordinated Prostitution Strategy and Summary of Responses to Paying the Price.

The key objectives of the strategy are to:

- Challenge the view that street prostitution is inevitable and here to stay.
- Achieve an overall reduction in street prostitution.
- Improve the safety and quality of life of communities affected by prostitution, including those directly involved in street sex markets.
- Reduce all forms of commercial sexual exploitation. (Home Office 2006: 1).

The prostitution strategy includes:

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

- Tackling off street prostitution – targeting commercial sexual exploitation, in particular where victims are young or have been trafficked. (Home Office 2006: 2).

The strategy stresses the requirement for strong partnerships involving a wide range of agencies. As an action for local partnerships it stipulates that a needs assessment must be conducted and if prostitution is identified as an issue take measures to tackle it, linking developments with the Crime and Disorder and Drug Strategy. It recommends that support services be established, especially in relation to addressing the incidence of serious violent and sexual crime. We hope that this piece of peer research may be of some use to those groups currently developing strategy in the local area.

The Nature and Extent of Sex Work in the UK

The recent Home Office publication 'Drug Interventions Programme Good Practice Guide to Increasing the Engagement of Adults involved in Prostitution within the Drug Interventions Programme' states that:

'*there is no such thing as a typical individual involved in street prostitution. The women involved come from all classes of society, different ethnic backgrounds and are of all ages. The majority, however, live chaotic lives and have complex needs, and most are Class A drug users. They often face a multiplicity of risks to their physical, emotional and psychological health as well as problems relating to homelessness, lack of food, clothes, warmth, shelter, money and lack of family networks. Many are disengaged from mainstream services such as healthcare, housing and benefits and have a history of frequent contact with the Criminal Justice System.*' (Home Office 2007).

In relation to off-street sex work, the Home Office document 'Paying the Price' found that some of the worst examples of exploitation occur behind 'closed doors'. This report states that there are far higher numbers of individuals involved in off-street prostitution and street workers and are equally as vulnerable (Home Office 2004).

Much of our understanding about sex work within the UK has emanated from two recent conferences. In April 2007 a conference was held in London entitled 'Prostitution – Support, Safety and Routes Out', chaired by Liz Kelly, the Director of the Child and

Woman Abuse Studies Unit. Speakers included Gerry Sutcliffe MP and Councillor Ann Lucas, Head of Prostitution Task Force. We were able to take away practical advice about how to involve the agencies in our areas and working together to provide complete services for the women involved in prostitution. We learned about the difference in the needs and services for indoor prostitution and street prostitution.

More recently in July 2007 a member of the Hidden for Survival group attended the ACPO National Vice Conference 2007 which focused on the Drugs Intervention Programme and Prostitution, the Ipswich Experience, Crimes against Sex Workers, and Trafficking. We learned about the chain of crime from prostitutes and abused children working on the streets, to kerb crawlers and 'customers', to pimps, sauna managers and drug dealers up to organised criminal networks and traffickers on an international level. The Chair of this conference, Chief Constable Tim Brain (ACPO Spokesperson on Prostitution and related Vice Matters) stressed that attendees must continue to raise the profile of the complex issues of prostitution and support safer neighbourhoods.

It is of interest to note that the evidence base of research on prostitution focuses mainly on the experiences of women involved in sex work. However, a recent report commissioned by Safe Exit at Toynbee Hall explores the decision-making processes of men who pay for sex in East London. The study found that two thirds of men were only buying sex in off street locations (Coy et al 2007: 1).

Drug Use and Sex Work

The recent Drug Interventions Programme Good Practice Guide to Increasing the Engagement of Adults involved in Prostitution within the Drug Interventions Programme (Home Office 2007) states that as many as 95% of women involved in street prostitution are believed to be problematic drug users emphasises the need to tackle prostitution and demonstrates how the DIP can play a vital role in addressing drug misuse.

Within this Hidden for Survival peer research we are interested in the numbers of sex workers who are engaged in drug treatment. It is generally reported that there is a ratio of 3:1 males:female in drug treatment (Department of Health, 2000) and this has proven consistent since 1996 (Department of Health, 1997). The underlying debate around

representation offers two broadly opposing possibilities: more men use drugs problematically than women, so the numbers seeking treatment and in treatment are broadly proportional, or drug-using women are 'hidden' and are under-represented in treatment, because of barriers that apply only to them. In national research Gossop found that two thirds of women engaged in prostitution used for the sole purpose of paying for drugs (Gossop et al, 1994), this is supported with research by McKeganey and Barnard (1996).

Locally, the 2004 Hidden Populations Research (HPR) found that there was a prevalence of sex work within the Sunderland area. In 2005 research was also undertaken within South Tyneside and there was found to be an 16% increase on the previous years findings (Charlton). In the Newcastle area, a recent evaluation of the GAP Project found that a common feature of service users is that service users do not access mainstream services and are under represented in drug treatment. The evaluation goes on to state that the DIP team in Government Office North East conducted two evaluations of the Newcastle DIP in 2005 and 2006 (Government Office North East DIP Team 2006: Newcastle DIP Impact Assessment Study) found women to be underrepresented. The hidden nature of prostitution in Newcastle renders many who are in need of intensive support undetectable as they are unlikely to be picked up by the DIP (Landale 2007: 7).

Health Issues and Sex Work

At the recent conference, 'Prostitution – Support, Safety and Routes Out' (London 26th April 2007), Dr Clare Stevenson, Clinical Psychologist for Bart and the London NHS Trust and Open Doors Sexual Health Project looked at the psychological and emotional needs of sex workers. She stated that the very nature of sex work and the impact it has on the physical, mental and social wellbeing of those involved, results in them becoming 'psychologically toxic'. Dr Stevenson went on to talk about the increasing recognition both nationally and internationally that selling sex causes severe emotional stress and that high than normal rates of mental health issues were recorded for this group including post traumatic stress disorder, depression and drug misuse.

Women engaged in prostitution are also more likely to be exposed to unsafe sex and a higher incidence of violence (Vogt, 1998). Goldstein and Mahen found that this was even more likely for women cocaine users (Goldstein et al, 1991, Mahen 1996).

It has been identified that women sex workers may have different sexual health needs to the general population (Green et al, 1999). It was also found that sex workers may have a greater risk of sexually transmitted infection and unwanted pregnancies and may be at a greater risk of contracting HIV, Hepatitis C and other blood borne viruses (Bernard, 1993. Coupe, 1991 and Donoghue, 1992).

Roth (1991) and Russell and Wilsnack (1991) found that as many as 70% of women presenting for treatment were survivors of sexual or physical abuse. Statistical information also suggests that women presenting to drug treatment services have a higher incidence of abuse and trauma, lower levels of education, a high level of mental disorder and social isolation as well as disputed care during childhood (Office for National Statistics). Furthermore, March found that women have 'lower levels of education, training, employment and income, and higher levels of chronic health and mental health problems' (March et al 2000) Local research within South Tyneside found a higher incidence of domestic and sexual violence than in national research.

Clarke and Formby found that 90% of women accessing drug services were of childbearing age (Clarke and Formby, 2000), whilst Hunter and Powis found that drug use is commonly linked to postnatal morbidity, development delays as well as indirect complications (1996). The women may find it difficult to cope with the demands of childcare with their problematic drug use. Furthermore, it may also lead to problems for the woman with regards to childcare and child protection issues (Dunlap et al, 1997).

Barriers to Engagement for Female Sex Workers

'Women who sustain the most damage are those for whom the least support and services exist. They, and their lives, are complicated, difficult and do not 'fit' into the ways services have developed' (Kelly & Lovett 2005: 11).

Childcare Facilities: Research has shown time and time again that a major baring factor for women in accessing drug treatment is dissatisfaction with inadequate

childcare facilities (March et al 2000. Hunter and Powis, 1996). However, Powis also found that children may be the main motivating factor in women accessing drug treatment (Powis et al 2000). Furthermore the Hidden Harm Report (2003) found that many women would not make contact with drug services for fear of being judged or labelled and having their children removed from their care.

Lack of Female only Service Provision: 'The presence of a female counsellor does not necessarily indicate a women friendly service' (Drugs and Alcohol Women's Network, DAWN, 1994). There is a distinct lack of women only services throughout the UK. Powis found that women felt intimidated talking in group sessions that could be dominated by men (1995) and Broom found that fear of abuse by male staff or clients could keep women away from treatment (Broom 1994).

Ethnic Minority Women: Coupe claims that ethnic minority women who have substance misuse issues are doubly oppressed due to their race and gender (1991). Other research has found that drug services are not found to be meeting the needs of women from ethnic minorities (Oyefeso et al 2000, Task Force to Review Services for Drug Mis-Users, 1996) Furthermore, it was found that only 25% of residential rehabilitation centres meet cultural needs.

The Perception of Health Professionals: Green found that women did not want to be known as 'smack heads' or 'crack heads' and gave this as a reason for not accessing drug treatment services (Green et al 1999). In addition to this, extensive research has identified that health professionals have negative views of women drug users (Deehan, et al 1996 and Green, 1999). Klee found that pregnant drug users felt the attitude of health professionals was negative and discriminatory (Klee et al, 1995). Views taken from drug users across the North East Region were consistent with National findings (Charlton and Peek, 2006).

Domestic Abuse: A consistent theme from interviews conducted by Galvani and Humphreys highlighted factors which prevented women from attending drug treatment was inadequacy of child care provision and fears about child protection issues (Galvani & Humphreys 2005: 16). The authors go on to state the importance of understanding the dynamics of domestic abuse in controlling women's movements. This includes

access to drug treatment, sabotaging attendance, visible wounds preventing women from going out in public (ibid: 17). Indeed, most interviewees spoke of women being caught between substance misuse treatment on the one hand and a controlling and sabotaging partner on the other (ibid: 21). Women also feared dealing with their feelings generated by the abuse should they cease substance use (ibid: 18). This suggests that treatment services need to identify women's methods for coping with domestic abuse and how this impacts on their treatment retention rates and progress. If substance use is the coping mechanism then alternatives need to be put in place (Galvani & Humphreys 2005).

Violence and Sex Work

Sex workers around the world continue to be murdered, including about six each year in the United Kingdom. Standardised mortality rates for sex workers are six times those seen in the general population (18 for murder), the highest for any group of women (British Medical Journal: Jan 2007). Raphael and Shapiro found that violence plays a prominent part in prostitution and their research indicates that outdoor sex work involves more physical assaults, while indoor sex work leads to higher levels of sexual violence and assaults with weapons (Raphael and Shapiro 2004).

Farley 2004 highlights how violence 'runs like a thread' through all aspects of prostitution and leads to many working in the sex trade suffering from traumatic stress (Farley 2004). However, Kelly and Lovett state that: 'Even in the most extreme contexts, it is a mistake to view women and girls as passive victims – they develop and use an extraordinary array of resistance and survival strategies' (Kelly and Lovett 2004: 14)

Men who buy sex

Research conducted as most research has focussed primarily on women who sell sex, their routes into and experiences of the sex industry and as a consequence, men who pay for sex have been highly invisible in research, discourse and policy.

A research report entitled Men buying sex in East London interviewed 137 respondents over the telephone, this research was not conducted with male sex workers rather with

the consumers of their service.. The mean age of respondents was 32 years and over a third reported being in a long term relationship with 16.1% being married and the majority in full time employment.

The majority of respondents reported paying for sex off street premises (over 60%). Furthermore a very small number of men admitted buying sex on the street (6.6%) but four times as many respondents buy sex in both street and off street locations (25.5%).

Local newspapers were the most common way the men reported making contact and advertising features strongly in four of the top five categories, supporting the view that sex markets are created and expanded through such processes (top five were advertising in local paper, phone boxes, approach on the street, advertise on internet and ad in shop windows)

The research concluded that any strategies aimed at addressing the demand for commercial sex needs to be multi layered, attuned to the variations on men's behaviour a, understandings and vocabularies of motive and entitlement. As a third (65%) were only buying sex in off street locations, strategies and law enforcements measures that focus on kerb crawling will have limited purchase on demand if not accompanied by other interventions.

Key recommendations from the report include:
Primary prevention and work in schools.
Secondary prevention with awareness raising and access, including regulation of the marketing of sexual services
Tertiary prevention including kerb crawling interventions

It also recommended that work on sex buyers should never be funded from monies that would otherwise offer support and routes out for those who sell sex. And that continued investment in services for women who sell sex should be at the core of any local strategy to address demand.

Methodology

The methodology that has be employed for this research is that of a qualitative nature and builds on the research methodologies already employed by Honor and Smith (2004). This has been carried out through 'Privileged Access Interviewing' and 'Indigenous Fieldwork'. The main elements of such a methodology are to recruit and employ local drug users/ sex workers, training the researchers in basic research techniques and facilitation of the design of a questionnaire which is unique to the local area. It has also included ongoing support and training for the duration of the research.

It is intended to use the data that is collected as evidence, the data has been derived from qualitative approaches using semi structured questionnaires with open ended questions through a process of sample snowballing. All researchers have been trained in research techniques using an evidence based learning portfolio; this has been fully supported by professionals from the South Tyneside DAT, the Tyneside Cyrenians GAP Project, Newcastle Drug Support Unit, North Tyneside NECA and Gateshead 24/7 and The Women's Project Sunderland.

The structure of the questionnaire has been designed by the researchers using local language and terminology in an attempt to the issues and identifies the extent of the local market. 86 respondents have been interviewed for this research with a number of further interviews having taken place with respondents not wishing to complete a questionnaire.

The researchers have attempted to broach this subject in a holistic manner and shed new light on the issues being researched. It is also expected that the research results will enable drug action teams and local service providers to have a fuller understanding of the problems on a more local level.

Ethical Considerations

As with any research of this nature ethical considerations are of paramount importance. The British Sociological Association [3] provides comprehensive guidelines of ethical protocols which are specific to social scientists. All researchers prior to commencement

of research will be aware and have a good understanding of the guidelines and will endeavour to utilise them.

With regards to service users, there is a general consensus that research participants should not suffer as a consequence of their involvement, furthermore that there should be no long term repercussions stemming from their involvement that, in any sense, harm the participants. Therefore the research participants will remain anonymous.

Section Two

hidden for survival

DEMOGRAPHICS

GENERAL DEMOGRAPHICS

The following section is a breakdown of the general demographics of the respondents. For the purposes of this report we have analysed both male and female demographics.

MALE AND FEMALE RESPONDENTS (N=86)

How old are you?

Most respondents were aged in their twenties 53% (n46), with nearly one third aged between 22 to 25 (30% - n26), and over one fifth between 26 and 29 (23% - n20). However 22% of respondents were between the ages of 19 and 21 (n19). It would appear that the prevalence of sex work decreases with age. 7% of respondents were aged between 30 and 35 (n6), a further 9% between 36 and 40 (n8). Just 8% (n7) were aged over 40 with two respondents aged over 50 (2.3%).

Where do you live?

The majority of respondents interviewed resided in Sunderland (44% - n38), followed by South Tyneside (21% - n18). This probably relates to the fact that a four out of the six researchers were themselves from these areas. 16% of respondents were from Newcastle and 12.8% from Gateshead (n11), 4.6% from North Tyneside and one respondent was from outside these areas (from Stanley).

What is your job title?

The researchers asked the respondents how they define their job title is as it was felt to be important that their work was referred to in terms that they felt comfortable with. Most respondents (25% - n22) describe themselves as 'sex workers', followed by 18.6% (n16) as 'prostitute'. 12.8% (n11) describe themselves as a 'rent boy' and the same number describe themselves as 'escort'. Other terms include 'male escort', 'dominatrix', 'business woman' and 'street worker'. It is interesting to note that men and women use quite different terminology to describe their job titles (see below).

Where do you work?

The primary area of work for most respondents is Sunderland (44% - n44), followed by Newcastle (26.7% - n23). 19.7% of the men and women worked primarily in South Tyneside (n17), 7% in Gateshead (n6) and 1.5% (n1) in North Tyneside. However, the research demonstrated that both men and women interviewed travel throughout the Tyne and Wear area to work on a regular basis (see analysis below).

How many other individuals do you know working in the local area?

In total the respondents interviewed identified 744 individuals involved in sex work in the Tyne and Wear area, however the same individuals will have been cited by a number of respondents so the actual number of people known by the respondents will be significantly lower. Each respondent knew on average 8.6 men or women also involved in sex work.

What other sources of income do you have?

All respondents gained income from their involvement in sex work and out of these 8.1% (n7) have been charged with related offences. Over one third also supplement their income through begging (38% - n33).

Nearly all the respondents are also in receipt of benefits – 68.6% claim Income Support (n59) and 25.6% claim Job Seekers' Allowance (n22). Just 9% are formally employed (n8) but 28% state that they work within the informal employment market (n24). The respondents also gain income by borrowing from friends/family (60.5% - n52).

A significant number gain additional income through illegal activity which is broken down as follows:

ILLEGAL ACTIVITY	No OF RESPONDENTS	% of RESPONDENTS	CHARGED WITH OFFENCE
Selling drugs	32	37	15
Fraud/forgery	23	26.7	12
Handling Stolen Goods	38	44	30
Shoplifting	60	69.7	47
Theft from property/Burglary	28	32.5	21
Theft from Vehicle	21	24.4	10

Benefit Fraud	29	33.7	18

Six other sources of income were identified and these are specified below where the demographics have been split between women and men.

What type of housing do you live in?

The most common type of accommodation for respondents interviewed is within hostels or Bed and Breakfasts (40.7% - n35). 31.3% (n27) have their own tenancies through a private landlord (9% - n8), housing association (7% - n6) or the Local Authority (15% - n13). None of the respondents own their own home, but 8% (n7) live with family and 9% (n8) reside with friends. It is of note that 21% have no fixed abode (n18) and 11.6% (n10) reside with a 'punter'.

DEMOGRAPHICS FOR FEMALE RESPONDENTS (N64)

How old are you?

Most female respondents were aged in their twenties 51% (n34), with almost one third aged between 22 to 25 (33% - n21), and one fifth between 26 and 29 (20% - n13). However 11% of respondents were between the ages of 19 and 21 (n17). It would appear that the prevalence of sex work decreases with women's age. 8% of respondents were aged between 30 and 35 (n5), a further 4% between 36 and 40 (n3). Just 7.8% (n5) were aged over 40 with one respondent aged over 50.

Where do you live?

The majority of respondents interviewed resided in Sunderland (40.6% - n26), followed by South Tyneside (23.4% - n15). 14% of respondents were from Newcastle and the same percentage from Gateshead (n9), 6% from North Tyneside (n4) and one respondent from outside these areas).

What is your job title?

Most female respondents (34% - n22) describe themselves as 'sex workers', followed by 25% (n16) as 'prostitute'. 14% (n9) refer to themselves as an 'escort'; the same proportion had similar job titles. 6.25% (n4) described themselves as 'business women and a further 5% (n3) did not consider themselves to have a job title.

Where do you work?

The primary area of work for most female respondents is Sunderland (42% - n27), followed by Newcastle (26.5% - n17). 22% of the women worked primarily in South Tyneside (n14), 6.25% in Gateshead (n4) and 1.5% (n1) in North Tyneside. However, the research demonstrated that the women interviewed travel to other areas on a regular basis. We asked about 'other areas' they worked, and found that 42% (n27) also work in Newcastle, 36% in Gateshead (n36), 31% in South Tyneside and Sunderland (n20), and 16% (n25) in North Tyneside. Women also travel out of the Tyne and Wear area, with 4.5% working in Middlesbrough (n3), 3% in Stockton (n2) and 1.5% in Preston (n1).

How many other women do you know working in the local area?

In total the female respondents knew 520 other women working in sex work. Some respondents did not know anyone else involved in this type of work, whereas others knew as many as 50 other women. On average, respondents knew 8.1 other women currently involved in sex work.

What other sources of income do you have?

All respondents gained income from their involvement in sex work and out of these 11% (n7) have been charged with related offences. Almost 30% also supplement their income through begging (n19).

Nearly all the women are also in receipt of benefits - 71% claim Income Support (n46) and 22% claim Job Seekers' Allowance (n14). Just 6% are formally employed (n4) but 22% state that they work within the informal employment market (n14). The women also gain income by borrowing from friends/family (59% - n38).

A significant number gain additional income through offending broken down as follows:

ILLEGAL ACTIVITY	No OF WOMEN	% of RESPONDENTS	CHARGED WITH OFFENCE
Selling drugs	23	46%	12
Fraud/forgery	15	23.4%	8

Handling Stolen Goods	27	42%	22
Shoplifting	46	72%	34
Theft from property/Burglary	15	23.4%	10
Theft from Vehicle	9	14%	3
Benefit Fraud	20	31.3%	14

Four individuals identified other sources of income, one through scrap, another through pawn shops, there was one woman who is an illegal immigrant and one more by 'bumping provies'.

What type of housing do you live in?

Over a third of the women interviewed reside in hostels or Bed and Breakfasts (34% - n22). 39% (n25) have their own tenancies through a private landlord (11% - n7), housing association (7.8% - n5) or the Local Authority (20% - n13). None of the respondents own their own home, but 7.8% (n5) live with family and 3% (n2) reside with friends.

It is of note that 18.75% have no fixed abode (n12) and 12.5% (n8) reside with a 'punter'. Some respondents stated that they live in more than one type of accommodation, eg. they class themselves as homeless but also live with a punter.

GENERAL DEMOGRAPHICS FOR MALE RESPONDENTS (N22)

How old are you?

Only 9% of the male respondents interviewed are aged between 19 and 21 (n2). Most male respondents are aged in their twenties (54% - n12), with 22% (n5) aged between 22 and 25, and almost one third aged between 26 and 29 (32% - n7). A further 27% are in their thirties (n6), with 4.5% (n1) between 30 and 35, and 22.7% (n5) between 36 and 40. There was one male respondent interviewed who is aged between 46 and 50, and one aged over 51 (4.5% - n1).

Where do you live?

The majority of the men interviewed resided in Sunderland (54% - n12), followed by Newcastle (22.7% - n5). 13.6% of respondents were from South Tyneside and the same percentage from Gateshead (n3). Just one of the male respondents is from North Tyneside.

What is your job title?

The male respondents' terms used to define job title was different to those of the women. Half of the men (50% - n11) describe themselves as 'rent boys', followed by 18% (n18) as 'escort'. !3.6% (n3) did not identify themselves with any job title, and 9% (n2) described themselves as a 'male escort'. One respondent defined his job title as 'dominatrix' and one as 'Mr Lover'.

Where do you work?

The primary area of work for half of the male respondents is Sunderland (50% - n11), followed by Newcastle (27% - n6). 13.6% of the men worked primarily in South Tyneside (n3), 9% in Gateshead (n2) and there were no male respondents identified to be working in North Tyneside. However, similar to the female respondents, the research demonstrated that the men interviewed travel to other areas on a regular basis. We asked about 'other areas' they worked, and found that nearly two thirds also work in South Tyneside (63.6% - n14), 50% (n11) also work in Newcastle, 45.5% in Gateshead (n10), and 27% (n6) in Sunderland. None of the men interviewed travelled out of the Tyne and Wear area to work.

How many other men do you know working in the local area?

In total the male respondents knew 224 other men working in the area. Some respondents did not know anyone else involved in this type of work, whereas others knew as many as 25 other men. On average, respondents knew 10.1 other men each who are currently involved in male sex work.

What other sources of income do you have?

All 22 respondents gained income from their involvement in sex work seven of these have been arrested for offences related to sex work (32%). Nearly two thirds of the

men also supplement their income through begging (63.6% - n14). Nearly all are also in receipt of benefits - 59% claim Income Support (n13) and 36% claim Job Seekers' Allowance (n8).

18% of the men state that they are formally employed (n4) but 45.5% state that they work within the informal employment market (n10). The men also gain income by borrowing from friends/family (63.6% - n14) and one male respondent identified another source of income through scrap.

A significant number gain additional income through illegal activity which is broken down as follows:

ILLEGAL ACTIVITY	No. OF MEN	% OF MEN	CHARGED WITH OFFENCE
Selling drugs	9	41	3
Fraud/forgery	8	36	4
Handling Stolen Goods	11	50	8
Shoplifting	14	63.6	13
Theft from property/Burglary	13	59	11
Theft from Vehicle	12	54	7
Benefit Fraud	9	41	4

What type of housing do you live in?

Similar to the female respondents, most of the men interviewed reside in hostels or Bed and Breakfasts (59% - n13). Just two male respondents (9% - n1) have their own tenancies through a private landlord (4.5% - n1) or housing association (9% - n1) and it is of interest to note that none of the men interviewed have a Local Authority tenancy. Three of the respondents own their own home (13.6% - n3), 9% (n2) live with family and 27% (n6) reside with friends.

It is of note that 27% have no fixed abode (n6) and 9% (n2) reside with a 'punter'.

Section Three

hidden for survival

DRUG USE

DRUG USE

Within this section respondents were asked about their levels of drug use, this section pertains to the responses given within the 86 interviews.

What are your main drugs of choice at the moment?
How many days have you used this drug in the past seven days?
How much do you spend or take on an average day?
How do you take the drug?

Heroin

The researchers found that heroin was by far the main drug of choice for the respondents, indeed 81% (n70) use heroin and out of these, 81% rank heroin as the most important drug to them (n57). At the time of interview the overall majority of the 70 heroin users had used it every day over the past week (94% - n66). The average daily spends for heroin use is £84.00 however one male and ten female respondents reported that they spend in excess of £150.00 per day on heroin. 71.5% of the respondents who use heroin administer it intravenously (n50) and the remaining 28.5% smoke it (n20).

Methadone

Eleven of the respondents interviewed use methadone (12.7% - n11). It is most likely that the methadone is prescribed, as none of those interviewed reported spending money on methadone. Of this group, only two people class methadone as their drug of choice, however nine place it as their second drug of choice. At the time of interview most of these had taken methadone daily over the past week, although two respondents used it less. On average the respondents using methadone are prescribed 64 ml and this is administered orally.

Subutex (Temgesic)

Out of the 86 individuals interviewed, just three reported to using subutex. One stated that subutex is their ‘drug of choice’ and two others class it as their second drug of

choice. At the time of interview all three respondents had used it every day over the past week and both had administered it orally. The average dose of subutex is 13ml.

Cocaine

Just over one third of the respondents interviewed use cocaine (33.7% - n29) and the majority of these place it in their top three drugs of choice. Of these, 65% use cocaine on a daily basis (n19). 38% state that they snort cocaine (n11) and 38% state that they administer it intravenously (n11). Two respondents smoke it and three respondents take it orally. The average daily spend on cocaine is £91.00 although the women tended to use more than men with an average spend of £100 per day.

Crack

Of the overall sample, 51% use crack cocaine (n44) and all but one place it in their top three drugs of choice. Two thirds of these use crack on a daily basis (66% - n29). Almost all smoke crack cocaine but four respondents claim to use it intravenously. The average daily spend on crack cocaine is £110.00 and men tend to use more heavily than women.

Amphetamine

The research found that 18.6% of individuals interviewed use amphetamine (n16) and 37.5% of these class it as their first drug of choice. 50% of those using this drug do so on a daily basis (n8). All respondents administer amphetamine orally and the average spent per day is £32.50 with men spending more than women (men average £40.00 per day).

Benzodiazepines

Almost a quarter of respondents use Benzodiazepine (24.4% - n21) and of these two thirds had used it daily in the week prior to the interview. All administer it orally and the average daily spend is £11.50.

DF118s (Dihydrocodeine)

Five of the individuals interviewed use DFs on a daily basis and the average daily spend is £11.50.

Cannabis

Just over a quarter of those interviewed smoke cannabis (25.5% - n22) and of these 68% use it on a daily basis. The average daily spend on cannabis is £12.50. Only one respondent classed Cannabis as her drug of choice.

Alcohol

Almost one third of those interviewed use alcohol (32.5% - n28) and of these 55% drink on a daily basis (n18). However, only six respondents class alcohol as their substance of choice. It is of note that two of the respondents reported using alcohol intravenously. The average daily spend on alcohol is £8.00.

Ketamine

Only three respondents reported use of ketamine and one of these classed it as their drug of choice, the other two classing it as their second drug of choice. All administer it orally and the average daily spend is £20.00.

Methamphetamine

8% respondents reported methamphetamine use (n7) and all these smoke it. It was reported that they did not have to pay for methamphetamine is they were provided free testers.

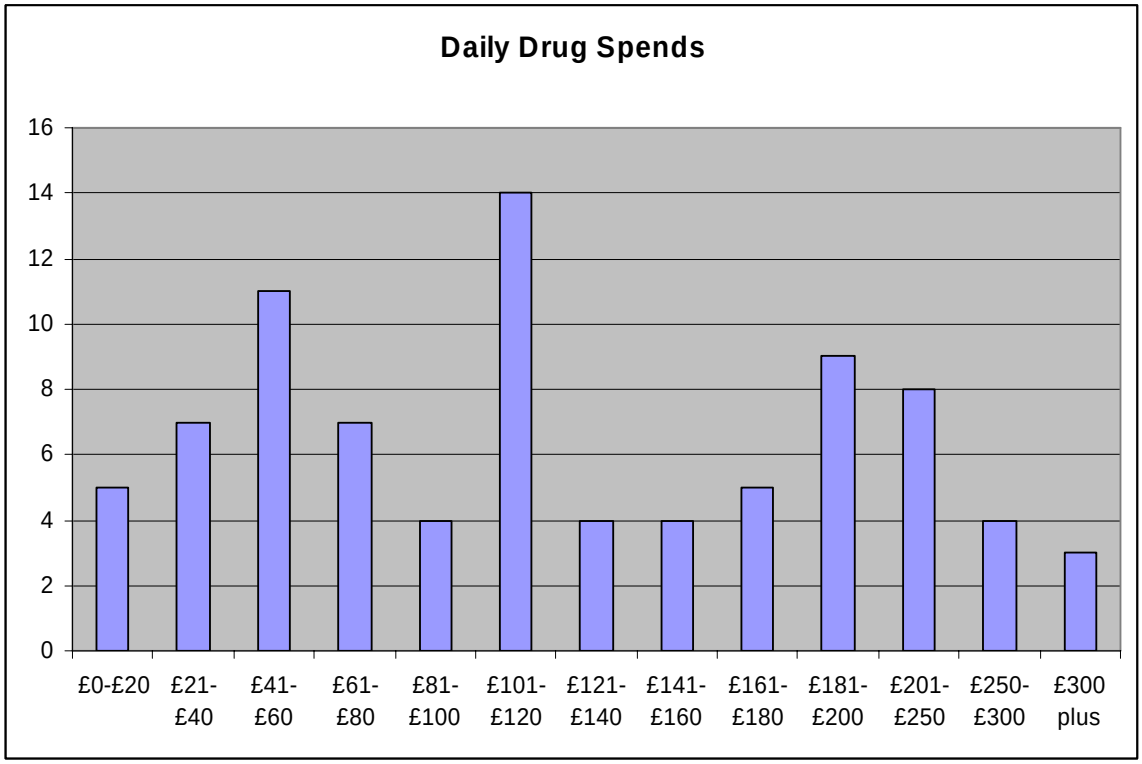
Ecstasy

Only two respondents reported ecstasy use and both of these were women. They stated that they had used ecstasy twice in the week prior to interview and the average daily spend is £2.00.

AVERAGE DAILY DRUG SPEND:

This graph shows the average daily drug spend for respondents interviewed.

Overall the average spend is £137.00 per day. We found that men tend to spend £30 more than women per day on drug use.



DRUG TREATMENT

We asked respondents about getting support and treatment for their drug use. 36% stated that they are in treatment (n31). 84% of these were women (n26) and the remaining 16% men (n5). The respondents in treatment gave a varied account of their experiences. We asked 'Is it working? What's good about it?'. Of those currently engaged in treatment 16% stated that it helped reduce their drug use (n6) and two respondents stated that their contact with drug treatment services helped reduce their depression. However, 29% of those in treatment disclosed that they continue to use drugs on top of their prescribed medication (n9) and 19% stated that they did not like their key worker (n6).

We asked the 64% of respondents who are not in treatment what it is that puts them off getting help (n55). Nearly a third of these stated that they had previous negative experiences of drug treatment services and had little faith in the system. 11% claimed

that they did not know where to go to receive help (n6) and 14.5% said that there is no help available for their drug of choice crack cocaine (n8). It is of concern that 12.7% were deterred from engaging with treatment for fear of social services involvement (n7) and two female respondents stated that their partners prevented them from attending.

Some respondents reported that they like using drugs, one stating that they *'take away the nightmares'* and another describing drugs in the following terms:

'I'm scared of losing my best friend, it's the only thing I've got'

INJECTING

62.8% of respondents disclosed that they have injected a drug in the four weeks prior to their interview (n54). Of these we asked how often they inject.

FREQUENCY OF INJECTING (DAILY)	
Once	3
2 - 3 times	10
4 – 5 times	19
6 - 7 times	16
8 +	9

88.8% of respondents who inject drugs told us that they have re-used their own pins in the four weeks prior to their interview. Many re-used their last pin a number of times prior to discarding it:

HOW MANY TIMES PINS ARE USED	
Once	16
2 – 4 times	23
5 – 8 times	11
9 – 15 times	3
Over 15 times	4

For those who re-use their pins we asked about methods used to clean them.

HOW DO YOU CLEAN YOUR PINS	
I don't clean my pins	2
With my own blood	2
Water	47
Sterets	4
Fizzy drinks	3
Alcohol	2

57.4% of those who inject drugs stated that they always inject themselves (n31) which leaves a high number (42.6% - n23) who are injected by another person.

WHO INJECTS YOU (n23)	
Partner	8
Punter	3
Other drug user	4
Friend	12
Pimp	1
Anyone	3

It is clear that drug use is a prominent feature in the lives of men and women involved in sex work. Local research suggests that the average drug spend for users who are not involved in sex work is much lower. This research has highlighted that drug use within the sample group is heavy and they are less likely to seek or engage with drug treatment. Furthermore, this group practice risky behaviour with regards to their methods of use.

Section Four

hidden for survival

HEALTH

GENERAL HEALTH

Within the general health section we asked respondents a range of questions about their mental and physical wellbeing. In addition to the information presented in this report we have collected additional data which will be presented at a later date.

Just 40.6% of respondents believed that their involvement in sex work has affected their health (n35). Of this group, there are a number of different ways that their work impacts on their physical and mental wellbeing.

Over three quarters of this group disclosed that they experience depression as a direct result of their work (n27) and almost half report experiencing anxiety and panic (n17). Just over a quarter told us that they have self harmed as a result of sex work (n9). It is clear that, for a number of respondents, their involvement in sex work has a direct impact on mental health. 57% of respondents also report experiencing physical pain as a direct result of sex work and this relates to assaults by punters.

Just over 25% of all respondents disclosed that they have caught a sexually transmitted disease through their work (n22) and of these two respondents disclosed that they have transmitted Hepatitis B. However, most of the men and women interviewed did not provide details of the nature of the diseases they have contracted through their work.

58% told us that they have been tested for Hepatitis C (n50) and three quarters of these are aware of the results (n37). 40% of respondents have received inoculations for Hepatitis B.

In relation to the general health of men and women involved in sex work, we asked respondents about their access to mainstream health services. 79% told us that they have a GP (n68) but only 46.5% have a dentist (n40). Only 24.5% have visited the family planning clinic (n21) and 57% told us that they have never visited the GUM clinic (n49). Of the women, just 43.75% have been for a smear in the last three years.

We asked respondents how they would rate themselves in a range of topics relating to general health and mental and physical wellbeing. 10 was the highest score they could give themselves meaning that they felt there was no room for improvement and 1 being the lowest. We asked respondents where they saw themselves now and where they saw themselves in the future.

The following section will give averages of scores and summaries of themes identified relating to what kind of help the respondents believed they needed to improve that area of their lives.

Sexual Health

Average Now: 5.5

Average Future: 9.7

Key Points:

- Respondents reported that they were unable to get enough condoms from needle exchanges and felt that if they were more widely available and less male dominated they would be more likely to access the service on a regular basis. They felt that condoms should be placed in a discrete place and not have to ask workers for them
- Respondents wanted to access GUM clinics but felt that they were *'looked down on'*. They said they would like a project specifically for their needs and not generalised. Respondents believed this is due to the high levels of stigma (either real or perceived) from service provision.
- Respondents felt that their sexual health was important to them as *'it would be bad for business if you caught out'* however they were reluctant to go to their G.P, a local GUM clinic or drug service for assistance as they felt it was not appropriate location or service to access.
- Respondents said that outreach to their place of work or hostel would be the best way to access sexual health services.

Poly Drug Use

Average Now: 2.7

Average Future: 8.9

Key Points:

- Respondents felt that levels of prescribing were inappropriate to their drug use
- Respondents reported stigma amongst drug users about their work and cited this as the reason they did not to access main stream service provision
- Crack and stimulant use was cited as one of the main reasons for not accessing provision as they did not think any medical intervention would be of use.
- Female respondents stated that services were male dominated and as a result will not access provision.
- Ultimately the vast majority of clients said that they would like a specific worker trained in working with sex workers and crack cocaine users.

Sharing Syringes

Average Now: 4.0

Average Future: 7.0

Key Points:

- There is an alarming number of respondents reported sharing injecting equipment within this section (around 90% of injectors from the survey).
- Respondents report sharing their equipment with significant others e.g. Friend, partner, other family member. This is not viewed as a problem. *'I only share with me mate and we've knocked about together for years'*
- Respondents report not receiving enough equipment given their high levels of use and chaotic lifestyles which leads to non returns.
- Given that the average score given for future aspiration is 7.0 researchers believe that this demonstrates the low levels of priority this area is given by respondents.

Sharing Injecting Equipment

Average Now: 3.4

Average Future: 7.3

Key Points:

- Once again, as with injecting equipment this area is not viewed as a massive problem or priority amongst this respondent group.
- Again the majority report 'only' sharing with a significant other
- As with injecting equipment lack of returns due to chaotic lifestyle and drug use often places restrictions on the amount of injecting equipment they are permitted to take from the exchange.
- Respondents reported that the sharing of injecting equipment was common practice and did not acknowledge the risks in such behaviour. *'Its obvious that when your sharing gear your going to share your works – what's wrong with that?'*

Dentistry

Average Now: 3.7

Average Future: 9.7

Key Points:

- 46.5% (n40) of respondents said that they had registered with a dentist
- The vast majority of respondents reported problems with their dentistry needs and said that they had significant problems with their teeth. The most common report was lack of suitable hygiene facilities coupled with problematic drug use (crack and methadone) which had affected their dental health.
- Respondents reported that they found it particularly difficult to find a dentist that would accept them onto their register.
- Homeless respondents would like to be provided with toothbrushes and toothpaste by drug services
- 25.5% (n22) had reported carrying out dental procedures on themselves or each other *'I had to pull my wisdom tooth out with plyers' 'my tooth had snapped in half so I went grafting got meself some coke and got my mate to take it out, at least I know my coke is as good as there's'*

Drug Use

Average Now: 1.3

Average Future: 9.1

Key Points:

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

Mental Health

Average Now: 5.3

Average Future: 9.4

Key Points:

- 41.8% (n36) reported significant problems with their mental health which included severe depressions, borderline personality disorder, schizophrenia, self harming

and paranoia. Of this group 64.4% (n35) said that their drug use helped to control the symptoms of their mental health problem.

- Many reported less severe mental health problems and said that due to their lifestyle and work they felt that they were not able to relax, were constantly worried, unable to sleep, anxious and mildly depressed. This group reported that their drug use helped to reduce their mental health issues.
- Respondents said that they did not access mental health problems as they didn't know where to go and were anxious about what may happen.
- 48.8% (n46) believed that they needed antidepressants but felt they weren't able to access them because they did not have a G.P or did not feel as if they could be honest with their G.P about the situation they were in.
- All of the respondents who reported mental health problems said that reduced drug use, appropriate medical interventions and somewhere to live would alleviate the problems.

Social Isolation

Average Now: 3.9

Average Future: 9.4

Key Points:

- The majority of respondents felt that they felt socially isolated due to stigma, drug use and working. 41.8% (n36) reported that the only reason they left their home was for work or to purchase drugs.
- Of those with significant problems with mental health reported an aggravation of their condition when out in public.
- Respondents reported that appropriate help with their drug problem, appropriate support to exit sex work and support and advice from suitably qualified workers would help with this problem.

Domestic Violence – 35 Respondents

Average Now: 1.6

Average Future: 10

Key Points:

- 35 respondents reported being in a violent relationship, with a further 8 reporting being in particularly unhappy relationships *'not violence just shouting and screaming all the time and arguing about money'*
- Of the 35 respondents who are currently in a violent relationship over half had reported trying to leave their partners unsuccessfully. The main reason for this is that respondents did not know where to access help, furthermore, when they did access help they were barred from entering refugees or hostels because of their problematic drug use.
- Respondents wanted specific help for those who are engaged in sex work with problematic drug use who are fleeing domestic violence*. 'If you could have a place where there was a doctor to sort out a script and whatever broken bone you've got this time and somewhere to sleep and try and get out of prostitution that would be the best and the only real chance you would have'*

Sex Work

Average Now: 1.3

Average Future: 9.6

Key Points:

- All of the respondents reported that drug use was the main reason for engaging in sex work
- The vast majority said that if they could stop taking drugs they would no longer engage in sex work.
- Coupled with drug use the majority of respondents work within the sex industry as they are rarely arrested and it keeps them out of the criminal justice system *'I was sick of going to jail all the time, doing this is the only way I can get enough money to keep my habit and not be locked up every five minutes'*
- With regards to exiting sex work respondents said that they wanted staff that understood *'I told my drugs worker I was on the batter and she went bright red and never talked about it again, I was really shown up and will never talk about it to them again'.*

- As with ‘drug use section’ respondents wanted a service or sections of service dedicated to their needs with appropriately trained staff
- Please see main sex work section.

Keeping Appointments

Average Now: 3.1

Average Future: 9.7

Key Points:

- The majority of respondents said that they had problems keeping appointments with any professional services this was mainly attributed to drug use, work and lifestyle.
- Respondents said that they would like consideration to be given to their circumstances as to the times of appointments they were given *‘I had to wait two weeks for a script and then I got this stupid appointment for half nine on a Monday morning I took some crack to keep myself up but fell asleep and missed it, they’ve never been back in touch and to be honest I cant be arsed anymore’*
- Respondents also said that reminder services via mobile phone would be useful as all of the respondents owned one and tended to keep the same number for significant lengths of time for work purposes.

Self Esteem and Confidence

Average Now: 2.6

Average Future: 8.9

Key Points:

- Respondents rated themselves particularly low in terms of confidence and self esteem this was once again attributed to their lifestyle, drug use and involvement within the sex industry.
- 48.8% (n42) said that the only time they felt that they had confidence was with a client and felt that a tentative client boosted self esteem and confidence.
- Respondents reported that they would like someone to talk to about their future and said that help with coping strategies, counselling, diversionary activities and exiting sex work would help to raise self esteem and confidence.

Employment

Average Now: 1.3

Average Future: 9.7

Key Points:

- Respondents felt that employment was far out of reach with the most common response being *'I'd love a job but who's going to give me a job?'*
- Respondents felt that employment was a long term aim but didn't feel it was a realistic option given the life they were currently living.
- Respondents felt that after drug treatment they would like assistance in gaining employment through education, training and appropriate support throughout.

Education

Average Now: 3.7

Average Future: 9.4

Key Points:

- Many respondents reported that their main educational achievements had been gained whilst in the prison system.
- The majority of respondents felt they could manage but needed additional support with reading and writing to gain employment *'I can read a paper and that and get the gist of what's going on but I could do with some help'*
- Barriers to accessing education were identified as lack of confidence, large class sizes, tutor not understanding their needs and lack of venues.
- With regards to help and general education respondents said that support from an allocated key worker who would oversee their drug treatment and long term support would be the appropriate person to assist them in accessing educational support. Respondents also said that small one to one sessions would be most appropriate to their needs as opposed to attending main stream educational establishments.

Housing

Average Now: 3.1

Average Future: 9.9

Key Points:

- Housing was identified as a key factor throughout this research (Please see 'working' section)
- Respondents wanted to see more options available to them including not being barred from putting their name on the housing waiting list due to a criminal record, assistance with finding appropriate long term accommodation, assistance with finding approved landlords, help with filling in housing benefit forms and accommodation specifically for women and men exiting sex work.
- Once in accommodation respondents said that they would like help with budgeting, cooking skills, confidence and esteem building and learning to live independently.

Family Relationships

Average Now: 2.9

Average Future: 8.6

Key Points

- The vast majority of those surveyed reported difficulties within the family relationships and attributed this to drug use as opposed to sex work.
- Respondents reported that in the future they would like to improve family relations and once again felt that this was a long term aim and said that treatment for their drug problems was the only way to improve family relations.
- When asked what would help respondents said that family mediation would help and the introduction of a regular support worker into the family would be of great assistance along side training for family members on drugs and the effects.

Relationships with Children

Average Now: 1.7

Average Future: 9.5

Key Points:

- 41.8% (n36) of respondents had children, the majority of whom were not living with the respondents.

- Respondents reported that they needed help and assistance with drug treatment, housing and exiting sex work as the only ways to improve the relationship with their children.

Section Five

hidden for survival

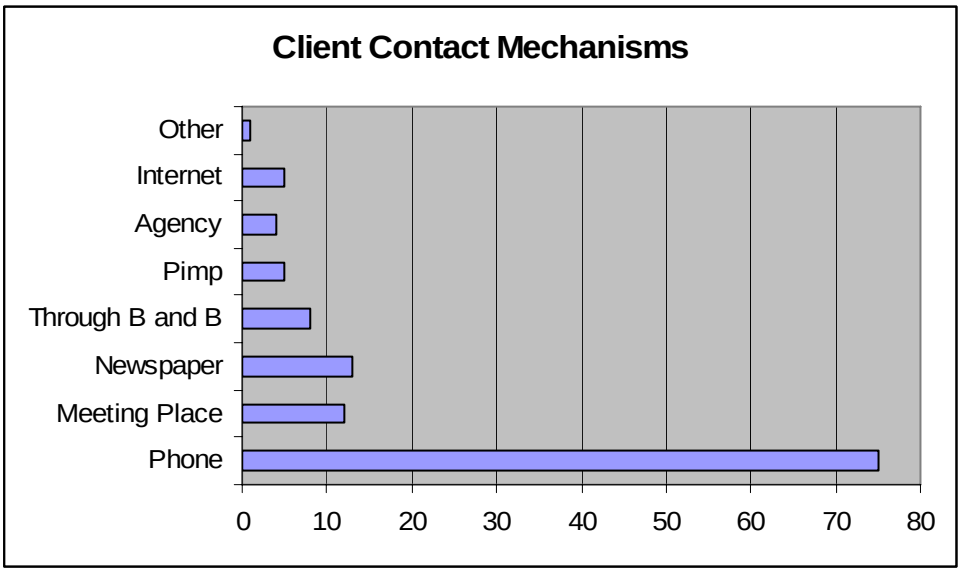
SEX WORK

WORKING

Within this section respondents were asked questions pertaining to their work. The following is a breakdown of respondent replies.

How do your clients contact you?

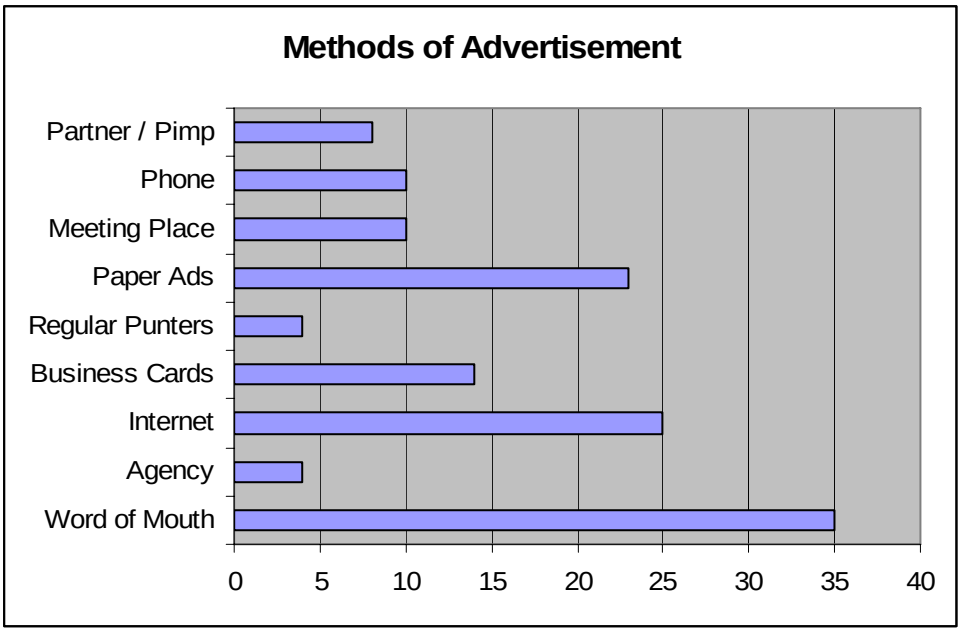
Respondents were asked how they were contacted, the figure below shows client contact mechanisms. Please note that respondents often had more than one method of client contact.



It is worthy of note that the respondents living within the Newcastle area reported that they were often approached '*on the bridge'* being the Quay Side. Reports were made of respondents working in pairs, one begging on the bridge to divert police attention while the other was working under the bridge. Within the Sunderland area respondents reported that they were often approached at the sea front (Roker area) and that they were often victim of assault and verbal abuse from '*the young uns'*.

How do you advertise your services?

With regards to advertisement of the respondent's services the most popular advertisement was word of mouth. Please see graph below for full breakdown.



Once again the meeting place refers to the Roker Area of Sunderland and the Quay Side Newcastle. Like most businesses the sex market thrives on personal recommendation and word of mouth.

Have you ever been arrested for working?

Only ten (11.6%) of the respondents had ever been arrested specifically for prostitution. Their experiences of being arrested vary, only one respondent reported that she felt the police responded appropriately '*They were good with me, canny and that, told me to move on* '. More generally the respondents felt the experience was a negative one.

'It felt horrible they really took the piss out of me'
'I was ashamed and embarrassed already without them giving me grief as well'
'They were horrible to me, one started rubbing my leg and blowing kisses at me'

It is worthy of note that all of the respondents who were arrested were female and working out of the area at the time.

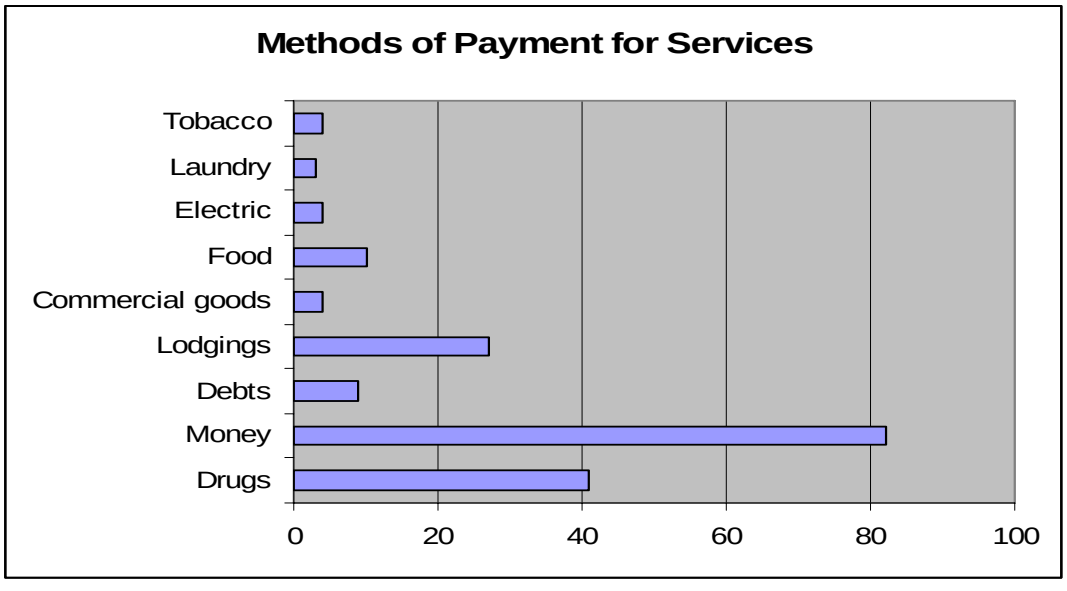
How much of the money you earn is spent on drugs?

The vast majority of the respondents (83% n72) reported that all or most of the money they earned was spent on drugs. Whilst 15.1% (n13) reported spending some of their earning on drugs, only one respondent reported not spending any of her money on drugs.

'I like having money I've never had it before, I do it cause I need to pay for my habit, but I always do a few extra punters so I can buy the kids clothes and stuff they need for school. I was bullied really bad at school for not having the right gear, I don't want my kids to go through that'

How do you get paid for your work?

We asked the respondents about how they were paid for their services. As the graph below shows the majority of respondents are paid in money and drugs. Whilst 31.3% (n27) report payment in the form of lodgings and rent as one respondent explains *'I hate sleeping on the street, I try to find a punter who will let me sleep for free sex, I hate it but I hate sleeping on the streets more'*



Who do you work for?

We asked respondents who they worked for the majority (79% n68) reported working for themselves, whilst 19.7% (n17) described themselves as 'working for a pimp', followed by 10.4% as working for a partner and 9.3% (n8) as working for an agency.

Who are your clients? – Average age, occupation, where do they come from?

Respondents described their clients and using thematic analysis we have identified three main themes.

a) Asylum Seekers and Refugees

There were numerous reports of the main client group being either asylum seekers or refugees particularly within the South Tyneside, Sunderland and Newcastle areas.

'I got married to one (asylum seeker) in '96 it was much easier than it is now, getting married was a quick £200'

'They are all refugees; no one else would have sex with me'

'They are all hanging about all the time, at least now they get money so I don't get paid in fucking vouchers!'

'My clients are usually refugees who can't get sex anywhere else so they come to the likes of me for it'

'They are all asylum seekers it's just easier with them cause if you've got no normal punters it's easy to go to them, I just knock on their door'

b) Fast Food Outlets

There were high reporting rates of local pizza delivery men both advertising and buying the services of our respondents. This was particularly common within Newcastle and Sunderland.

'The lads in the pizza shop are no bother, if you're starving they give you a pizza and if you need a client they always find them for you'

'I give the owner £20 a night and he lets me see punters in the back room while they waiting for their scran (food)'

'The pizza shop is the best place to go especially if it's quite, the workers have a shag in their break times'

c) Bed and Breakfast and Hostel Accommodation

Bed and Breakfasts were reported as central to the markets within Sunderland, whilst hostel accommodation were reported throughout the areas as a common theme. Respondents were both taking bookings from hostels and B and B's, using rooms by either renting by the hour and / or actually being resident within the establishment.

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

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

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

Where do you take your clients? Where do your clients take you?

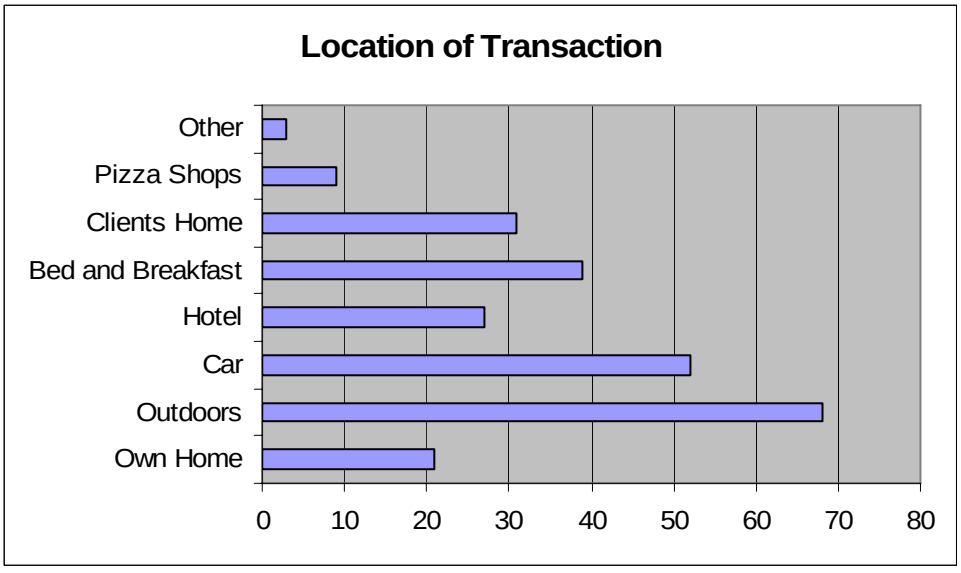
When asked where the respondents are taken or take their clients for sex there are once again common themes with outdoors being the most popular location for

transactions with Tunstall Hill in Sunderland, Redheugh Bridge Gateshead side, Quayside Newcastle and the beach in South Shields being the most commonly cited outdoor areas.

'One punter takes me to the eighteenth hole on this posh golf course, it proper turns him on cause his says his golf mates would never imagine what he got up to – the fucking freak'

'I feel safer if I'm outside I hate being in enclosed spaces'

'Sometimes it's just easier and quicker just to be outside plus the fact its better than being in their house cause you can get away if you need to'.



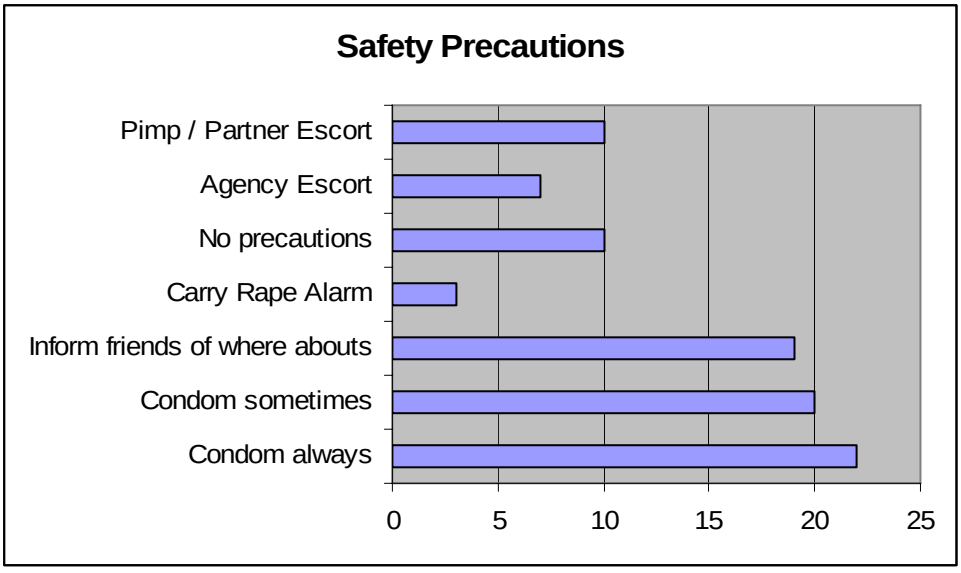
Massage Parlours

40.6% (n35) of respondents were aware of massage parlours in their area in which they had friends who worked there, had worked there themselves or knew the people who owned and operated them. It is interesting to note that the respondents that are resident in a bed and breakfast who's building has the sole use of local sex workers did not view

this establishment as a massage parlour, more as a bed and breakfast who's landlady *'makes things easy'*.

What safety measures do you take? How do you keep yourself safe?

We asked clients about what safety precautions are taken whilst working. We found with this question that may of the respondents interpreted the question in many different ways firstly focusing on sexual health and secondly upon physical safety. The main responses are detailed in the graph below.



In addition to this 3.4% respondents (n3) reported using two condoms as a safety measure, 1.1% (n1) said they had regular checks at the GUM clinic, 4.6% (n4) reported using vagina or baby wipes after sex as a precaution. With regards to physical safety one respondent reported carrying a baseball bat, 5.8% (n5) reported carrying a mobile telephone in case of emergency '*I always phone my friend after one of my mates was murdered on the job*' and one reported '*I'm trained to kick them in the balls, trust me it works'*. Other quotes from this section include:

'You don't have any safety in this job'

'I don't take any safety measures I just hope for the best'

'I work for my brother and my dad so they always make sure I'm OK'

'I carry a rape alarm but my brother was messing about with it so I don't know if it works anymore but I take it anyways'

Do you tell people where you are going?

53.4% (n46) reported that they often told someone where they were going. Whilst not included in the analysis of findings our researcher from the North Tyneside area reported that numerous sex workers had reported using a two fold text messaging alert system firstly to inform others of where they are going and secondly to alert a small network of fellow workers of clients who had been violent towards them. Anecdotal information suggests that this system is very effective and workers perceive themselves to be safer being part of this network.

Do your family or close friends know what you do for a living?

26.7% (n23) reported that their close friends and family were aware of what they did for a living. Some of the girls reported other family members being involved within the drugs scene and sex workers them selves. The majority 73.2% (n63) reported that their families were unaware of what they were doing and quoted:

'I hate myself enough without them hating me as well'

'I have got a little daughter I couldn't say guess what daddy does for a living I take cock up my arse and by the way I'm a smack head'

‘ I never spoke to my family they disowned me when I was 15 cause they found out I was on drugs, I got took into care and that was that I’ve never even had a birthday card off them since’

‘Hi dad I’ve just popped round to tell you I’m a drug addict and guess what I’m a prostitute I don’t fucking think so’

The most common response can be capsulated by a quote from a respondent in Gateshead ‘*I am too ashamed and embarrassed to tell them it would break their hearts’*

Have you ever thought you might be pregnant by a client?

25% (n16) of female respondents have thought that they may be pregnant by a client. We then asked ‘What happened? What did you do?’ 12.5% (n2) had a miscarriage ‘*I told me pimp I was packing in the work cause I was pregnant, he told me I wasn’t kicked the shit out of me until I had a miscarriage’.* 31.2% (n5) reported taking the morning after pill whilst 31.2% (n5) reported not taking action but not being pregnant. One respondent (6.2%) reported ‘*I was going to keep it and I even got a script and stopped using I had a baby boy (babies name) who was still born’*. One respondent reported having an abortion and another having her child adopted. One respondent is currently pregnant by a client.

Have any of your friends ever experienced a violent client?

58.1% (n50) reported that one of their friends / colleagues had reported to them that they had been physically attacked by a client. We also asked respondents if they themselves had experience of a violent client. Within this section researchers only asked the question if they were comfortable enough and if they felt they had a good relationship / rapport with the respondent.

51.1% (n44) had reported being attacked by a client. Some quotes from this section are as follows:

‘I was raped while staying at a mans house id already gave him sex so that I could stay there he woke me up for sex again I said no he got violent raped me and hit me’

'I don't want to talk about it, it makes me feel sick'

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

'I go done in and I was really worried cause it was when my friend had just been murdered in boro'

'just took to this really dark place in Sunderland these big woods got kicked about and left there I had to knock on this farm door and ask them to get me a taxi cause I had lost my shoes'

We then asked respondents 'Did you contact the police of which 22.7% (n10) had then 'How did you feel the police dealt with your case?

'I was really surprised cause the police woman was really nice and gave me loads of support'

'I was treat like shit and they called me a gaylord and give me loads of grief'

'The bloke went to court, I felt dirty and on edge cause I had to explain to the police what had happened'

'I just told them I had been robbed and had got drunk and didn't know what had happened cause I was going to get done for indecent exposure. If I had been a woman I think they would have taken it more seriously'

'They gave me a warning to stay away from the area and threatened to tell my mam and dad. It was on the news the next day that they were doing everything they could to help the lying bastards'

'They were horrible kept using nasty comments there was one nice police I still see him now'

Of the 77.2% (n34) who did not report the crime to the police the majority felt that the police would not listen, best articulated by a respondent from North Tyneside '*I would be frightened of what might be said about me sex working'*, furthermore, a common response was *'they wouldn't take me seriously'*. Further quotes from this section include:

'Because I thought that they wouldn't want to know'

'Report it to the police – it was the police'

'They would never listen to the likes of me'

'I would be scared of being arrested wouldn't dare really probably would make things worse and stop punters calling me'

'It just brings un wanted attention to you'

'there's no way on planet earth they'd listen to a word a junkies got to say over the word of a business man they'd think I was lying. Plus the fact I would have been proper done in off him and his mates'

'I would have got no sympathy I didn't want to talk about it and it would have been turned around. I deserved it. I choose to do this job, not them'

Do you feel there's a lot of stigma around working? How does it affect you?

90.6% (n78) of respondents reported that their lives were affected by stigma. The effects varied from being beaten up in the street, to what is perceived as *'dirty looks'* or '*just being treated differently from everyone else'*. What has shown to be prevalent is that sex workers have felt more marginalised as they do not feel that they belong to the

sex work industry as they are drug users and do not feel part of the drug using community as they are sex workers.

11.6% (n10) reported that the biggest stigma and largest affects came from the clients themselves usually after sex. One respondent said *'The worst is off the punters themselves, there's a few of them treat you like shit but always after sex, I thinks it's cause they feel so crap about what there doing and have to justify it in their head'.*

Verbal abuse was usually directed at the respondents from fellow drug users and sex workers with 18.6% (n16) reporting youth as the biggest problem and reported *'being shouted at and threatened by crowds of them'.*

How did you become involved in working?

Respondents were asked how they started working within the sex industry. We have used thematic analysis to identify seven key themes which are:

Homelessness

15.1% (n13) said that they got involved with sex work through homelessness as one respondent explains '*I met a girl when lived on streets we were desperate so when she told me she did it I started doing it too'*.

We feel it is important to note that respondents have reported that a local homelessness unit sends their 'roofless customers' to a bed and breakfast. One respondent explains '*Id never done it before but I was on the streets I got sent to (name of bed an breakfast) and the landlady got me into it, to cut a long story short I either do it or I'm homeless, I'm in a catch 22 situation, I went to the homelessness unit and they said I'm not homeless cause I'm in the b and b, I cant tell them what's going on or I will be homeless and get done in'* We interviewed 8 residents of this bed and breakfast who all reported similar experiences.

Drugs

43% (n37) report drugs to be the primary reason for first becoming involved within the sex industry. *'I went out one night as rattling me arse off, some bloke asked if I was*

doing business, I did it, I cried all the way through and was so desperate to get away I forgot the money, it was the drugs not really me, it's as simple as that'.

Friends

40.6% (n35) identified their friends as introducing them to the industry. *'I was babysitting for some prostitutes and they were giving me money to look after their kids., They said I could make more money for the gear if I went out and worked with them so I did'. 'My friend was doing it and she was making loads of money I saw it as easy money'. 'I was sick of going to jail all the time for shoplifting I bumped into me mate one day I was rattling and she was doing it so I went with her'.*

Family and Parents

11.6% (n10) became involved through their parents and family. '*I got involved through drugs and pressure from dad, was told be made homeless if didn't pull my weight'. 'My dad and brother were on the gear and they got me a habit so now I work for all of our habits'. 'My mam was on the game and it was just natural I suppose, I was 14 when I started'*

Drug Debt

13.9% (n12) reported becoming involved within the sex industry through drug debt. It is important to note that this was particularly prevalent within one of research areas area after 7 respondents named the same 'dealer' as giving them credit then forcing them to '*work for him'* after exceeding a certain credit limit. '*It just happened I got 500 tick (credit) off (dealers name) and then he said that was it and I had to work or I was going to be done in, that was that and I've worked for him for two years and I'm still in debt'. 'I had no choice it was working or done in or killed and I mean that'*

Boyfriend / Partner

8.1% (n7) reported that they had become involved through their boyfriends or partners. '*He was rattling his arse off and I felt sorry for him, he said it was the only way. I still*

work and still support both our habits'. 'I was on the streets and I met my partner and I needed to look after us cause he had an ASBO and couldn't go to graft'

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

How do you negotiate a price with a client?

We asked respondents about how they negotiated a price with their clients. 27.9% (n24) reported negotiating a price over the telephone or internet before a client arrived *'It makes them more comfortable, they know what there getting and I know what I'm getting it's as simple as that'.*

17.4% (n15) said that they had a pimp / agency / landlady to do the negotiation on their behalf. Of the 15 only 7 knew exactly what the client paid for their services as money was deducted before they received their share. *'I don't need to sort that out the landlady does it all for us', 'the agency have a set price and that's what they pay, then I pay the agency'. '(Name of pimp) sorts that out I don't worry about it'*

12.7% (n11) said that they have a set price that they discuss with the client upon arrival. This group reported that there was no negotiation what so ever over the price. If a client wanted their services this is how much it is going to cost. It is important to note that this pertains mainly to the upper end market.

41.8% (n36) said that they dealt with the price face to face but expected negotiation. *'It depends on how ill I am or how much I'm rattling if I let them knock me down', 'I tell them the price they tell me another meet in the middle and there you go, bingo, sorted', 'If you get your full money it's brucey bonus'.*

How do you negotiate wearing a condom with your client?

Researchers have reported a vast stigma about wearing condoms. It is similar in research when asking drug users if they share needle, we must expect clients to under

report this behaviour. Within the survey, researchers often went back to the question when they had built up a good rapport with the respondent.

40.6% (n35) said that the price was the deciding factor in whether they would wear a condom or not. '*it depends on the price, if they want to pay more for without well, I don't know, I need the money it can be the difference in having to see one punter or two'.*

48.8% (n42) reported that the use of a condom was non negotiable. However we know this to be conflicting as 65.1% (n56) stated their pricing structures for full sex without a condom. We often use questions within this kind of the research methodology to validate the accuracy of information.

A further 9.3% (n8) reported that they used a condom depending on if the client 'looked clean'. '*It depends what they look like if they are English and look clean I don't mind but them asylum seekers have got allsorts'* . Within this research we identified some presumptions and prejudice regarding ethnic minority communities.

One respondent reported *'I don't I just get told which client is coming and if I am wearing a condom or not. I know its shit and I hate it but if I don't do it I'll have no where to live and cause the housing put me here they will say I made myself intentionally homeless so they won't give me anywhere else'*

How much do your services cost?

Service	With Condom	Without Condom
1. Full Sex 86 Respondents with 56 Respondents without	Highest £150.00 Lowest £5.00 Average £37.20	Highest £100.00 Lowest £10.00 Average £34.28
2. Oral Sex 81 Respondents with 53 Respondents without	Highest £100.00 Lowest £3.00 Average £18.93	Highest £100.00 Lowest £5.00 Average £15.24

3. 'Hand Job' 67 Respondents with 67 Respondents without	Highest £30.00 Lowest £2.00 Average £11.49	Highest £30.00 Lowest £2.00 Average £11.49
4. Anal Sex 47 Respondents with 39 Respondents without	Highest £100.00 Lowest £5.00 Average £30.63	Highest £100.00 Lowest £10.00 Average £32.17
5. Water-sports 31 respondents without	-	Highest £100.00 Lowest £10.00 Average £32.17

1. **Full Sex**

It is important to note that there are varying degrees of markets from sex within the localities we have researched. The average price of full sex with a condom is £37.20 and £34.28 without. This is due to a smaller number of respondents providing this type of service and from information we have gathered it would appear that sex workers providing services without protection are operating from the lower end of the market e.g.: bed and breakfast, hostels etc as opposed to working for an agency.

2. **Oral Sex**

As with full sex it would appear that it is cheaper to have oral sex with a client without a condom, again this is attributed to respondents operating from different locations as described in 1.

3. **Hand Job**

It is interesting to note that there is no variation in price in with or without a condom with the average cost of this service being £11.49.

4. **Anal Sex**

There is little difference with the price of anal sex with and without a condom. Frequent reports of anal sex with a condom suggest that homeless respondents operating from bed and breakfasts in Sunderland and the Quay Side in Newcastle are charging a mere £5.00 for anal sex with little differentiation between anal and full sex.

5. **Water-sports**

Once again we found that water-sports were much more a common practise with respondents from lower end market involvement.

When do you put a condom on if you are going to use one?

The vast majority of respondents said that they put a condom on just before sex. 13.9% (n12) said that they would put a condom on during sex just before the client ejaculates.

Would you know where to go for help if you wanted to change your career?

We asked respondents if they knew where to go if they needed help to exit sex work. Of the 86 respondents 54.6% (n47) said they had no idea where to go for help. 22% (n19) said that they would approach a local drug service for help if they were desperate, however, they would approach the service with a drug problem not for help with exiting the sex industry. Whilst 11.6% said they would approach GAP and 10.4% to The Women's Project.

We asked respondents what makes them happy outside of work and drug use, there answers are vast and wide ranging and to name a few include dancing, roller skating, ice skating, sewing, getting a shower, seeing children, spending time with the family, gardening, canoeing, walking, scuba diving, spending time with friends, fishing, walking the dog, painting, drawing, rugby and pool. In reality the general feeling was that the respondents did not spend a great amount of time doing things which made them happy, concentrating more on survival '*I used to go into dancing competitions and I used to love it, I cant do it anymore cause I've got track marks up my neck and I'm completely ashamed of myself*'

Other respondents said that they could not remember a time in their lives when they had been happy with others reporting drugs as the only thing that brings them close to happiness. With 3 respondents citing 'nice punters' as something that makes them happy.

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Changing Lives, Building Futures we offer a holistic approach to the needs of the vulnerable and socially disadvantaged who come to us for support. We operate a 'total acceptance policy'.

Our work to provide training and employment opportunities to excluded individuals has been recognised as being exemplar.

We pride ourselves achieving immense local impact and pioneering national significance. This shall continue to be our benchmark.

The following organisations would like to thank all who supported and participated in this work.

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