

Sex Industry and Sexual Exploitation in Lewisham

Rapid Assessment and Response

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Copies of this report may be obtained from
Lewisham Drug Strategy Team

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EXECUTIVE SUMMARY

The Centre for Research on Drugs and Health Behaviour, Imperial College, recommends that commissioners of the ‘Sex Industry and Sexual Exploitation in Lewisham, Rapid Assessment and Response’:

- review local protocols on safeguarding children abused through prostitution;
- develop links between Mainliners Working Women’s Service and the Drug Strategy Team;
- provide services to those trading sex for drugs without regard to ‘sex worker’ labels;
- create a directory of local resources relevant to sex workers;
- establish a strategy for working with sex workers in local health clinics; and
- train teenage pregnancy advisors in substance misuse issues.

If these steps are taken as a co-ordinated strategy to engage with a small but hard-to-reach client group, the potential for exploitation of vulnerable populations can be limited, and harms associated with problematic drug use among sex workers can be reduced.

There are no established street-based sex markets in Lewisham. Street-based sex work is small-scale and limited to opportunistic and irregular activity. The opportunistic sale of sex on Lewisham’s streets is almost certainly a means to fund problematic drug use. Service providers are aware of Lewisham’s indoor sex market, which has no demonstrated connection to problematic drug use. Indeed, many of Lewisham’s indoor sex agencies show high rates of compliance with safer sex practices and good sexual health. All evidence indicates that Lewisham’s street-based and off-street sex markets are predominantly worked by adult women providing sex services to adult men.

Concern that vulnerable populations—particularly young people, migrants, refugees, and women in crack houses—are being sexually exploited and/or abused through prostitution underpinned the research project. However none of these concerns were substantiated during the course of this research. Nevertheless, Imperial College researchers commend service providers for remaining attentive to the potential for such exploitation and encourage service providers to pursue any suspicions of exploitation or abuse through prostitution. The recommendations accompanying this report will assist in this regard through their emphasis on publicising issues sex workers face, how they relate to problematic drug use, and already existing resources qualified to engage with and provide services to sex workers.

AIMS AND METHODOLOGY

In March 2004 Lewisham's Drug Strategy Team commissioned Imperial College researchers to evaluate the relationship between the sex industry, sexual exploitation and substance misuse in the borough. Commissioners were concerned with the extent of sexual exploitation, particularly of young people. The research was driven by reports that service providers are 'coming into contact with increasing numbers of young women from Eastern European or BME communities who have been abused in this way' (Lewisham Drug Strategy Team, 2003-2004a). The Drug Strategy Team recognised that better knowledge and awareness of the sex industry in the borough is necessary, and that a strategy on sex markets and problematic drug use is required.

The study aims to:

- assess open and closed sex markets, youth behaviour, and drug markets;
- assess consequences and risks involved with substance misuse and sexual exploitation; and
- recommend strategies for dealing with substance use among sex workers and people who are sexually exploited.

Key objectives

The term 'sex work' refers in this report to the exchange of sex by men and women for a form of payment, such as money, food, housing or drugs. This research describes available sex services in the Borough of Lewisham, including coordinated indoor work (such as saunas and massage parlours), street-based sex work, and crack house based sex work. 'Sex market' refers to a recognised place in, and time during, which sex is sold (May et al, 1999). The research concentrates on the relationship between sex work and problematic substance misuse, to include alcohol and illicit drugs. The research additionally addresses how sex and drug markets in Lewisham influence or involve vulnerable groups, particularly exploited children and coerced non-UK nationals. The report indicates the nature and extent of the sex industry and sexual exploitation in Lewisham and its links with drug use; highlights lessons learned by agencies; and makes recommendations for intervention.

Research methods

Rapid Assessment and Response (RAR) methods were considered appropriate for this study (Rhodes et al, 2000; WHO, 2002). These methods were developed by The Centre for Research on Drugs and Health Behaviour at Imperial College London. RAR methodology has been approved by The World Health Organisation, Medicins Sans Frontiers and The US Department of Health and Human Services. It has been used to tackle a range of international health emergency situations and to provide information adequate for public health

responses in Europe for primary health care, reproductive health, injecting drug use and HIV/AIDS.

RAR methods draw on both qualitative and quantitative research techniques. Rapid Assessments are typically undertaken in situations where data are needed quickly, where local resource constraints rule out conventional research approaches (such as longer-term surveys, or in-depth ethnographic studies), and where agencies require information to develop, monitor and evaluate intervention programmes.

A guiding principle of the RAR is that full use is made of existing information and additional material is sought only where existing resources are inadequate to answer the research questions. The most reliable sources are thus exploited first. These will include published, especially peer reviewed documents and evidence from experienced key informants, who are referred to in this report as 'expert witnesses'. Data on a given topic are always sought from more than one source to maximise the reliability of the findings.

Expert witnesses (EWs)

One hundred and twenty individuals contributed evidence to the study in individual interviews, focus groups and field visits. This group included service providers, community members, police officers and local leaders.

Research governance

The research is registered as compliant with the Department of Health Research Governance Framework (Ref: NASR2001, Signed by Dr Rodney Gale, Director of Research Support, Hammersmith Hospitals NHS Trust).

BACKGROUND TO THE RESEARCH

The sex industry in London has been significantly restructured in the past 20 years. Service providers assert that there has been a move from street-based sex work to indoor locations. One expert witness (127) explained that there has been a 'general move indoors' and an 'explosion of indoor work' out to London's suburbs. For example, Streatham Hill's street-based sex market (in nearby Lambeth), which some claim has existed for centuries, has 'dwindled' in recent years. Unlike Lambeth's sex industry, Lewisham's has historically been located indoors. This remains the case today: there is a much higher prevalence of off-street, rather than street-based, sex work in Lewisham.

Evidence gathered for this study demonstrates that commercial sex workers in Lewisham are almost entirely adult women and that their customers are adult men. Yet this research was driven by concerns with the involvement of young women in Lewisham's sex industry, as well as two events in the recent past involving the exploitation of young girls.

'Sexy young divas' and Martin Malone

In 1998 and 1999 social workers in Lewisham uncovered a network of young girls being abused through prostitution in several parts of south London (Lewisham Community Safety Partnership, 2001:28). The network was run by a man from Sydenham called Martin Malone. Investigators learned that seven young women from Lewisham were among those Malone recruited into a Sydenham-based gang called 'Sexy Young Divas' ('SYD' for short). Malone was found to have befriended girls primarily from care facilities and organised their transport to clients in and outside of Lewisham. A newspaper report notes that Malone supplied the girls with 'a highly-addictive form of crack cocaine' (*Croydon Guardian*, 13/04/00), but the social workers who participated in the investigation do not remember the role of drugs in the girls' exploitation. Malone was sentenced to four years in prison for living off immoral earnings and served two years. Two male accomplices were never punished, but one female accomplice (also an employee at Lewisham Social Services) was found guilty of aiding and abetting Malone. Since Malone's release from prison he has been prohibited from returning to Lewisham.

Interviews in 2004 with social workers involved in the investigation of Malone revealed frustrations with the requirement for indisputable evidence of exploitation before action could be taken by local authorities. The key obstacle, they noted, was reluctance by local police to pursue strong suspicions. After Malone was prosecuted, social workers developed local protocols to allow for the detection and prevention of child exploitation in its earliest stages and to address frustrations with inaction by local authorities. The document 'Child Exploitation' (Child Protection and Care Planning, 2000) states among other things that, under the lead of the local Child Care Co-ordinator, concerns of

exploitation should be immediately reported and tracked, committee reviews should take place and be adapted to the specific needs of the young person, information should be shared widely and across agencies, and the (then-forthcoming) Home Office guidance on young people involved in prostitution should be adhered to and modelled locally.

In the course of this study, researchers made repeated requests to social services for a copy of local protocols on child exploitation. These requests seemed to present some problems, and a copy was only forthcoming after four weeks. Additionally, there are no named persons or contact numbers on the document. Social services reported in mid-May 2004 that they have commissioned 'Children Act Enterprises' to update the local protocol and that this will be available 'soon'.

The study is therefore inconclusive with regard to the adequacy of child protection arrangements and local protocols on children involved in prostitution. The Department of Health guidance (2000) is issued under section seven of the Local Authority Social Services Act 1970. As such, it requires all local authorities to prepare and update local protocols for inter-agency working to safeguard children and investigate those who coerce or abuse them through prostitution. That this document did not appear to be readily available casts doubt on the extent to which lessons were learnt and procedures put in place as a result of the Martin Malone case. This report recommends that commissioners pursue this issue and review local protocols on safeguarding children involved in prostitution.

The Malory School and Lewisham's town centre

This research into the sex industry and sexual exploitation in Lewisham was also motivated by reports of inappropriate relationships between Eastern European men in their twenties and girls between the ages of thirteen and fifteen. In 2002, girls who attended the Malory School were approached and befriended by men in Lewisham's town centre; the girls referred to the men as their 'boyfriends'. There were also reports of relationship between the men and girls from Sydenham Girls School. The girls tended to be vulnerable and under little supervision; their school attendance declined. Several girls who grew frightened of the relationships later reported having been introduced to much older men by their 'boyfriends' and having being offered monetary and non-monetary gifts. The girls were also encouraged to introduce other young girls to the men.

When the Malory School noticed the girls' non-attendance and the presence of men in cars in front of the school, staff at the school reported their concerns to local authorities. The Anti-Social Behaviour Action Team (ASBAT) contacted parents, police patrolled the town centre, and the ASBAT regularly monitored the school. By the autumn of 2002 relations between the young girls and the men had apparently ceased and, to the knowledge of the ASBAT, they have not continued.

Anecdotal evidence

As this report elaborates below, the borough's indoor sex markets are not associated with problematic drug use and are not considered problematic with respect to health, child abuse or public order offences. Further, there is no recognised street sex market in the borough. Despite this, researchers were told about 'rumours' of occasional and opportunistic soliciting in a variety of locations and also that women discovered in crack house raids were 'assumed' to be trading sex to obtain drugs. Service providers declared themselves worried that young people—particularly young girls—fund their drug use by selling sex. The commissioners of this report, Lewisham's Drug Strategy Team, no doubt heard similar reports when they noted their 'strong suspicions' that 'young girls who use drugs are involved in the trade of sex for some form of good—be it drugs, money, housing, clothing or other gifts' (Lewisham Drug Strategy Team, 2003-2004c:9-10). Evidence to support these allegations was not found during research despite rigorous tracking and multiple enquiries.

That expert witness suspicions could not be substantiated does not mean, of course, that these witnesses were wrong. In the case of street sex markets, what we can be sure of is that street soliciting is not systematic or organised and is unlikely to be successful in Lewisham. We can also be confident that the expert witnesses who were alert to these rumours are sufficiently well placed and sufficiently informed to identify a new street sex market should one emerge in the future.

In the case of crack house sex markets, we can be confident that the suspicions of police officers will be founded in many cases. These will require investigation by a multi-service team including drug service outreach teams and child protection agencies. Evidence from police in other London boroughs and wider research (Nash et al, 2004; May et al, 1999) consistently show that drugs and sex are traded as commodities in the closed and controlled markets characterised by crack houses. As before, we can be confident that the police in Lewisham are sufficiently well placed to identify these markets in connection with their crack house closure activities. However, there was no indication that the law enforcement priorities in Lewisham are connected to drug treatment or prevention interventions. We discuss this issue in the recommendations section, but note it here with regard to unconfirmed evidence about the extent to which sex work is linked to problematic drug use in crack houses in Lewisham.

In conclusion on anecdotal evidence

The RAR method makes use of existing local knowledge but assures that this is presented as evidence only where it can be confirmed by other sources. Many expert witness assertions could not be confirmed in this way. Nevertheless, that these concerns exist amongst local service providers suggest that they are alert to the possibility of child abuse through prostitution.

Professionals working with children should be encouraged to maintain their vigilance, but it will be important that they know *what to do* whenever their suspicions are aroused in the future. This report recommends a simple information intervention to address this issue. This intervention is described in full in the recommendations section. At this stage, the report notes that service providers were often able to recall cases where child abuse was suspected but were unable to say what further enquiries or action had been taken. Failure to follow these allegations up has resulted in unconfirmed evidence for this report. Much more seriously, such failure to follow up may also have allowed children to be abused.

STREET-BASED SEX MARKETS

Absent markets

Expert witnesses in Lewisham often insisted that their borough has no street-based sex market. One employee of the Alcohol Recovery Project who works closely with the street drinking population explained that Lewisham is ‘not really known for its sex industry’. During a guided video tour of the borough at the CCTV headquarters, employees explained that ‘this is not a red light area’. An employee of Mainliners Working Women’s Service, which runs sexual health clinics for sex workers in the nearby boroughs of Lambeth and Croydon—as well as outreach for sex workers in Lambeth, Southwark and Lewisham—maintained that Lewisham is ‘not on the map’ as a street-based sex market. According to these expert witnesses, Lewisham is not a ‘beat’. Just outside Lewisham’s borders however, several areas are known to operate street sex markets. These include Surrey Quays and the Tesco on Old Kent Road.

Several police officers reported that, because there are no known street sex markets in Lewisham, soliciting is not a borough priority or target issue. The borough’s most recent ‘Crime and Disorder Audit’ supports these statements: ‘there is no evidence of [prostitution] presently in Lewisham. While it is very probable that there is some prostitution in the borough, no person has been charged for either kerb crawling or soliciting in the last three years’ (2001:28). More recent numbers for soliciting/kerb crawling charges are not part of reports of known crimes and are therefore unavailable. Soliciting and kerb crawling are not included in local records of ‘notifiable offences’ (EW100).

Expert witnesses attributed the absence of a street-based sex market in Lewisham to a number of borough characteristics and policies. On the one hand, Lewisham is highly residential. Although national rail lines regularly transport residents and visitors to and from the centre of London, Lewisham lacks major transit hubs and commercial zones where street sex markets have historically

concentrated. In London, King's Cross, Soho and Paddington are examples of traditional transit hub red light areas.

On the other hand, expert witnesses also attributed the apparent absence of a street sex market in Lewisham to the heavy monitoring and surveillance of street populations through the widespread use of cameras, above-average numbers of neighbourhood wardens, and the creation, in August 2003, of a controlled drinking area in the centre of the borough (running from Lewisham's rail station to Catford). According to EW31, EW47 and EW58 a policy emphasis on clean and clear streets has the effect of keeping sex and drug markets in the borough off the streets.

Lewisham's absent street sex industry contrasts sharply with street sex markets in neighbouring boroughs, particularly Greenwich, Lambeth and Southwark. Indeed, Lewisham residents and Lewisham-based employees frequently differentiated Lewisham's 'street scene' from those in Brixton and Streatham Hill in Lambeth. Service providers familiar with south London confirmed that, when it comes to open sex markets, Lewisham is unlike its neighbours.

Mainliners Working Women's Service offers comprehensive and up-to-date information on the sex work industry in south London. The project runs a sexual health drop-in clinic ('The Working Women's Clinic') in Streatham (Lambeth) every Tuesday night. The clinic is staffed by two sexual health nurses from the Caldecot Clinic at King's College and has a rotating schedule of female general practitioners. Mainliners outreach workers also deliver sexual health, personal safety and harm reduction materials and information to sex workers on and off the street in Lambeth, Southwark and Lewisham. The Lambeth, Southwark and Lewisham Primary Care Trust has funded this work by Mainliners for eight years as part of its HIV voluntary sector initiative, which is hosted by the Lambeth Primary Care Trust.

Expert witnesses speculated that people who reside in Lewisham might commute to area 'red light districts' to sex work. Yet fieldwork in The Working Women's Clinic and data from Lambeth's Arrest Referral manager revealed no movement of sex workers from Lewisham into Lambeth to sell sex on the streets. Between April 2003 and March 2004, only 3 of 71 women assessed by Lambeth's arrest referral were from Lewisham, and none of them had been charged with soliciting.

Mainliners has determined that street-based sex work in Lewisham is too minimal to justify specialist street outreach. The Poppy Project is a pan-London research and development project 'focussing on prostitution and the trafficking of women and children into the UK, and developing services to enable the women to exit prostitution and situations into which they have been trafficked' (<http://www.poppy.ik.com/>). The Poppy Project is based in Brixton and affiliated with Eaves Housing, a supporting housing facility for homeless women. In a forthcoming report examining sex work in each London borough, researchers at

the Poppy Project—like Mainliners—will report that they did not come across street-based sex work in Lewisham (EW16).¹

Given the designation of Lewisham as a High Crack Area in 2003-2004, it is surprising that more street-based sex work has not been observed. Existing research (Wilson et al, 2002, Nash et al, 2004) points to the likelihood of women moving out of crack houses and other closed drug markets to sell sex on streets in the vicinity, and then returning to the houses to buy crack, staying for a day or days in the house, and then returning to the street to earn more money, and so on. Crack houses are considered by police as 'crime generators', and street sex work usually indicates the proximity of crack-using addresses. Yet only one report of crack house and related street market activity emerged from Deptford. Based on evidence provided by several expert witnesses (EW10, EW109, EW110, EW171), there appears to be a link between crack addresses on Brownwood Road and sex working in the Catford area, but only a few links between street-based sex workers and crack house operations were reported for Sydenham. Sex market development has been linked to drug market development in other London boroughs (Nash et al, 2004; May et al, 1999). If Lewisham's crack market flourishes, it is probable that its street-based and crack house associated sex markets will develop. There is indeed the theoretical potential for a street market to develop: expert witness 14 predicts that a visible street scene will develop in Lewisham following crack house closures in surrounding boroughs. In the meantime, however, sex workers who are also problematic drug users are barely visible in Lewisham.

Occasional street-based sex sales

While there are no established sex markets on Lewisham's streets, sex is occasionally sold in public spaces by a small number of sex workers. Expert witnesses reported having been propositioned to buy sex—or knowing people who had been propositioned—particularly in western and central parts of the borough: Honor Oak (Ballina Road, Crofton Park's 'triangle area', Grierson Road, Honor Oak Park train station); New Cross (Clifton Rise, Mona Road, Pepys Road) and Catford (Catford Broadway, Doggett Road, Ringstead Road, Rosenthal Road). Others had witnessed soliciting on a small-scale in the area of Catford, Honor Oak (Park Rise), New Cross (New Cross Gate), and Sydenham (Sydenham Road). In addition, sex is sold in the public toilets of Deptford High Street.

Expert witnesses reported being approached by individual women. For example, one man was getting out of his car and walking to his house when a sex worker offered him sex services (New Cross). One resident of Honor Oak explained that he and several of his neighbours had been approached on separate occasions by women near the Honor Oak railway station. In other cases, those interviewed

¹ The Poppy Project report, *Sex in the City: Mapping Commercial Sex Across London*, will be available in July 2004.

for this research project had only heard of sex workers standing around on the street—this was the case in the Catford area. Very little street-based sex work occurs in Lewisham, and public services are sufficiently aware of it.

Public service employees engaging with the women who sell sex opportunistically in these areas characterise them as problematic crack and heroin users. Some expert witnesses worry that this occasional street-based sex work by problematic drug users is on the rise. The sex work, they maintained, is 'opportunistic', 'spontaneous' and driven by a momentary need to fund a drug habit and, sometimes, a partner's drug habit. This kind of propositional sex work is typical of areas that do not have street-based sex markets. Because soliciting away from known beats is unexpected, it usually requires more explicit verbal invitation than is usual in established sex market areas. Although this type of soliciting is rare, it may be offensive if poorly judged.

Contributors to this study reported only women selling sex on Lewisham's streets.² In the Sydenham and Honor Oak areas, expert witnesses reported day and night time activities. In contrast, the sex for drugs activity in New Cross and Deptford concentrates in the late night and early morning hours. Expert witness 115 reports a growing number of 'creepers,' or people who come out at night (not exclusively sex workers), particularly in the New Cross area. Only one outreach group, the Street Pastors based in Brixton, works on Lewisham's streets during the latest hours. They have witnessed sex working on Deptford High Street occasionally.

The street-based sex workers are most frequently Black and white British nationals. One Somali woman is reported to sell sex occasionally in the Catford area, and Afro-Caribbean women have been witnessed soliciting in the Sydenham and Deptford areas.

Some street-based sex workers take customers back to their homes; and others provide services in customers' cars. CCTV monitor staff report an alleyway—off Catford Broadway—where a sex worker appears to be taking customers. CCTV staff were aware of no other likely outdoor sex work areas. Similarly, the caretakers of Lewisham parks, Glendale Parks Service, and their 'static rangers' are not aware of any sex work happening in the parks. Drug use is apparent in Mountsfield Park (Catford) and Home Park (Sydenham), among others. Street drinking continues north of the 'Drink Control Zone', particularly in Deptford Memorial Gardens on Lewisham Way. None of these outdoor drug and drink using spaces has been linked to sex markets.

² In May 2004 Mainliners commissioned Diane Taylor to conduct an assessment of male commercial sex work in Lambeth, Southwark and Lewisham.

Disrupted markets

Lewisham's street-based sex markets operate largely unseen. Nevertheless, there have been small pockets of sex work on the borough's streets, which have been disrupted and 'moved on' by enforcement tactics. For example, EW162 previously worked as a warden in the Catford area and spoke of the sale of sex for many years by street drinkers, particularly around public toilets. According to wardens now working in Catford, the controlled drinking area has indeed eliminated 'sex for drink' activities that previously took place. Expert witness 89, a warden, explained that it is not clear where the street drinking sex workers have moved, but he agrees they are no longer 'on the street level'. In addition, Sydenham police reported that sex workers who propositioned potential customers in Mayow Park were linked to crack-using/dealing addresses on Dacres Road. When the indoor drug operations there were closed down in September and October 2003, the sex workers left the area.

CRACK HOUSES

The term 'crack house' refers to addresses from which drugs are sold and often consumed on site. Expert witnesses identified council estates as sites of crack houses, but crack houses might also be in owner-occupied, as well as in unoccupied or derelict, properties. According to Lindsell (2004) and 8 expert witnesses, council estates in Lewisham associated with crack houses include Milford Towers (Catford), Meriton Mansions and Norfolk House (Deptford), Downham Estate (Downham), Pepys Estate (New Cross), Clareville Point (Sydenham) and estates near Silwood Road. Expert witnesses also report that Brownwood Road (Catford) is a key site of privately and publicly owned properties where crack is sold and consumed. Expert witnesses explained that drug dealers and users sometimes befriend vulnerable tenants and that properties are then transformed into crack houses.

While police have not designated soliciting/prostitution as a borough priority, the sustainable closure of crack houses is part of a strategic focus, particularly in Deptford, Catford and Sydenham. Again, police such as EW95, who is a community police officer, characterise crack houses as 'crime generators'. Expert witness 98, a police officer based at Lewisham police station, added that police usually encounter sex workers in connection with drug raids, particularly at crack-using addresses. Deptford police (EW94) find women in crack houses on a regular basis; police assume the women are selling sex for drugs. Nevertheless, the police focus on drug seizure and dealing arrests; they offer little information about sex workers encountered during raids. One police officer, EW99, did not recognise a link between drug and sex markets, despite a borough-wide pattern of finding women selling sex inside of crack houses.

The employees of drug services are far more aware of sex work activities taking place in crack houses than are the police. Reports of high levels of abuse and victimisation of women emerge from the houses; but the women themselves are not engaging with public services. For example, the drug agency Orexis provides the borough with a crack treatment service. In early May 2004, Orexis was working with 106 men in contrast to 23 women (women accounted for less than 18% of the total number of clients). Indeed, information about sex working in crack houses often comes from male clients who report witnessing the activities, participating in them, or knowing of them.

One project worker at the Quantum Project, a Community Drug Project located in Forest Hill, reported 'sex workers are not presenting'. The Dual Team (Catford) polled their staff to estimate the proportion of their clients who sell sex. They concluded that around 5% of their clients (male and female) sell sex. The Dual Team makes available copies of 'Ugly Mugs', a catalogue of violent 'punters' compiled and distributed by specialist service providers for sex workers throughout the UK. Expert witness 32 reported, however, that Dual clients rarely look through the 'Ugly Mugs', indicating to drugs workers that few of their clients sell sex to fund their drug habits. Employees of drug services commented frequently—as did the borough's arrest referral officer—that getting treated for drug use is low on sex workers' list of priorities, particularly given other life issues this client group faces.

Service providers explained that, when women do present at their services, they often do not report using sex work to fund a drug habit. Often these women do not consider themselves to be 'sex workers'. Expert witness 42 stated that women in the crack houses 'don't have to go to the street' to fund their crack use. They might enter into a relationship with a particular man or group of men and directly exchange sex for drugs. During an Action Planning Meeting, EWs 40 and 167, both of whom are drugs workers, discussed how female crack users remain loyal and indebted to men in the crack houses out of a fear of losing their drug source.

'Sex worker' and 'prostitute' labels continue to be stigmatic and are often rejected even by those who describe strategies for earning money from routine sex. Those who lack contact with other sex workers are even less likely to identify themselves as sex workers. Younger women and those whose strategies for earning money, securing their safety or maintaining a connection to a source of drugs are particularly likely to maintain that they are simply doing favours or keeping their side of an arrangement in a sexual relationship. In these situations, women are most likely to refer to 'boyfriends' or 'drug buddies' and in many ways these relationships do reflect traditional dependent female sex roles. Feminist debates have ranged over this territory for centuries. Mary Wollstonecraft referred to marriage as 'prostitution with one client' in 1792. That people do not self-identify as sex workers is, however, of more immediate policy relevance than this academic debate suggests. Health educationalists targeting gay men faced

similar difficulties in reaching men who do not identify as gay but who nonetheless have sex with men (Knight, 2004). These health educationalists learned to target the identified risk behaviour without regard to 'gay' labels. Service providers targeting risk behaviours amongst those trading sex for drugs should adopt this strategy and provide services without regard to 'sex worker' labels. In the crack house situation, services should thus profile themselves as drugs, housing, outreach, health and youth services. These are the harms associated with closed and controlled markets characterised by crack houses.

It is possible that the crack problem in Lewisham is overstated and that there is subsequently an insignificant amount of sex-for-drugs activity taking place in Lewisham. Reports emerging from known crack houses, the drop in crack prices and rise in crack availability (EW59; see Lindsell, 2004), the involvement of male dealers/partners in the sex trade, and the closed nature of Lewisham's drug markets (Lewisham Drug Strategy Team, 2003-2004b; Lindsell, 2004) combine to suggest, however, that those who trade sex for crack and/or heroin in Lewisham are fully integrated with, and controlled by, those running local drug markets. Furthermore we know that there are a low number of women engaging with the drug services. Findings from similar studies (Nash et al, 2004; Cusick, 1998) indicate that sex workers in these circumstances often lead chaotic lives linked to problematic drug use.

INDOOR SEX MARKETS

Because most of the trade in sex occurs away from public sight, there is very little local knowledge about patterns of sex work—who is selling sex, where they are selling sex, what sex is exchanged for, and when sex is for sale—in Lewisham.

Mainliners outreach workers deliver sexual health, personal safety and harm reduction materials and information to sex workers in Lewisham's indoor sex markets. They, and the Poppy Project, are they key sources of intelligence on Lewisham's indoor sex industry. Both projects report an indoor sex industry in the borough typical of many other London boroughs. Indeed, while only four to six percent of the sex workers who visit the Mainliners Working Women's Clinic in Lambeth claim to work and/or reside in Lewisham, between January 2002 and May 2004 all of them were working indoors.

The number of sex workers from Lewisham accessing the Working Women's Clinic is low, but in March 2004 Mainliners staff were regularly visiting twelve working flats inside the borough. These flats account for approximately twenty percent of Mainliners' indoor work across south London. According to one expert witness, the borough is a convenient, discreet place to locate indoor sex services. Thus Lewisham's residential character—which appears to discourage the establishment of street-based sex markets—is amenable to indoor operations. The flats where Mainliners distributes its health and safety

information are located in postcodes SE6, SE13, SE14 and SE26. Mainliners locates these flats by 'cold calling' ads in local newspapers. Managers of the indoor sex working establishments also tell Mainliners about other working flats which are in need of outreach services.

Expert witnesses who were unaware of the location of street-based sex markets in Lewisham knew of one or more indoor sex facilities. Lewisham's indoor sex markets are advertised on cards posted in telephone boxes and in the windows of newsagents throughout the borough. Customers can also find indoor sex markets advertised in local newspapers. *News Shopper*, *Mercury* and *South London Press*, for example, indicate that the usual range of sex services are available in the borough, including saunas, working flats and visiting escorts. These advertisements also show evidence of co-operative working amongst indoor sex workers and movement of sex workers between massage parlours and flats. Regular hours, organised routines, the provision of 'specialist' services, shared phones, and advertising design including trade names all suggest an occupational or 'professional' orientation amongst these sex workers. Mainliners Working Women's Service report that these professional attitudes are associated with personal safety strategies, high rates of compliance with safer sex practices and good sexual health.

Police officers who contributed to this research do not consider indoor sex agencies to be public nuisances. One community team officer explained that most residents are not even aware that there are working flats in their neighbourhoods; he described the indoor facilities as very 'low key'. Residents do occasionally and anonymously report a nearby 'brothel' (particularly when their doors are mistaken for those of sex agencies and are repeatedly knocked on by visiting customers). Police in one ward know of five flats operating in the vicinity; these go largely unnoticed and unreported by residents. Indoor sex working is not considered a policy priority or strategic concern by the borough's police. Similarly, Lewisham's licensing officer explained local enforcement policy toward carding on shop fronts: unless the cards for sex services (massages, escorts, etc.) are posted in premises licensed to serve alcohol, his licensing office does not request their removal.

Police are not concerned with the closure of indoor sex agencies because they are rarely linked to problematic drug use. Enforcement officials insisted during our interviews that they closely scrutinise the indoor facilities in the borough if they suspect links to organised crime, drug use/dealing, and/or immigration violations. Mainliners' outreach and medical staff insist that the fundamental difference between the sex workers they see indoors (usually on-site) and the sex workers who visit their drop-in clinic (more frequently outdoor sex workers from Lambeth) is the poor physical and mental health and risk behaviour of those who use crack, heroin and/or alcohol and sell sex on the streets. Mainliners' staff occasionally encounter recreational drug use indoors and believe that there is hidden drug use in some cases, but EW14 insists that drug use is much less

likely in indoor sex agencies because the sex workers 'wouldn't be able to hold down the job' if they had problematic drug habits (see Green et al, 2000:35).

VULNERABLE GROUPS

Migrants and refugees

The sex industry's indoor workforce in London is increasingly made up of migrant women (Taylor, 2003; Ward et al, *forthcoming*). Indeed, records from Mainliners' Tuesday night sexual health clinic for sex workers reflect an increase in indoor sex working in south London by women originating from East Central Europe, South America, Asia and African countries. Yet the extent to which migrants work in Lewisham's sex industry remains unclear. A Poppy Project worker (EW16) remarked that their investigation did not find as great a number of indoor migrant sex workers in Lewisham as in other boroughs. Nor did this investigation by Imperial College researchers discover notable links between migrant/refugee populations and indoor sex facilities in the borough.

Despite the lack of evidence of indoor sex working by migrants in Lewisham, it is important to point out that service providers and borough authorities believe that migrant and refugee women are selling sex in risky indoor environments. As with women who trade sex for drugs in drug using settings, these women would rarely if ever label themselves 'sex workers'. Arabic speaking, East Central European (particularly from the former Yugoslavia), West and North Africans, and Vietnamese were referred to most frequently in this context.

When asked about potentially vulnerable populations, expert witnesses mentioned that Lewisham's refugee population—particularly women who had been denied asylum in the UK—were at risk of being sexually exploited and/or were reluctantly selling sex to buy basic necessities. Expert witness 79 works with young refugees and explained that those who are not granted asylum no longer have entitlements to public resources and often fall out of contact with refugee services. An employee of a sexual health project (EW23) working with Black and minority ethnic women expressed concern about African women thought to be selling sex in pubs (specifically in New Cross). These women were believed not to be engaging with sexual health providers.

One senior refugee health worker (EW25) spoke at length of how the loss of familiar support mechanisms, lack of awareness of entitlement to health services, dependence of migrants on those they meet in the United Kingdom, and the necessity of shared and unstable housing often leads to the exploitation of refugees. In her work in Lewisham to increase refugee access to health care services, this expert witness has observed that the maintenance of controlling, sexualised relationships is sometimes necessary to a person's survival. This concern was also voiced by EW153. Expert witnesses from a range of refugee

organisations insisted that young refugees from all ethnic backgrounds are particularly vulnerable to exploitation as a consequence of problematic drug use.

Organisations for refugees in Lewisham were otherwise very reluctant to contribute to this research. Some service providers who are members of minority groups explained that even they had no access to or information about sex workers. Others chose to 'protect' their communities and not respond to repeated requests for information.

Trafficked women

Sex working by migrants/refugees in more professional sex working flats must be distinguished from 'trafficking in persons'. A recent United Nations protocol has defined trafficking as 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation' (UN Protocol to Suppress and Punish Trafficking in Persons, Especially Women and Children Article 3, Paragraph A; Butcher 2003). The United Kingdom is a signatory to this protocol.

While Mainliners Working Women's Service has access to some flats where migrants sell sex, there are other flats that will not collaborate with the Working Women's Service. Mainliners notes that the people running certain flats are extremely wary of outsiders. Flat managers might allow Mainliners minimal access to the flats or not allow outreach workers to enter inside. In those cases, outreach workers instead deliver condoms to the door. When language barriers prevent Mainliners from working with sex workers, they encourage the use of 'language line' and/or leave harm reduction literature that has been translated. Outreach workers believe that the sex workers in inaccessible indoor markets are trafficked or otherwise coerced women of Thai, African, and Eastern European origin.

The Poppy Project reports that drugs are seldom used as a way to coerce trafficked women. One of their employees explained that women who are forced to sell sex are usually controlled physically, economically and via threats that their illegal residence status will be reported to the authorities.

RISK BEHAVIOUR

Health

Service providers in contact with drug using sex workers elsewhere in the UK report high levels of physical and mental health problems in this population.

However, raised levels of poor health are only found amongst occupationally and socially marginalised sex workers (Scambler and Scambler, 1995; Romans et al, 2001). Some of the physical health consequences may be direct effects of sex work or substance misuse. Others are more directly related to vulnerability and problematic drug use. They include a high prevalence of sexually transmitted infections (STIs) and Hepatitis C, injecting-related abscesses and infections, problems with the upper respiratory tract as a result of crack use, risk of heart attack as a result of crack use, dietary problems as a result of not eating properly, colds caused by rough sleeping and constant exposure to elements (to include pneumonia), and sleep deprivation. Related research has demonstrated that crack use is associated with termination of pregnancy (Ward et al, 2000). Expert witnesses also commented that mental health problems are of particular concern among drug using sex workers. As regards this research, for example, an employee at the DTTO (EW113) as well as sexual health nurses at the Working Women's Service gave descriptions of extreme self-harming behaviour by some of the sex workers with whom they work.

Drug using sex workers tend not to visit a local general practitioner, and some expert witnesses explained that sex workers prefer the anonymity of hospital-based genito-urinary clinics when seeking medical assistance. Other sex workers only receive medical treatment at specialist clinics for sex workers, such as the Working Women's Clinic in Streatham. As noted earlier, general practitioners who staff the Working Women's Clinic note significant health differences between drug using street-based sex workers and indoor sex workers. 'The difference in sexual health needs of indoor and outdoor sex workers' one said, 'gets down to drug use'. In these cases, the health problem might have reached a serious stage before medical help is sought.

There is no genito-urinary clinic in Lewisham. Moreover, nurses and doctors at genito-urinary clinics in the surrounding boroughs (Lloyd Clinic, Guy's Hospital in Southwark and the Lydia Clinic, St Thomas' hospital in Lambeth) report having seen few to no patients who self-identify as sex workers (EW145, EW146, EW176). The Caldecot Centre in Camberwell at King's College reports more frequent visits by sex workers due to its working relationship with the Working Women's Clinic (EW15). Community-based sexual and reproductive health services in Lewisham report the 'occasional' sex worker (EW162), although a nurse at the Waldron Clinic in Deptford (EW27) suggested that more sex workers are presenting there than in other parts of the borough; this might be the case because the Waldron clinic is the largest of the local clinics. Still, estimates remain relatively low: the nurse at the Waldron clinic knows of four patients who sell sex, and a nurse manager reports that two patients who sell sex visit the clinic in Sydenham (EW28, EW163). There is no routine surveillance of occupation or involvement with commercial sex at GUM clinics or primary care services and, hence, no more precise data on the number of sex workers using these services.

Local sexual and reproductive health clinics are part of a sexual health strategy that is transferring STI work from hospitals to the community level (Lewisham PCT, 2003). Expert witnesses frequently referred to the policy emphasis within the borough which focuses on limiting the spread of sexually transmitted infections (EW23, EW143, EW153). Infection rates across Lambeth, Southwark and Lewisham are higher than the national average and 'using some measures, the worst in Western Europe' (genito-urinary consultant at Guys' and St Thomas' quoted in Ryder, 2003; see Low, 2001). In response to rising STI rates, Lewisham PCT has established eleven community-based 'Family Planning Clinics', which are staffed by doctors with genito-urinary training and have varied opening hours. Expert witness 163 explained that most genito-urinary treatment continues to take place in hospitals.

It is important to note that sex workers, particularly those in indoor sex working markets, use condoms faithfully. Indeed, during the late 1980s and early 1990s, sex workers were often credited for limiting the spread of HIV/AIDS thanks to safer sexual health practices (Green et al, 1999). More recently, Ward et al (forthcoming) have demonstrated a decrease in STIs among migrant sex workers who work in indoor sex markets in central London. Authors explain that 'being non-UK born...[was] not associated with increased risk'. When affiliated with organised, professionalised indoor sex services, migrant sex workers use protective measures—much as do UK born sex workers. We conclude therefore, that the poor health of sex workers operating in Lewisham's existing street- and crack house based sex markets is due chiefly to drug use and chaotic lifestyles.

The LSL Primary Care Trust supports and funds Mainliners' work, public health officials are acutely aware of the potential for sexual exploitation of refugees, and there is concern among area sexual health experts that sex workers are not being reached. The public health focus on limiting the spread of sexually transmitted infections and accessing hard-to-reach populations would thus benefit by explicitly addressing the health needs of sex workers in the borough's sexual health strategy: 'prostitutes are most at risk of HIV in situations where control of other sexually transmitted infection is poor' (Ward et al, 1999:340). This should take place on the level of local family planning clinics. Information on the availability of local sexual health facilities and their suitability for, and openness to, sex workers needs to be widely publicised.

Teenage pregnancy in Lewisham

According to recorded data for 1995-97, Lewisham had the fourth highest teenage pregnancy rate in London and the eighth highest in the UK (Healthier Lewisham, 2001-10; see Cooke, 2002). In addition, EW72 remarked that Downham ward has the highest teenage pregnancy rate in Europe. Not surprisingly, then, the borough places a heavy policy emphasis on the prevention of teenage pregnancy. For instance, schools have teenage pregnancy educators, Sure Starts runs a team of teenage pregnancy counsellors, and Connexions

offers caseworkers for pregnant teenagers. A multi-agency 'Teenage Pregnancy and Parenthood Virtual Team' of eight members works to join up services and local resources. The team includes staff from Patchwork, Lewisham Hospital, Lewisham Young Women's Resource Project and DIY Dad and plans to add a social worker to its membership in the near future.

During our meetings, service providers for teenage mothers explained that their clients are most often not in the category of young women who sell sex. Whilst too often subject to abuse by someone in their 'close circle' (such as by a male family member in their homes, or by the fathers of their babies), expert witnesses explained that pregnant teenagers are not likely to exchange sex for goods. Still, certain indicators of exploitation do exist, and teenage pregnancy advisors pay close attention to when teenage mothers—or their babies—might be at risk. For example, advisors keep track of the age of 'baby fathers' relative to the ages of young mothers. Exploitation is suspected when a father is much older than a mother or where a position of trust is involved. Several such cases were reported including allegations of age-related statutory rape and abuse of children through prostitution.

Despite the resources given to the prevention of teenage pregnancy and the health of pregnant teenagers, expert witnesses who work in this field were strongly critical of social services in the borough. These critics argued that social workers too often close the files of young mothers following the placement of the newborn into care. The young mothers themselves, teenage pregnancy advisors argue, are still at financial and physical risk of exploitation.

Expert witness 20 discussed at length how young people mistake sex for love. The insecurity of young women was a prominent theme among service providers who work with young people. Lewisham's health services, schools and youth groups thus place an emphasis on sex education, leisure activities and esteem building. As with individuals who do not self-identify as sex workers and may confuse abusive relationships with love relationships, services offering the best opportunities for engagement will be holistic and client-centred, focusing on a range of problems to include housing, drugs, employment and independent living. Services associated with stigmatised identities are simply more likely to be rejected.

Violence

Crime statistics collected by law enforcement officials in the United Kingdom do not specify how many offences are committed against sex workers. However, academic research demonstrates that women who sell sex on the street frequently experience high levels of violence, particularly assaults, muggings, and rapes (Barnard, 1993; Church et al, 2001). Employees of Lewisham's drug services also spoke of the violent treatment of drug-using women by male

partners/pimps. As we have also noted, many women in crack houses also experience high levels of abuse.

Routine surveillance data on effects of violence are lacking with respect to sex workers in Lewisham. As such, data are inadequate for estimating injuries resulting from violence to sex workers. Yet expert witnesses in Lewisham reported high risk behaviour by drug using sex workers in the borough and the frequency of violence. For example, EW32 reports that one crack-using patient had recently been treated 'brutally' by a pimp in the Deptford area. This expert witness believed that her patient sold sex in crack houses.

Violence against sex workers is mainly associated with low-status sex work (Church et al, 2001; Plumridge, 2001; Monto, 2004; Norton-Hawk, 2004). As such it is likely to be concentrated in crack houses and street-based scenes, of which there are few in Lewisham. Sex workers should be encouraged to work together, to let colleagues know when and where they are working, and to liaise with services to learn techniques for status enhancement and report threatening/violent incidents.

RESPONSE

Whilst there is no borough-based service specifically targeting sex workers, increased publicity and the joining up of existing resources would offer better access to this client group as well as maximise opportunities for intelligence gathering. Many of this report's recommendations focus on increasing awareness of the sex industry—in fact, making the sex industry more visible to service providers—as well as greater publicisation of already existing mechanisms for reducing harm.

Recommendations

1. Review local protocols on safeguarding children abused through prostitution.

Young people under the age of eighteen and involved in prostitution are not to be treated as adult sex workers but as abused children (Dept. of Health, 2000). Police, health, social services, education and all other agencies and professionals that may work with children must refer to the Department of Health Guidance and familiarise themselves with local protocols so that immediate and appropriate action can be taken to protect the children and pursue their abusers.

As noted earlier, local protocols and guidance on safeguarding children abused through prostitution were not readily available to researchers during the course of this project. The protocol needs to be regularly updated, include named persons and contact numbers, and be widely and aggressively circulated to relevant agencies and their employees. Those services required to protect children must have immediate access to this information in order to take action.

2. Develop links between Mainliners Working Women's Service and the Drug Strategy Team.

Although there is no specialised service for sex workers based inside the borough of Lewisham, Mainliners Working Women's Service has successfully delivered its services to the borough's indoor sex market for years. The London-wide movement of sex workers from streets to off-street locations—and the historical leaning toward indoor sex work in Lewisham—makes Mainliners access to indoor working sites invaluable. Joining up the work of the Drug Strategy Team and the Working Women's Service would offer the opportunity of better assessing the needs of drug using sex workers and better service delivery to potentially exploited and vulnerable populations. Additionally, if increased crack use leads to the growth of a street-based sex working market, Mainliners would be in the best position to gauge street-based sex worker needs and, if necessary, provide harm reduction materials for sex workers at street locations.

Ways of financially supporting the Working Women's Service in Lewisham include purchase of a laptop computer (for data keeping at the Working Women's

Clinic) and funds for maintaining the car used to visit indoor sex markets. In addition, Lewisham-based link workers would foster ties and communication between the two organisations. This support would augment the important work that Mainliners does in Lewisham.

3. Target services for marginalised and vulnerable individuals without reference to ‘sex worker’ labels.

Vulnerable individuals are likely to be out of contact with services and unlikely to identify as sex workers. To reduce harm to these individuals, assertive outreach services should profile themselves as holistic and client-centred. This will be important for reaching young people and those caught in relationships where abuse is confused with love and where stigma blocks access to specialist sex work services. In the crack house situation, services should thus profile themselves as drugs, housing, outreach, health and youth services. These are the principal harms associated with closed and controlled markets characterised by crack houses.

4. Create a directory of resources relevant to sex workers.

During the course of this research, most service providers were unaware of the nature and extent of the sex industry in Lewisham. Hence it was not surprising that even fewer knew of already existing resources qualified to assist sex workers.

The Drug Strategy Team should create a one-page directory of services for sex workers. This directory should list drug services, sites where free condoms are made available, the locations of ‘Ugly Mugs’ catalogues, local Family Planning Clinics where genito-urinary assessment is available, the location of Mainliners Working Women’s Clinic and hours of operation, and, importantly, named persons and contact phone numbers in the case of encountering young people abused through prostitution.

This directory should be delivered to neighbourhood wardens, the police, the DTTO, Family Planning Clinics, Street Pastors, area hostels, churches, the Homeless Person’s Unit, the Anti-Social Behaviour Action Team, and more. In particular, the police must be made more aware of assistance available to women selling sex in crack houses. Ideally, the directory would be laminated and posted on pin boards for ease of reference. The directory would raise awareness of the potential needs of this client group as well as better publicise available resources.

5. Initiate a borough-wide strategy for working with sex workers in Family Planning Clinics by joining up the work of public health specialists and the Drug Strategy Team.

The public health emphasis on limiting the spread of STIs in south London has resulted in a heavy investment in local Family Planning Clinics (FPCs) for the provision of reproductive and sexual health services, including genito-urinary medicine. Joining up the work of public health specialists and the FPCs to the Drug Strategy Team should place an emphasis on including sex workers in the borough-wide sexual health strategy.

Staff in local clinics who come into contact with sex workers should be trained to avoid the far-reaching effects of stigma toward sex workers. This stigma often results in the total avoidance of public provisions (health, entitlements to allowances, legal services, etc.) by sex workers. With appropriate training and awareness raising, however, local health service providers could assess the extent of sex work amongst problematic drug users in the borough (for example, by asking how money for drug use is raised).

The European Network for HIV/STD Prevention in Prostitution (EUROPAP) has published 'Practical guidelines for delivering health services to sex workers' (2003). This document would assist Lewisham service providers in assessing and improving the availability of area health services for sex workers. See www.europap.net. The Transnational AIDS/STI Prevention Among Migrant Prostitutes in Europe (TAMPEP) project has produced an evaluation of policies and services for migrant sex workers and includes a chapter on the UK. See www.tampep.com.

6. Train teenage pregnancy advisors in substance misuse issues.

Vulnerable young people are at risk of substance misuse. The Teenage Pregnancy and Parenthood Virtual Team is composed of members of young people's organisations throughout the borough. While this team is especially alert to concerns of sexual exploitation within its client group, none of its members works with substance misuse issues on an everyday basis. It is recommended that the Drug Strategy Team provide the Teenage Pregnancy and Parenthood Virtual Team with training in substance misuse among young people in order to identify links between youth vulnerability and substance use. Alternately, the Drug Strategy Team might nominate a drugs worker to become part of the Virtual Team.

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