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Vulnerability and involvement in drug use and sex work

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Recent academic, policy and campaign literature on commercial sex accepts the difference between adult and child involvement in prostitution. The Department of Health (2000) Safeguarding children involved in prostitution directs the police to treat children (aged under 18) involved in prostitution as victims of abuse. There is also a long-standing debate about the order of involvement in drug use and sex work with some research suggesting that, amongst younger sex workers, drug use more frequently pre-dates sex work. A team of researchers from Imperial College and South Bank University carried out this study between April 2001 and October 2002. They examined vulnerability amongst young prostitutes, the relationship between sex work and drug use, and opportunities for leaving sex work and giving up drug use.

Key points

- Participants in the study reported higher levels of drug use than British Crime Survey participants with experience of drugs. Differences were especially pronounced for crack cocaine, heroin and non-prescribed methadone.
- 78% of the most vulnerable sex workers had been 'looked after' by their local authority. Three-quarters of these were living in, or running away from, care when they first prostituted themselves. Most worked 'outdoors' or as 'independent drifters'.
- The most vulnerable sex workers were all girls who had been involved in prostitution before the age of 18. They were problematic drug users – often continuing to prostitute themselves to fund their habits. They had also been 'pimped' and/or supported at least one boyfriend's drug habit.
- The non-vulnerable sex workers were all over 18 and were independent, business-orientated and positive about their sex work. None reported a current drug problem and all saw stopping sex work or drug use as easy – if they chose to do so.
- The two most important factors for successfully stopping sex work and drug use are the separation of private and commercial sex and not having problematic drug use as the principal motivation for sex work.
- To prevent children being abused through prostitution, it is recommended that statutory and voluntary agencies work in partnership to identify young people at risk of entering prostitution. In addition, enforcement efforts should be diverted from adult sex workers to pursue and prosecute those seeking paid sex with children.

Vulnerable and socially excluded young people involved in prostitution are likely to be a hidden population. As Moore and Rosenthal (1993) point out, arrest and court statistics are unreliable as indicators of the incidence of youth prostitution. Indeed, as the police have now been directed to treat child prostitutes as victims, they will no longer be counted in offender statistics. Bluett and colleagues (2000) estimated that in any one year there are 2,000 young prostitutes in the UK – a third of them under 16. Research amongst adult sex workers consistently shows that most were under the age of consent when they first started prostitution (Skidmore, 2000; Melrose et al., 1999).

Experiences of living in care, running away and homelessness are strongly associated with young people becoming prostitutes. The resulting poverty, separation from parental care and exposure to life on the streets appear to be the key factors in a young person's decision to turn to prostitution as an alternative means of survival. Other ways of making a living may not be readily available to such a disadvantaged group.

The relationship between sex work and drug use is complex. Drugs can either hinder or facilitate sex work. They can be used to cope with the long and late hours but may increase the risk of violence. There has also been much debate about whether drug use usually pre-exists entry into prostitution or follows from it. There has been some suggestion that, amongst *younger* sex workers, drug use before starting sex work is more frequent (Melrose et al., 1999). In addition, those adult prostitutes working to fund a habit and young prostitutes often work in the same areas (May et al., 1999).

Safeguarding children involved in prostitution (Department of Health, 2000) stipulates that children involved in prostitution are to be treated as victims of abuse and that inter-agency working should be developed to devise a support and exit strategy tailored to each child's needs.

This study aimed to build on knowledge of the relationship between drug use and routes in and out of sex work. It examined:

- what links drug use and prostitution for young people
- what circumstances influenced giving up problem drug use and stopping sex work.

Methods

125 sex workers completed both a face-to-face structured questionnaire and a qualitative taped interview. All participants had experience of both sex work and drug use. The mean age of the 92 female and 33 male participants was 26.7 years: 5% were aged 16–17 years; 49% aged 18–24 and 46% were 25 or older.

38% were working mainly outdoors on the open street or cruising ground; 19% were mainly indoors – i.e., a sauna, a massage parlour; 12% were mainly 'independent entrepreneurial' i.e., using their own telephone or the Internet; 8% were 'independent drifters' e.g., worked from their own telephone or in a 'crack house' and 23% were not working at the time of the interview.

Drug use

For all the drugs they were asked about, the sex workers reported higher levels of use than British Crime Survey (2000) participants with experience of drug use (see Table 1). Differences were especially pronounced for crack cocaine, heroin and non-prescribed methadone.

81% of the sex workers reported experiencing problem drug use – just under two-thirds had a current problem. Those reporting problem drug use had used 'hard' drugs at an earlier age (16.2 years compared to 17.7 years). This early onset of hard drug use was also related to early onset of sex work. The average age of first sex work for those with problem drug use was five months lower than those with no such problem (19.2 years compared to 19.7 years). Over half of participants (56%) reported starting 'hard' drug use before they started sex work (see Table 2).

Table 2 Percentage of participants starting sex work before/after or at same time as starting 'hard' drug use

Started 'hard' drug use	% of participants
Before starting sex work	56%
After starting sex work	21%
At the same time as sex work	23%

Table 1 Percentage of sample ever taken drugs: a comparison of sex work sample and British Crime Survey (2000) participants with experience of drug use

	Sex work study			British Crime Survey		
	16–19	20–24	25+	16–19	20–24	25+
	%	%	%	%	%	%
Cannabis	81	92	98	88	90	81
Ecstasy	56	75	55	17	26	14
Amphetamines	69	75	81	31	48	35
Cocaine	75	77	76	14	24	14
Crack cocaine	88	63	76	5	3	3
Heroin	56	41	71	2	3	3
Non-prescribed methadone	25	29	40	0	2	1

Problematic drug use was strongly linked with the 'outdoor' (street or cruising ground) and 'independent drifter' (from own phone or crack house) sex worker environments. 84% of those who were still working in these sectors reported current problem drug use, compared with just 13% of those who worked in 'indoor associated' (sauna, massage parlour, flat or escort agency) or 'independent entrepreneurial' (Internet or own phone) sectors.

Associated vulnerability factors

Those who had been 'looked after' by a local authority (42% of the participants) had started sex work on average three years earlier (17.7 years compared to 20.4 years). They had also experienced 'hard' drugs at an earlier age (15.1 years compared to 17.4 years). And almost all (94%) of those who had been 'looked after' by the local authority reported experience of problem drug use compared with three-quarters of those who had not been 'looked after'.

Just under a quarter (22%) reported being homeless or living in temporary accommodation when they first sold sex – two-thirds of whom had been 'looked after' by a local authority.

85% had at least one conviction – usually for drug possession or sex work-related offences (but only those working outside can be convicted of soliciting). However, 82% of these also had convictions for other offences.

The shared environment of problem drug use and sex work

Access to particular environments appeared to explain the link between various 'vulnerability factors'. For example, problematic drug use was linked to homelessness through outdoor sex work because the streets and the dealing houses serve as sex markets, drug markets and areas where homeless people congregate.

Similarly, prostitution under 18 was linked to being 'looked after' by the local authority and working outdoors because outdoors sex markets were open to 'introducing friends' (associates who introduce the idea of sex work). These 'introducing friends' were either young and had been 'looked after' themselves or were more 'predatory' adults. Either way, they steer novice prostitutes towards outdoor sex markets and away from scrutiny by potential gatekeepers such as brothel owners and sauna managers.

It was clear from the research that factors such as early experience of 'hard' drugs; problematic drug use;

prostitution under 18; having convictions; being 'looked after' by the local authority; and homelessness or insecure housing were concentrated amongst those who worked mainly outdoors or as independent drifters (see Table 3). This supports the notion that the outdoor and independent drifter sex work sectors are so characterised by experience of vulnerability that they may serve as a site for linking and reinforcing those vulnerabilities.

Table 3 Relationship between sex work environment and vulnerability factors

	Outdoors or independent drifter	Indoor associated or independent entrepreneurial
	%	%
Problem drug use	72	28
First sex work under 18	75	51
Convictions*	74	33
'Looked after'	83	46
Homelessness/insecure housing**	90	43

Notes: * other than soliciting **reflects percentage of those who had experienced homelessness working in each sector

Factors which trap young people in problem drug use and sex work

The factors described above, particularly when working in combination, were seen to 'trap' a young person offering them little opportunity to 'exit' either problematic drug use or sex work. Three factors were established as those that trapped young people most strongly:

- working in outdoor and independent drifter sex worker sectors
- experience of hard drugs or prostitution before the age of 18
- experiencing one or more of the other vulnerability factors – convictions, homelessness and/or being 'looked after' by the local authority.

The more 'trapping' factors participants had been exposed to, the greater their potential to reinforce vulnerability. The most vulnerable and most damaged participants in the study had been exposed to all three 'trapping' factors and shared distinct features.

The distinct features shared by the most vulnerable and most damaged participants in the study

- They were young and had first become involved in prostitution at an average age of 13.8 years. All were girls.
- They were all problematic drug users. Once addicted, they continued to be involved in prostitution to fund their habits.
- All but one (who used amphetamines) described problematic use of heroin, crack cocaine or both.
- All had started sex work on the streets – only one had since moved on to be an 'independent drifter.'
- All of them described being pimped and/or supporting at least one boyfriend's problematic drug use.
- Over three-quarters of this group had been 'looked after' by the local authority. 71% were living in or running from care when they first prostituted.
- Three-quarters had experienced homelessness or insecure housing – of these, two-thirds gave this as one of their reasons for selling sex.

Those who had not been exposed to any of the 'trapping' factors were independent, business-orientated and positive about their sex work. They were older (an average age of 27). None reported a current drug problem and any previous problems were relatively minor. They saw giving up sex work and/or drug use as readily achievable but this was not a goal chosen by all.

Giving up sex work and problematic drug use

35 participants had experience of both sex work and problematic drug use but, despite having profiles suggesting they would be trapped, had made some progress in exiting. They were examined in detail to understand what works to break the link between sex work and problematic drug use.

The two most important factors for leaving sex work appeared to be the separation of private and commercial sex and not having problematic drug use as their principal motivation for sex work.

These factors can also be viewed as harm reduction measures. They encourage safer sex practices (reserving more risky behaviour for private partners) and reduce the risk of sex work under the influence of drugs that might inhibit safer sex practices. Above all else, ceasing problematic drug use was found to be the key to freedom from multiplying vulnerabilities. Successful treatment for drug use led to stopping sex work where it had principally been a means to fund drug use.

The links between 'outdoor' and 'independent drift' sex work sectors and problematic drug use were overwhelming. Sex workers in these sectors are characteristically vulnerable – exposure to environments where the sex market and drug

selling share the same pavement space may reinforce their vulnerability. Residential-based treatment has the benefit of removing these sex workers from this environment.

Recommendations

- To prevent children being abused through prostitution, children at risk need to be clearly identified. Most children at risk are already in contact with services and there is a need to ensure that they are securely housed, socially included and have access to services on the basis of need.
- The police have a role in pursuing those people who pay to have sex with children. Finite police resources mean that senior officers might consider adjusting the balance between enforcement activities targeting adult sex workers and those pursuing abusers. The police also have a role in working alongside other agencies, and drawing on the knowledge of adult sex workers, in order to help identify vulnerable young people.
- Strategies are needed in preventing child sex labour and in breaking the link between sex work and drug use. One avenue concerns the regulation of sex work premises via licenses. Future research might examine the feasibility of this type of licensing to explicitly prohibit both young people below 18 years from sex work premises and drug dealing and possession. Research could also look at the potential benefits of licensing such as encouraging safer sex practices, greater personal safety for sex workers and the reduction of sex workers using 'outdoor markets'.

Methodological note

Most of the 125 participants were recruited through various voluntary and statutory agencies – most frequently providing a service to sex workers. 15 participants were recruited via adverts for sex work on the 'web' or in magazines and 11 others through 'snowballing' techniques with other participants. Most were from London and others were from Birmingham and the Home Counties.

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For the full report giving more details about the background, methodology, context and findings from this study, see *Vulnerability and involvement in drug use and sex work* by Linda Cusick, Anthea Martin and Tiggey May (2003). Home Office Research Study No. 268. London: Home Office. Copies are available from the Communication Development Unit. It is also available on the Home Office RDS website <http://www.homeoffice.gov.uk/rds/>

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